

Tier 2 Non-Admitted Services Compendium

2024–25



IHACPA

Tier 2 Non-Admitted Services Compendium 2024–25 — March 2024

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Acronyms and abbreviations

ABF	Activity based funding
AMHCC	Australian Mental Health Care Classification
CNS	Clinical Nurse Specialist
COVID-19	Coronavirus disease 2019
ENT	Ear, nose and throat
HEN	Home enteral nutrition
IHACPA	Independent Health and Aged Care Pricing Authority
ICT	Information and communication technology
MDCC	Multidisciplinary case conference
METEOR	Metadata Online Registry
MRI	Magnetic resonance imaging
NBEDS	National best endeavours data set
Tier 2	Tier 2 Non-Admitted Services Classification
TPN	Total parenteral nutrition

1. Introduction

The purpose of the Tier 2 Non-Admitted Services Compendium (the Tier 2 Compendium) is to assist with the collection of non-admitted activity data for activity based funding (ABF) purposes.

The Tier 2 Compendium provides guidance on the counting and classification rules associated with the Tier 2 Non-Admitted Services Classification (Tier 2). It provides business rules and examples to assist with consistent counting, classification, and reporting of non-admitted activity data for ABF purposes.

As system managers, jurisdictional health departments may impose local reporting rules and requirements. It is recommended that health service staff consult jurisdictional documentation for further guidance on the matter.

1.1. Tier 2 Non-Admitted Services Classification

When Tier 2 is being used for the purpose of ABF, the Tier 2 Compendium should be read in conjunction with the:

- Non-admitted patient national best endeavours data set
- Tier 2 Non-Admitted Services Definitions Manual
- COVID-19 response – Rules for coding and reporting COVID-19 episodes of care
- Tier 2 Non-Admitted Services National Index.

Using these documents together will assist with consistent allocation of non-admitted services to a Tier 2 class. Due to the interrelated nature of the Tier 2 system, the Tier 2 Compendium and Tier 2 Non-Admitted Services Definitions Manual are updated concurrently, with changes being reflected in the Tier 2 Non-Admitted Services National Index and data set specifications shortly after.

Tier 2 is built around the concept of 'non-admitted care clinics'. For the purposes of ABF, the term 'non-admitted care clinics' can be used interchangeably with the term 'non-admitted patient service units'. A service unit is a recognised clinical team of one or more healthcare providers within a hospital, multi-purpose service or community health service that provides non-admitted patient services and/or non-admitted patient support activities.

Non-admitted care clinics may otherwise be referred to as:

- outpatient clinics
- ambulatory care clinics.

Tier 2 was updated in March 2024 from Version 8.0 to Version 9.0.

Supporting the transition of community mental health care services to ABF

In order to support the planned transition of community mental health care services to ABF under the Australian Mental Health Care Classification (AMHCC) Version 1.0 (V1.0), activity meeting the approved definition of mental health care¹ should be reported through the AMHCC V1.0.

¹ Australian Institute of Health and Welfare. (2015) Mental health care national best endeavours data set. [Mental health care \(aihw.gov.au\)](https://www.aihw.gov.au)

1.2. Non-admitted patient data set specifications

These documents contain the data items required to be reported on a quarterly basis to the Independent Health and Aged Care Pricing Authority (IHACPA) for non-admitted service events. These documents provide further information on:

- the scope of non-admitted activity that is required to be reported to IHACPA
- a list of the data items which are required to be reported
- a list of values, instructions and collection guidelines for all data items.

The primary non-admitted patient data set specification reported for ABF purposes is the Non-admitted patient national best endeavours data set (NBEDS).

Where patient-level reporting is not possible, the Non-admitted patient care aggregate NBEDS should be used.

Aggregate reporting should only occur where a service event has not been reported in the non-admitted patient NBEDS. Further information to report non-admitted service events for ABF purposes is provided on the Australian Institute of Health and Welfare's Metadata Online Registry (METEOR).

1.3. Tier 2 Non-Admitted Services Definitions Manual

This is the classification manual for Tier 2. This document provides further information on each Tier 2 class, including:

- definitions
- usual provider
- affected body system
- guides for use
- inclusion criteria
- exclusion criteria
- administrative information.

1.4. Tier 2 Non-Admitted Services National Index

This document provides a way of navigating Tier 2 to ensure non-admitted care clinics are classified to an appropriate Tier 2 class, in a consistent manner.

1.5. Other reference documents

Tier 2 makes use of the Australian Institute of Health and Welfare's national standards for the broader health sector as found in METEOR, the national repository for health metadata. As METEOR is applicable to the broader national health sector, IHACPA may place additional counting qualifications on the standards for ABF purposes.

IHACPA has drafted the *COVID-19 Response – Rules for coding and reporting COVID-19 episodes of care* to accommodate the emerging situation with COVID-19. The purpose of the COVID-19 Response document is to specify the rules for coding and reporting of COVID-19 episodes of care.

2. Counting rules

The counting rules in the Tier 2 Non-Admitted Services Compendium (Tier 2 Compendium) are specific to the national ABF program and detail what is a non-admitted patient service event for ABF purposes.

The non-admitted services counting rules are from the perspective of the patient and aim to reflect their health care provision experience.

