Dental Health Program Data Set (DHPDS) Submission Guidelines

Version 4.3

July 2024

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# Introduction

##  Background

The Dental Health Program provides public dental care to eligible Victorians.

The Department of Health (DH) funds Dental Health Services Victoria (DHSV) to deliver both routine and urgent dental care. Services are delivered through the Royal Dental Hospital Melbourne and over 50 integrated and registered community health services across Victoria.

The Dental Health Program Data Set (DHPDS) is used primarily to fund, monitor and plan dental services to eligible clients.

## Obligation to report

All agencies funded to deliver Dental Health Program services are required to report their service provision to the department.

Further information about reporting obligations and data collection for Victoria’s Dental Health Program can be found at <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

## Audience

The audience for the DHPDS manual includes:

* DH staff (data collection custodians and program managers) responsible for the development and management of data collections and associated documentation
* Dental Health Services Victoria (DHSV)
* software vendors that develop and provide software solutions for the collection, storage and reporting of data
* funded organisations that deliver public dental services.

## Purpose

The purpose of the DHPDS manual is to provide a common set of concepts, data elements and edit/validation rules which define the basis of data collection and reporting requirements to the Community and Dental Health Program.

## Scope

For reporting purposes, the scope of the DHPDS is outlined below.

**Organisations**: funded organisations that deliver public dental services.

**Clients**: client eligibility criteria can be found at the Dental Health website <https://www.health.vic.gov.au/dental-health/access-to-victorias-public-dental-care-services>

**Services**: Services in scope for reporting purposes are:

* All dental assessments and treatments delivered/provided to eligible clients by funded organisations in scope and funded by the Dental Health Program.
* All dental assessments and treatments delivered/provided to clients by funded organisations in scope and funded under the Commonwealth Child Dental Benefits Schedule

## Data release and confidentiality

All data collection and reporting requirements administered by the department are required to comply with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*, and to act compatibly with the *Charter of Human Rights and Responsibilities Act 2006*.

Clients should be informed that some of the information provided to the community dental clinics will be sent to the state government for planning and statistical purposes. This information is de-identified before transmission.

## Document history

The following changes have been made in this version of the document:

* Updated values for *Client—Gender Identity* to be consistent with AIHW values for Person—gender
* Error C46 changed to Warning
* Updated concept definition of Homeless
* Large-Value Domains tables updated to reflect contemporary values

For further detail of these changes, see Appendix 6.4, [Document history](#_Document_History).

## Contact Information

For further information regarding the DHPDS, contact:

Dental Health Program

Department of Health

dentalenquiries@health.vic.gov.au

# Dental Health Program Concepts

Concepts for the Dental Health Program Data Set are grouped into categories for ease of reference.

## Client

Concepts related to clients are listed within this category.

### 2.1.1 Age

Age refers to the client’s age at a point in time.

Age will be derived as required by the Dental Health Program and calculated as ‘Reference date’ minus ‘Client—date of birth’.

The ‘Reference date’ could be any date. For example, age at the start of contact with a service provider would be calculated as ‘Service—Initial contact date’ minus ‘Client—date of birth’. Age at the start of contact with a service provider is important in determining:

* eligibility
* priority access

### 2.1.2 Asylum seeker

An asylum seeker is any person who:

* has a current request for protection which is being assessed by the Commonwealth Government; or
* being deemed by the Commonwealth not to be a person owed protection, is seeking either a judicial review (through the courts); or
* is making a humanitarian claim (to Commonwealth minister) for residence.

Asylum seekers can be permitted to reside within the Australian community on one of several different visa types. Different visas carry different entitlements, including work rights and Medicare eligibility. The visa type held by an asylum seeker can change throughout the process of seeking asylum.

For more information about refugee and humanitarian visa types, refer to the [Department of Home Affairs](https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing).

### 2.1.3 Homeless

When a person does not have suitable accommodation alternatives, they are considered homeless if they are living in:

* non-conventional accommodation or ‘sleeping rough’, or
* short-term or emergency accommodation due to a lack of other options.

Non-conventional accommodation (primary homeless) is defined as:

* living on the streets
* sleeping in parks
* squatting
* staying in cars or railway carriages
* living in improvised dwellings
* living in the long grass.

Short-term or emergency accommodation (secondary homeless) includes:

* refuges
* crisis shelters
* couch surfing or no tenure
* living temporarily with friends and relatives
* insecure accommodation on a short-term basis
* emergency accommodation arranged by a specialist homelessness agency (for example, in hotels, motels and so forth).

A person is described as at risk of homelessness if they are at risk of losing their accommodation or they are experiencing one or more of a range of factors or triggers that can contribute to homelessness.