This chapter contains the unit of count for ABF non-admitted services, associated counting rules and examples of how the counting rules are applied in specific circumstances.

2.1. The non-admitted patient service event

The non-admitted patient service event is used to count health care services delivered to patients in the non-admitted sector of the public hospital system for ABF purposes.

A non-admitted patient service event is defined as an interaction between one or more healthcare provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record.

The interaction may be for assessment, examination, consultation, treatment and/or education.

2.2. General counting rules for ABF purposes

1. Regardless of the number of healthcare providers involved, a non-admitted patient service event must be counted once only.
2. Only one non-admitted patient service event may be counted for a patient at a clinic on a given calendar day.
3. Services provided to patients in the admitted or emergency care settings must not be counted as non-admitted patient service events.
4. Non-admitted services events delivered via telehealth where 2 public hospital service non-admitted clinics are involved are counted twice. One service event is counted at the clinic where the patient attends, and one service event is counted at the clinic providing the consultation. Please refer to Section 2.5 for further information on counting telehealth services.
5. Procedures performed by the patient in their own home without the presence of a healthcare provider may be counted as a non-admitted patient service event. Please refer to Section 2.11 for further information.
6. A non-admitted patient discussed at a multidisciplinary case conference (MDCC) may be counted as a non-admitted patient service event when the patient is not present.

2.3. Non-admitted patient service events involving multiple healthcare providers

A non-admitted patient service event must be counted once only, regardless of the number of healthcare providers present.

The multiple healthcare provider indicator will identify non-admitted patient service events where 3 or more healthcare providers (each from a different specialty) are involved.

The counting rules that are to be applied are:

- Non-admitted services involving multiple healthcare providers are counted as one non-admitted patient service event.
- Irrespective of whether the patient was seen jointly or separately by multiple providers, only one non-admitted patient service event may be counted for a patient at a clinic on a given calendar day.
- The multiple healthcare provider indicator can be used to identify service events with 3 or more healthcare providers (each from a different specialty).

The healthcare providers may be of the same profession (medical, nursing or allied health). However, they must each have a different speciality so that the care provided by each provider is unique and meets the definition of a non-admitted patient service event. The data element *Multiple healthcare provider status* is included in the non-admitted patient NBEDS to record this type of non-admitted patient service event.

The following examples are provided in the context of reporting non-admitted activity data for ABF:

2.3.1. Example one

A patient with breast cancer attends a consultation at a breast clinic. A range of staff are routinely scheduled to participate in this clinic (for example, staff from oncology, radiation medicine, radiology, pathology, surgery and breast care nursing). The typical time for each non-admitted appointment is between one and 1.5 hours, reflecting the involvement of multiple staff in evaluating care options and providing therapeutic advice. The facility has determined 20.32 Breast, is the most appropriate classification for the clinic.

Outcome: this would be counted as one non-admitted patient service event and the multiple healthcare provider indicator would indicate that direct care was provided by multiple healthcare providers. This is because there were 3 or more healthcare providers from different specialties involved in delivering the one non-admitted patient service event.

2.3.2. Example 2

A patient attends a brain injury rehabilitation clinic led by a rehabilitation specialist. Their visit involves a:

- review by a rehabilitation physician
- review by a clinical nurse specialist (CNS)
- review by a social worker.

The facility has determined 20.47 Rehabilitation to be the most appropriate classification for the clinic.

Outcome: this would be counted as one non-admitted patient service event and the multiple healthcare provider indicator would indicate that direct care was provided by multiple healthcare providers. This is because there were 3 or more healthcare providers from different specialties involved in delivering the one non-admitted patient service event.

2.3.3. Example 3

A patient attends a cardiology clinic and is seen by a general nurse who takes their blood pressure and other clinical measurements. The nurse notes these results in the patient's record and the patient is then reviewed by the cardiologist. The facility has determined 20.22 Cardiology to be the most appropriate classifications for the clinic.

Outcome: this would be counted as one non-admitted patient service event and the multiple healthcare provider indicator would indicate that direct care was not provided by multiple healthcare providers. This is because there were only 2 healthcare providers involved in delivering the one non-admitted patient service event.

2.3.4. Example 4

A patient has an appointment at a plastics clinic. As part of the visit:

- a general nurse assesses the patient's wound and removes the wound dressing.
- the patient is assessed by a plastic surgeon.
- the patient returns to the nurse to have the wound redressed.

The facility has determined that 20.46 Plastics and reconstructive surgery is the most appropriate classification of the clinic.

Outcome: this would be counted as one non-admitted patient service event and the multiple healthcare provider indicator would indicate that direct care was not provided by multiple healthcare providers. This is because there were only 2 healthcare providers involved in delivering the one non-admitted patient service event.

2.3.5. Example 5

A patient attends a falls and mobility clinic and is seen sequentially by a CNS, a physiotherapist, and a geriatrician. On the same day 3 other patients attend the clinic and see the same 3 healthcare providers. Once all 4 patients have been seen, the healthcare providers have a case conference meeting to discuss each of the patients and treatment plans. The facility has determined that the clinic is most appropriately classified to 40.56 Falls prevention as nursing and allied health are the usual providers for the clinic.

Outcome: each patient attending the clinic would be counted as a non-admitted patient service event. Each non-admitted patient discussed at the case conference may be counted as a non-admitted patient service event, providing the criteria in the MDCC definition were met (refer to Section 2.12). The multiple healthcare provider indicator would indicate that direct care was provided by multiple healthcare providers for each non-admitted patient service event. This is because there were 3 or more healthcare providers from different specialties involved in delivering each non-admitted patient service event.

2.3.6. Example 6

A patient has an appointment at the orthopaedic clinic for a fractured wrist. As part of the visit:

- An intern removes the cast and assesses the patient's wrist.
- A physiotherapist provides information about several functional exercises.
- The patient is reviewed by the orthopaedic registrar before leaving the orthopaedic clinic.

The facility has determined that 20.29 Orthopaedics is the most appropriate classification of the clinic.

Outcome: this would be counted as one non-admitted patient service event and the multiple healthcare provider indicator would indicate that direct care was not provided by multiple healthcare providers. This is because a range of healthcare providers are scheduled to provide services in this clinic, with the predominant activity and provider determining it should be classified to 20.29 Orthopaedics. In addition, there were 2 healthcare providers from one specialty and another healthcare provider from another speciality involved in delivering the one non-admitted patient service event.

2.3.7. Example 7

A frail aged patient attends a continence clinic and sees the physiotherapist. After the session, the physiotherapist recommends the patient is reviewed by the CNS. Before the patient returns home, the patient is then reviewed by the occupational therapist who recommends an over-toilet aid. The facility has determined that 40.32 Continence is the most appropriate classification for the clinic.

Outcome: this would be counted as one non-admitted patient service event. The multiple healthcare provider indicator would indicate that direct care was provided by multiple healthcare providers for the non-admitted patient service event. This is because there were 3 healthcare providers from 3 different specialities involved in delivering the one non-admitted patient service event.

2.4. Multiple services on the same day

Only one non-admitted patient service event may be counted for a patient at a clinic on a given calendar day.

A non-admitted patient service event may be counted for each non-admitted clinic a patient attends on a given calendar day where the service received meets the definition of a non-admitted patient service event.

The counting rules that are to be applied are:

- For multiple non-admitted patient service events to be counted on a given day, the patient must have attended separate clinics where they received a service that meets the definition of a non-admitted patient service event.
- If the non-admitted patient service event was intended to be unbroken, but due to circumstances the healthcare provider was called away and returned later, then only a single non-admitted patient service event must be counted.
- Appointments at clinics where services are provided by multiple healthcare providers must not be counted as separate non-admitted patient service events in order to count increased non-admitted patient service events.
- Clinics where services are provided by multiple healthcare providers must not be registered as separate clinics in order to count increased non-admitted patient service events.
- Patients whose care is discussed at a MDCC occurring immediately prior to, or immediately following, an outpatient clinic to which the same patients discussed attend, may be counted separately as a non-admitted MDCC service event.

2.4.1. Example one

A patient has an appointment at an orthopaedic clinic for review post-surgery and then later in the day attends a regular biweekly physiotherapy appointment at a physiotherapy clinic. The physiotherapy clinic sees a wide range of patients with all types of medical conditions, not just those with orthopaedic conditions. The facility has determined the orthopaedic clinic is most appropriately classified to 20.29 Orthopaedics and the physiotherapy clinic classified to 40.09 Physiotherapy.

Outcome: each of these visits would be counted as separate non-admitted patient service events, provided they meet the definition of a non-admitted patient service event – including the provision of therapeutic/clinical content and dated entries in the medical record – due to the patient attending separate clinics, where the physiotherapy clinic is a separate service to the orthopaedic clinic which provides healthcare services for patients with a variety of medical conditions.

2.4.2. Example 2

A patient has an appointment at an orthopaedic clinic during which the specialist refers them to have imaging. After imaging the patient returns immediately to the specialist with the results. The facility has determined the orthopaedic clinic is most appropriately classified to 20.29 Orthopaedics.

Outcome: the 2 visits to the specialist occur on the same day and would therefore be counted as one non-admitted patient service event and counted by the orthopaedic clinic.

2.4.3. Example 3

A patient has an appointment at an orthopaedic clinic. During the appointment the specialist is called away to review a patient in the Emergency Department. When the specialist returns the appointment continues. The facility has determined the orthopaedic clinic is most appropriately classified to 20.29 Orthopaedics.

Outcome: the visit was intended to be unbroken, therefore, the 2 interactions would be counted as one non-admitted patient service event and counted for the orthopaedic clinic.

2.4.4. Example 4

A patient with a heart condition attends a consultation at a cardiology clinic. A range of staff routinely participate in this clinic (for example, staff from radiology, pathology, surgery and nursing). During the appointment the cardiologist determines a pacemaker check is required. The pacemaker check is completed by a cardiac nurse and the patient returns to the cardiologist with the results. The facility has determined the cardiology clinic is most appropriately classified to 20.22 Cardiology.

Outcome: the services provided by the cardiologist and the cardiac nurse are components of the overall service delivered to the patient on the same day, the multiple interactions would therefore be counted as one non-admitted patient service event.

2.4.5. Example 5

A patient attends a clinic as part of their rehabilitation following a spinal cord injury and is seen by a spinal rehabilitation nurse, a physiotherapist and an occupational therapist. The facility has determined that the clinic is most appropriately classified to 40.12 Rehabilitation.