(Source: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/about>)

### 2.1.4 Individual Health Identifier (IHI)

An Individual Health Identifier (IHI) is a numerical identifier that uniquely identifies each individual in the Australian healthcare system.

Individual Healthcare Identifiers are automatically assigned to all individuals registered with Medicare Australia or enrolled in the Department of Veterans' Affairs (DVA) programs. Those not enrolled in Medicare Australia or with the Department of Veterans' Affairs are assigned a temporary number when they next seek healthcare; this is then validated by the Healthcare Identifiers (HI) Service Operator and becomes their unique IHI.

Only the individual, authorised healthcare providers and their authorised staff can access an individual's IHI number.

Each Individual Healthcare Identifier has an Identifier Status; this describes whether verification of the identifier of the individual has occurred and is based on the evidence available of a person's identity:

**Verified:** All individuals eligible for Medicare or DVA benefits are assigned a verified IHI automatically.

**Unverified:** For individuals whose identifier cannot be retrieved and who have an IHI created for them at the point of care. This caters, for instance, for newborns and overseas visitors.

**Provisional:** Individuals who present at the point of care unconscious or unknown may be assigned a provisional IHI by the healthcare provider. This IHI expires after 90 days of inactivity on the assumption the patient will become known and a verified IHI obtained for them, or their IHI will be converted to an unverified IHI.

The IHI number does not change regardless of the person's Identifier Status.

### 2.1.5 Refugee

A refugee is a person who is outside their country of origin (or habitual residence in the case of stateless persons) and who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is unable or unwilling to avail themselves of the protection to which they are entitled.

Refugee status is determined by the Department of Home Affairs (Commonwealth) and relates to people who are subject to persecution in their home country and have been identified in conjunction with the United Nations High Commissioner for Refugees (UNHCR) as in need of resettlement (Population Flows: Immigration Aspects, 2004–05 Edition).

Refugee visas can be defined under several sub-categories and programs, including onshore, offshore, special assistance, emergency rescue, women at risk, and the special humanitarian program. The majority of refugees that settle in Victoria are admitted under the Australian Government’s Humanitarian Program

For more information about refugee and humanitarian visa types, refer to the [Department of Home Affairs](https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing).

### 2.1.6 Statistical Linkage Key 581 (SLK)

Record linkage is a process, technique or method that enables the bringing together of two or more records that are believed to belong to the same individual.

A linkage key is a derived variable used to link data for statistical and research purposes which is generated from elements of an individual’s personal demographic data and attached to de-identified data relating to the services received by that individual.

A Statistical Linkage Key can be used to uniquely count individuals accessing services from multiple providers that use different information systems.

It is comprised of:

Characters 1–3 3 letters: 2nd, 3rd and 5th letters of surname/family name

Characters 4–5 2 letters: 2nd and 3rd letters of first given name

Characters 6–13 8 digits: date of birth DDMMYYYY

Character 14 1 digit: Sex at birth code: use only 1 male, 2 female or 9 not stated

Sex at birth code 3—indeterminate and Sex at birth code 4—intersex are invalid for the SLK algorithm

* Non-alphabetic characters (e.g. hyphens or apostrophes) should be ignored when counting the position of each character.
* If either name is not long enough to supply the requested letters, substitute the number ‘2’ to reflect the missing letters.

\*Note: Sex at birth code used in the SLK is distinct and not to be confused with gender.

### 2.1.7 Victorian Universal Patient Identifier (VUPI)

Victoria's digital health strategy describes the ability to share clinical information across health providers in order to improve patient safety, improve clinical effectiveness and provide base clinical data that can be shared in the continuation of patient care and be available for research and analysis, including the building of genomic profiles. A major dependency in sharing clinical information is the ability to uniquely identify patients - something not available yet within Victoria - regardless of where health care is being provided.

Recognising the importance of this dependency and the recommendations from the Duckett review, the department has committed to demonstrating the benefits from a unique patient identifier and has commenced a project.

The following design elements/objectives will support a Victorian Universal Patient Identifier (UPI) solution:

* Establish a Victorian UPI solution, and generate a Victorian Unique Patient Identifier (VUPI number) for Victorian healthcare and human services consumers in order to initiate the process of matching and linking common patients across Victoria. The Victorian UPI solution will be an incremental implementation that will target an initial level of patient matching across the state (initially a target of more than 80%) and will be enhanced in stages to increase accuracy.
* Leverage and extend the use of national services to enhance and assist in high quality matching of patients, specifically the distribution of the IHIs across the Victorian Public Health Services (VPHS) and to further facilitate uptake of My Health Record (MHR).
* Enhance security and privacy of patient information across the VPHS and enhance the accuracy of statutory reporting by securing the use of the VUPI number and referencing patient details from a secure source rather than re-distributing this information for extracts and other purposes of this nature into the future.
* Provide governed, consistent and clinically safe methods and business practices for matching and therefore identifying common patients/consumers across the VPHS.
* Establish policies, guides and procedures to ensure that the management of patient identification information is aligned across the VPHS.