Outcome: this would be counted as one non-admitted patient service event. This is because the appointments provided by multiple healthcare providers are components of the overall service delivered to the patient on the same day. However, as the patient was seen by 3 healthcare providers, this may mean the multiple healthcare provider indicator direct care was provided by multiple healthcare providers if the criteria were met (refer to Section 2.3).

2.5. Services delivered via information and communication technology

Consultations delivered via information and communication technology (ICT) (including but not limited to telehealth and where the patient is participating via a video conferencing platform) must be equivalent to a face to face consultation to be counted as a non-admitted patient service event. That is, the event must be necessary and if the event were not delivered via ICT then the patient would have been required to receive that service in a face to face consultation.

The counting rules that are to be applied are:

- Consultations delivered via ICT must involve an interaction between at least one healthcare provider and the patient. Hence, the presence of the patient is required at one location. The interaction must be the equivalent of a face-to-face consultation. That is, both healthcare provider and patient interacting in a mutually responsive manner within a short timeframe.
- Consultations delivered via ICT must be a substitute for a face-to-face consultation to be counted as a non-admitted patient service event. That is, the consultation must contain therapeutic/clinical content and be equivalent in content in the sense that if the consultation could not be provided via ICT, a face-to-face consultation would have occurred.
- Administrative phone calls, such as booking or rescheduling appointments, must not be counted as non-admitted patient service events.
- Consultations delivered via ICT may be counted by the public hospital service providing the consultation service (provider end), and by the public hospital service where the patient is present (receiver end).

2.5.1. Example one

During an outpatient visit involving an elderly patient at hospital A, a neurologist in hospital B assesses tremors and gait problems using teleconferencing, video link, telemetry or other resources. A nurse is with the patient during the outpatient visit at hospital A. Hospital B has determined the clinic providing the service is most appropriately classified to 20.15 Neurology.

Outcome: this consultation is equivalent to the patient attending an appointment in person with the neurologist at hospital B. It meets the definition of the non-admitted patient service event and is counted as a non-admitted patient service event for the clinic at hospital B in the class 20.15 Neurology and for hospital A in the class 40.61 Telehealth-patient location.

2.5.2. Example 2

A child with cerebral palsy is not in the same location as an occupational therapist due to the location of the therapist. The child and parent attend an appointment at regional hospital A, for a scheduled telehealth consultation with an occupational therapist at metropolitan children's hospital B. The occupational therapist assesses the patient and provides advice on equipment and activities of daily living skills. A nurse is present at regional hospital A to assist in the consultation. Hospital B has determined the clinic providing the service is most appropriately classified to 40.06 Occupational therapy.

Outcome: this consultation is equivalent to the patient attending an appointment in person with the occupational therapist at hospital B. It meets the definition of the non-admitted patient service event and is counted as a non-admitted patient service event for the clinic of hospital B in class 40.06 Occupational therapy and for hospital A in the class 40.61 Telehealth-patient location.

2.5.3. Example 3

A healthcare provider recently saw a patient at an outpatient clinic at hospital A. Following the clinic appointment, the healthcare provider telephones a specialist at hospital B for follow up advice.

Outcome: the patient is not present for this telephone consultation and therefore this interaction does not meet the definition of a non-admitted patient service event.

2.5.4. Example 4

A patient and psychiatrist are not in the same location for a consultation. The patient teleconferences the psychiatrist, who is at a hospital clinic, from their home. The psychiatrist assesses the patient, provides counselling and prescribes medication — the prescription is posted to the patient after the consultation.

Outcome: the consultation is equivalent to the patient attending an appointment in person and is counted as one non-admitted patient service event and classified as per the clinic's normal classification.

2.5.5. Example 5

A patient and a social worker from a palliative care clinic cannot be in the same location for a consultation. Following the patient's recent discharge from hospital, they have a consultation using ICT while the patient is located at home and the social worker is at a hospital clinic. The social worker provides counselling, assists the patient with accessing services in their local area, and **documents the interaction in the patient's medical record.**

Outcome: the consultation is equivalent to the patient attending an appointment in person and is counted as one non-admitted patient service event and classified as per the clinic's normal class classification.

2.5.6. Example 6

An asthma clinic has implemented a secure phone application which enables communication between patients and healthcare providers. A patient receives a notification through the application asking them to send through a video of them taking their inhaled medication and detailing any symptoms or illness exacerbations or improvements. A nurse reviews the video and written information, assessing for technique, medication tolerance and adverse reactions. The nurse sends a reply message to the patient letting them know of any changes to the care plan or notifying them that they will need to come into the clinic for a detailed assessment by another healthcare provider. The communication messages are automatically downloaded into the electronic medical record.

Outcome: The interaction substitutes for a face to face consultation at the clinic. The multiple interactions through the mobile phone application would be counted as one service event, as the exchange in its entirety is a substitute for a single face to face service event at the clinic.

2.5.7. Example 7

A respiratory clinic sends a chronic obstructive pulmonary disease patient an email with his chest X-ray report that rules out chest infection. The email also includes a reminder for the patient to schedule an appointment with his general practitioner (GP) for his seasonal influenza vaccination as the medical record shows that his is overdue for the flu shot. Details of this email communication are automatically captured into the patient's electronic medical record.

Outcome: This scenario represents a case of one-directional notification to the patient with no interaction between the clinic staff and the patient and is not considered a technology enabled substitute for a face-to-face interaction. This would not be considered as a non-admitted patient service event.

2.5.8. Example 8

A COVID-19 clinic sends a patient an SMS to inform the patient that her SARS-CoV-2 Reverse Transcription Polymerase Chain Reaction (RT-PCR) test taken 24 hours ago returned a negative result. She is no longer required to continue her self-isolation and can also notify persons she was previously in contact with about the result.

Outcome: This scenario represents a case of one-directional notification to the patient with no interaction between the clinic staff and the patient and is not considered a technology enabled substitute for a face-to-face interaction. This would not be considered as a non-admitted patient service event.

2.6. Patient education services

Patient education services can be counted as non-admitted patient service events where they meet the definition of a non-admitted patient service event.

The counting rules that are to be applied are:

- The patient education service must contain therapeutic/clinical content in order to be counted as a non-admitted patient service event.
- The patient education service must be documented in the patient's medical record in order to be counted as a non-admitted patient service event.
- Staff education and training must not be counted as a non-admitted patient service event.

2.6.1. Example one

A patient newly diagnosed with diabetes, attends a booked appointment for an education session with a diabetes educator (Note: this session may include multiple patients). The diabetes educator provides the patient with clinical advice relating to the management of the condition and records the interaction in the patient's medical record. The facility has determined the clinic is most appropriately classified to 40.46 Endocrinology.

Outcome: this would be counted as a non-admitted patient service event.

2.6.2. Example 2

A hospital offers an informal group educational classes targeted at people who have suffered a heart attack and their families. These classes provide general information on diet, exercise and self-management of risk factors. Entries are not made in the patients' medical records.

Outcome: these services would not meet the definition of a non-admitted patient service event and would not be counted as non-admitted patient service events.

2.6.3. Example 3

A hospital offers a drop-in support group for patients with dementia and their carers. A healthcare provider facilitates the group discussion and provides information on dementia and services that are available to patients and their carers. The number of members attending each month varies and no medical records are created.

Outcome: this service would not meet the definition of a non-admitted patient service event as no entry was made in their medical records and hence would not be counted as a non-admitted patient service event.

2.7. Services provided to groups

Care provided to 2 or more patients by the same service provider(s) at the same time can also be referred to as a group session when the patients within the group receive the same service.

Where the definition of a non-admitted patient service event is met, one service event is recorded for each patient who attends a group session regardless of the number of healthcare providers present.

The data element 'group session indicator' is included in the non-admitted patient NBEDS to record this type of non-admitted patient service event.

The counting rules that are to be applied are:

- A non-admitted patient service event is to be counted for each member of the group that receives a service containing therapeutic/clinical content.
- The interaction must be documented in the individual patient medical records in order to be counted as non-admitted patient service events.
- Family members seen together are each to be counted as non-admitted patient service events as long as each family member was provided with therapeutic/clinical input and a dated entry was made in each family member's medical record.
- Family members and/or carers accompanying a patient to an appointment must not be counted as additional non-admitted patient service events when they did not receive a service meeting the definition of a non-admitted patient service event.

2.7.1. Example one

Five patients participate in a hydrotherapy session where a physiotherapist directs the patients through a range of exercises. A dated entry is made in each patient's medical record following the session. The facility has determined the clinic is most appropriately classified to 40.05 Hydrotherapy.

Outcome: this session would be counted as 5 non-admitted patient service events.

2.7.2. Example 2

A family has 2 children with cystic fibrosis. The children attend a single outpatient appointment at a general metropolitan hospital. Therapeutic/clinical advice is provided for each child and a dated entry is made in each child's medical record. The facility has determined the most appropriate classification of the clinic would be 20.20 Respiratory - cystic fibrosis.

Outcome: this session would be counted as 2 non-admitted service events (that is, it is counted from the perspective of the patient).

2.7.3. Example 3

A child attends an ear, nose and throat clinic at a children's hospital, accompanied by his parent and grandparent. Therapeutic/clinical advice is provided to the parent and grandparent regarding the child's treatment and a dated entry is made in the child's medical record. The facility determined 20.18 Ear, nose and throat as the most appropriate classification of the clinic.

Outcome: this session would be counted as one non-admitted patient service event as the accompanying family members did not receive a service that met the definition of a non-admitted patient service event.

2.8. Non-admitted services provided to admitted patients

Any service provided to a patient while they are admitted or registered in an emergency care setting must not be counted as a non-admitted patient service event.

The counting rules that are to be applied are:

- Any service provided by non-admitted clinic staff to an admitted patient of the hospital must not be counted as a non-admitted patient service event.
- Any attendance or appointment by an admitted patient of the hospital at a non-admitted service must not be counted as a non-admitted patient service event.
- Patients who are admitted, or registered in an emergency care setting, and are discussed at a MDCC must not be counted as non-admitted MDCC service events.

2.8.1. Example one

A patient is admitted to hospital for treatment of a fracture. The patient is unable to attend a pre-existing appointment at the psychiatry clinic of the same hospital, so the psychiatrist conducts the consultation on the ward.

Outcome: this must not be counted as a non-admitted patient service event.

2.8.2. Example 2

A patient is admitted to hospital for treatment of a cardiac condition. The patient has a pre-existing appointment at the nutrition and dietetics clinic of the same hospital and is transported from the ward to attend this appointment.

Outcome: this must not be counted as a non-admitted patient service event.

2.8.3. Example 3

A patient is admitted to hospital A for treatment following a stroke. The patient is referred to a haematology specialist at hospital B, as none are available at hospital A. The patient attends the haematology clinic at hospital B while they are still an admitted patient at hospital A.

Outcome: this must not be counted as a non-admitted patient service event.

2.8.4. Example 4

A resident of an aged care facility, that is not a public hospital, receives speech therapy following a stroke. The speech pathologist undertakes the consultation at the aged care facility. The facility has determined 40.18 Speech pathology as the most appropriate classification of the clinic.

Outcome: the consultation meets the definition of a non-admitted patient service event as the patient was not in the admitted or registered in an emergency care setting of a public hospital.

2.9. Diagnostic services

For ABF purposes, services from diagnostic clinics (30 series) are not counted as non-admitted patient service events.

The counting rules that are to be applied are:

- Services provided by diagnostic clinics are part of a non-admitted patient service event.
- Non-admitted services provided by diagnostic clinics must be linked to the related non-admitted patient service event in the costing data.
- Where hospital costing systems do not enable a diagnostic service to be linked directly to a non-admitted patient service event, the diagnostic service must be linked to an appropriate non-admitted patient service event within a 30-day range. The 30-day range is 30 days either side of the date the diagnostic service was provided.
- Diagnostic services that are not able to be linked, either directly or using the 30-day range, must not be counted as non-admitted patient service events.

2.9.1. Example one

A patient attends an appointment at a radiology clinic and undergoes a Magnetic Resonance Imaging (MRI) scan. Three days later the patient attends an orthopaedic clinic, and a specialist reviews the MRI scan. The facility has determined that the orthopaedic clinic is most appropriately classified to 20.29 Orthopaedics.

Outcome: this would be counted as one non-admitted patient service event and counted at the orthopaedic clinic. The radiology service does not meet the definition of a non-admitted patient service event, as it is a diagnostic service that is an integral part of the orthopaedic clinic non-admitted patient service event.

2.9.2. Example 2

A patient with paraplegia, following a spinal cord injury, attends an appointment with a rehabilitation physician. The physician refers the patient for an urodynamics study, which is undertaken 3 weeks later. The facility has determined that the clinic providing the rehabilitation consultation is most appropriately classified to 20.47 Rehabilitation.

Outcome: this would be counted as one non-admitted patient service event for the rehabilitation clinic. The urodynamics assessment is an input to the rehabilitation clinic non-admitted patient service event and therefore not counted as an additional non-admitted patient service event.

2.9.3. Example 3

A pregnant patient attends an appointment at radiology and undergoes an ultrasound. Two weeks later the patient attends an obstetrics clinic, and an obstetrician reviews the ultrasound scans. The facility has determined 20.40 Obstetrics is the most appropriate classification of the obstetrics clinic.

Outcome: this would be counted as one non-admitted patient service event counted at the obstetrics clinic. The radiology service is an input to the obstetrics clinic non-admitted patient service event and therefore not counted as an additional non-admitted patient service event.

2.9.4. Example 4

A patient is referred by their general practitioner (GP) for an ultrasound. The patient attends an appointment at radiology and undergoes the ultrasound. Two weeks later the patient attends an appointment with their GP who reviews the ultrasound scans.

Outcome: this would not be counted as a non-admitted patient service event because the radiology service does not meet the definition of a non-admitted patient service event as it is a diagnostic service.

2.10. Services not counted as non-admitted patient service events

There are services provided by healthcare providers which do not meet the definition of a non-admitted patient service event and must not be counted for ABF purposes.

The counting rules that are to be applied are:

- a) Travel by a healthcare provider, or transport services provided to a patient, must not be counted as a non-admitted patient service event.
- b) Services which do not deliver clinical care do not meet the definition of a non-admitted patient service event and must not be counted. For example, home cleaning, meals on wheels and home maintenance.
- c) Care planning or case coordination activities conducted on behalf of a patient, but without the patient being present, must not be counted as a non-admitted patient service event unless they meet the criteria for a MDCC.

2.10.1. Example one

A patient is collected by hospital transport to attend an outpatient clinic appointment.

Outcome: the transport does not meet the definition of a non-admitted patient service event and must not be counted.

2.10.2. Example 2

A specialist has a telephone consultation with another specialist to discuss a mutual patient.

Outcome: the patient is not present for this telephone consultation and therefore this interaction does not meet the definition of a non-admitted patient service event.

2.10.3. Example 3

A social worker prepared a report for a guardianship tribunal hearing. This includes gathering information from the patient's friends and family, liaising with Centrelink.

Outcome: the patient is not present and therefore these interactions do not meet the definition of a non-admitted patient service event.

2.10.4. Example 4

A MDCC is held to discuss 5 non-admitted patients who attend a stroke rehabilitation clinic. The MDCC includes a rehabilitation physician, a CNS, a speech pathologist and a social worker. The patients are not present in the MDCC.

A description of each patient's problems, goals and strategies relevant to that conference, and a summary of outcomes of the conference are documented in each patient's multidisciplinary care plan. A summary of the details including the date, duration, and the attendees' names and designations/clinical background is documented in each patient's medical record by the CNS.

Outcome: this would be counted as one non-admitted MDCC service event *for each patient discussed*, resulting in 5 non-admitted MDCC service events reported for the one MDCC.

2.10.5. Example 5

A MDCC is held to discuss 5 non-admitted patients who attend a stroke rehabilitation clinic. The MDCC includes a rehabilitation physician, a CNS, a speech pathologist and a social worker. The patients are not present in the MDCC.

A description of each patient's problems, goals and strategies relevant to that conference, and a summary of outcomes of the conference are not documented in each patient's multidisciplinary care plan. A summary of the details including the date, duration, and the attendees' names and designations/clinical background is not documented in each patient's medical record by the CNS.

Outcome: this would not be counted as a non-admitted MDCC service event as the summary and outcomes were not documented in each patient's record.

2.11. Counting of home delivered renal dialysis, nutrition procedures, subcutaneous immunoglobulin infusion therapy and home ventilation

Renal dialysis, total parenteral nutrition (TPN), home enteral nutrition (HEN), home ventilation and subcutaneous immunoglobulin (SCIg) infusion therapy performed by the patient in their own home without the presence of a healthcare provider may be counted as a non-admitted patient service event, provided there is documentation of the procedures in the patient's medical record.

The counting rules that are to be applied are:

When reporting to the non-admitted patient care data set specifications, temporal care bundling applies to the following services:

- Haemodialysis - home delivered
- Peritoneal dialysis - home delivered
- TPN - home delivered
- Enteral nutrition - home delivered
- Ventilation - home delivered

All non-admitted patient sessions performed per month are to be bundled and counted as one non-admitted patient service event per patient per calendar month regardless of the number of sessions.

Temporal care bundling does NOT apply to **SCIg infusion therapy – home delivered**. For SCIg infusion therapy, each occasion of service, regardless of frequency, is counted as a non-admitted patient service event on the day it is administered, provided there is documentation of the procedure in the patient's medical record.

2.11.1. Example one

A patient performs haemodialysis in their own home for 3 sessions a week. There were no disruptions or changes to this schedule for the month.

Outcome: one non-admitted patient service event should be counted for the month and classified to 10.15 Renal dialysis - haemodialysis - home delivered.

2.11.2. Example 2

A patient performs TPN every day in their own home. In October, the patient is admitted to hospital for 5 days and during their admission TPN is performed by the patient in the hospital.

Outcome: one non-admitted patient service event should be counted for this month and classified to 10.17 Total parenteral nutrition - home delivered.

2.11.3. Example 3

A patient performs peritoneal dialysis in their own home on a daily basis. There were no disruptions or changes to this routine in August.

Outcome: one non-admitted patient service event should be counted for the month and classified to 10.16 Renal dialysis - peritoneal dialysis - home delivered.

2.11.4. Example 4

A patient performs HEN every day in their own home. On 25 January, the patient is admitted to hospital for a same-day procedure. The patient is discharged the same day and HEN is performed by the patient in their own home later the same day.

Outcome: one non-admitted patient service event should be counted for this month and classified to 10.18 Enteral nutrition - home delivered.

2.11.5. Example 5

A patient undergoes ventilation via tracheostomy in their own home on a daily basis during the month of February. There were no disruptions or changes to this routine for the month.

Outcome: one non-admitted patient service event should be counted for the month and classified to 10.19 Ventilation - home delivered.

2.11.6. Example 6

A patient commences peritoneal dialysis in their own home on 31 March, the last day of the month.

Outcome: one non-admitted patient service event should be counted for the month of March and classified to 10.16 Renal dialysis - peritoneal dialysis - home delivered.

2.11.7. Example 7

A patient self-administers SCIg infusion therapy in their own home 3 times a week. There were no disruptions or changes to this routine for the week and each procedure was documented in the patient's medical record.

Outcome: one non-admitted patient service event would be counted for each procedure on the day it was delivered and classified to 10.22 Subcutaneous immunoglobulin (SCIg) infusion therapy - home delivered.

2.11.8. Example 8

A patient performs SCIg infusion therapy every day in their own home. Within the month, the patient's hand dexterity worsens requiring assistance to perform the SCIg infusion therapy. A nurse from the clinic makes a home visit the following day to assist the patient with the administration of SCIg infusion therapy and the procedure is documented in the patient's medical record.

Outcome: the visit by the nurse and the SCIg infusion therapy occur on the same day and would therefore be counted as one non-admitted patient service event and classified to 10.22 Subcutaneous immunoglobulin (SCIg) infusion therapy – home delivered.

2.12. The non-admitted MDCC where the patient is not present

Non-admitted MDCCs where the patient is not present is a meeting or discussion held concurrently between healthcare providers, arranged in advance, to discuss a non-admitted patient in detail and to coordinate care. Non-admitted MDCCs ensure that a patient's multidisciplinary care needs are met through a planned and coordinated approach.

Applying the term 'concurrent' means that staggered conversations between the patient's care clinicians or that email conversations through a group of clinicians are not generally considered as non-admitted MDCC service events.

One non-admitted MDCC service event is recorded for each patient discussed at a non-admitted MDCC where the patient is not present.

The counting rules that are to be applied are:

- A MDCC where the patient is not present must involve 3 or more healthcare providers who have direct care responsibilities for the patient discussed. The healthcare providers may be of the same profession (medical, nursing, midwifery or allied health), however, they must each have a different speciality so that the care provided by each provider is unique. Alternatively, the healthcare providers may be of different professions (medical, nursing, midwifery or allied health) but of the same specialty (for example, oncologist, oncology registered nurse, physiotherapist).
- For each non-admitted patient discussed - a multidisciplinary management plan must be in place or developed at the MDCC, and one participating healthcare provider must record the following items in each patient's clinical record:
 - a) the name of the MDCC, the date of the MDCC, and the start and end times (or duration) at which each patient was discussed during the case conference
 - b) the names of the participants involved in the discussion relating to the patient and their designations/clinical backgrounds
 - c) a description of the non-admitted patient's problems, goals and strategies relevant to that MDCC, and
 - d) a summary of the outcomes of the MDCC.

(Note: Items c) and d) may be completed through documentation (or revision) of a multidisciplinary care plan completed after each non-admitted MDCC where the patient is not present).

- Patients who are admitted, or in the emergency care setting, and are discussed at a MDCC must not be counted as non-admitted MDCC service events.
- The healthcare providers participating in the MDCC may attend in person or via ICT (including but not limited to telehealth). Only one MDCC should be recorded regardless of the number of sites involved. The most appropriate site to report the MDCC should be based on where the majority of providers and services are located.
- Patients whose care is discussed at MDCCs occurring immediately prior to, or immediately following, an outpatient clinic to which the same patients discussed attend, are to be counted separately as non-admitted MDCC service events.
- For multiple MDCCs to be counted for the same patient on a given day, the patient must have been discussed in separate MDCCs where each of the different MDCCs in which the patient was discussed meets the definition of a non-admitted MDCC service event (for

example, on the same day, a patient may be discussed separately in an oncology MDCC and in a musculoskeletal MDCC, both of which had a different and unique focus on the patient's issues).

- A non-admitted MDCC service event is counted for each patient, not by the number of providers present or number of MDCCs discussed.
- Where the non-admitted MDCC includes providers billing under a different funding arrangement (for example, the Medicare Benefits Scheme), the non-admitted MDCC should be reported.

2.12.1. Example one

A MDCC is held with a geriatrician, respiratory physician and a rehabilitation nurse to discuss a non-admitted patient in detail and coordinate their care. The patient is not present in the MDCC.

A multidisciplinary management plan is developed at the conference which includes a documented description of the patient's problems, goals and strategies relevant to that conference, and a summary of outcomes of the conference. A summary of the details including the date, duration, and the attendee's names and designations/clinical backgrounds, are documented in the patient's medical record by the geriatrician.

Outcome: this would be counted as one non-admitted MDCC service event for the patient. This is because there were 3 or more healthcare providers from different specialties involved in delivering the MDCC and all the criteria in the definition of a MDCC were met.

2.12.2. Example 2

A MDCC is held to discuss 7 non-admitted patients who attend a brain injury rehabilitation clinic. The MDCC includes a rehabilitation physician, a CNS, a physiotherapist, an occupational therapist, a speech pathologist and a social worker. The patients are not present in the MDCC.

A description of the patient's problems, goals and strategies relevant to that conference, and a summary of outcomes of the conference are documented in each patient's multidisciplinary care plan. A summary of the details, including the date, duration, and the attendee's names and designations/clinical backgrounds are documented in each patient's medical record by the CNS.

Outcome: this would be counted as one non-admitted MDCC service event *for each patient discussed*, resulting in 7 non-admitted MDCC service events reported for the one MDCC.

2.12.3. Example 3

A meeting is held by 2 geriatricians and a rehabilitation nurse to discuss a non-admitted patient in detail and coordinate their care. The patient is not present for the meeting.

A management plan is developed at the conference which includes a documented description of the patient's problems, goals and strategies relevant to that conference, and a summary of outcomes of the conference. A summary of the details including the date, duration, and the attendee's names and designations/clinical backgrounds are documented in the patient's medical record by the geriatrician.

Outcome: this would not be counted as a non-admitted MDCC service event as 2 out of the 3 health care professionals are of the same profession and specialty.

2.12.4. Example 4

A MDCC is held by a cardiologist, respiratory physician, haematologist and a physiotherapist to discuss a patient in detail and coordinate their care. The patient is not present in the MDCC. The cardiologist and respiratory physicians are located at hospital A whilst the haematologist and physiotherapist are located at hospital B. All 4 healthcare providers participate in the MDCC via videoconference.

A multidisciplinary management plan is developed at the conference which includes a documented description of the patient's problems, goals and strategies relevant to that conference, and a summary of outcomes of the conference. A summary of the details including the date, duration, and the attendee's names and designations/clinical backgrounds, are documented in the patient's medical record by the respiratory physician.

Outcome: this would be counted as one non-admitted MDCC service event for the patient, even though all 4 healthcare providers are in the MDCC via videoconference. In this instance, the healthcare providers agreed that the cardiologist and respiratory physician (from hospital A) were providing the majority of the services to the patient therefore would report the non-admitted MDCC.



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