It is currently proposed that the Victorian Unique Patient Identifier (VUPI) will not be greater than 15 characters (alpha/numeric).

## Services

Concepts related to services are listed within this category.

### 2.2.1 Case

A period when an organisation accepts responsibility for a client’s dental care and intends to provide clinical assessment and/or treatment to that client.

A case commences at the Service—initial contact date.

A case may be made up of one or more list entries and when a client accepts an offer of care and attends for a visit, one or more courses of care.

Cases may be opened and closed without containing any courses of care – for example, a client may decline an offer of care or contact with the client may be lost before a course of care has commenced.

Each unplanned presentation for care (emergency) is considered a separate case.

Where a client requires both general and denture care in their overall care plan, this will be considered one case.

A case can contain concurrent courses of care.

A case cannot contain multiples of the same type of course of care, except at designated organisations where there are specialist clinics – for example the Royal Dental Hospital Melbourne. Multiples of the same type of course of care may occur within the one case where one specialist clinic internally refers the client to another specialist clinic within the organisation. It does not apply where multiple referrals are received for the one client by an organisation from external service providers.

A case is closed by the organisation when:

* All courses of care relevant to that case are closed; or
* List—reason for removal is recorded as either "Client/carer initiated" or "Agency initiated"; or
* Dental triage—response is recorded as either “Diverted to another service – RDHM”, “Diverted to another service – other dental provider” or “Diverted to another service – client declined”.

### 2.2.2 Course

The period when a client receives a clinical assessment and/or treatment.

All dental treatment services are deemed 'Courses'. A course is defined as any period of treatment that has a start date and an end date.

A ‘course of care’ commences on the client’s first attended visit where a clinical assessment and/or treatment is provided. It must contain at least one attended visit and one dental treatment item.

Closing of a course of care is a clinical decision and done in the context of the duty of care of the clinician and the care needs of the client.

### 2.2.3 Initial Needs Identification

Initial Needs Identification is a process where the underlying issues as well as the presenting issues are uncovered to the best extent possible. It can occur at any stage along the client journey through the service system and may take more than one day/contact.

### 2.2.4 Prioritisation

The process by which a client is determined to be eligible for priority access for dental care/treatment.

Priority access is provided to clients who have been identified as belonging to population groups that have poorer oral health and where early access will improve oral health outcomes.

For a list of clients who have priority access to public dental services, please refer to the Dental Health website: <https://www.health.vic.gov.au/dental-health/access-to-victorias-public-dental-care-services>

### 2.2.5 Recall list

A list of clients who, following a course of care, will be recalled for care within a specified period.

A recall list is maintained by each organisation for children and young people who will be recalled in a specified period of time, dependent on their dental need.

### 2.2.6 Recall period

The period of time between when a client was due for recall and when they were offered care.

The recall period is calculated as the Service—date of offer minus Service—Recall date due.

### 2.2.7 Referral

A request for review/assessment/treatment made on behalf of a client or potential client by a clinician/worker at an approved service provider.

Referrals are made and received via a variety of methods including verbal, written and electronic.

Referrals can be internal or external:

* Internal referrals are those that are sent between clinicians/workers at the same service provider
* External referrals are those that are sent to or received from a clinician/worker external to the service provider.

Note: Clients can also be self-referred.

### 2.2.8 Visit

An occasion where a client is scheduled to attend and a clinical assessment and/or treatment is intended to be provided.

There are two types of visits:

* Internal visits – where dental care is intended to be provided in a public dental facility, i.e. public dental clinic located in a community health service. Visits provided in an outreach setting are also considered internal visits, e.g. where a clinician who usually provides dental care in a public dental clinic undertakes the clinical assessment for clients at a supported residential service. Internal visits are those where Visit—service delivery setting is all other codes except Code 6 “private dental setting”.
* External visits – where dental care is intended to be provided by a private practitioner in a private dental clinic. External visits are those where Visit—service delivery setting is Code 6 “private dental setting”.

### 2.2.9 Wait list

A list of clients waiting for dental care.

A wait list is maintained by each service provider for adult clients seeking dental care.

Refer to the Dental Health website for current wait list policies: <https://www.health.vic.gov.au/dental-health/victorias-public-dental-care-waiting-list>

## Providers

Concepts related to providers are listed within this category.

### 2.3.1 Campus

A campus is a discrete physical site or virtual site from which a single service provider delivers a dental service. Physical sites have a locality and a physical postcode. A service provider may have one or more campuses.

For services delivered for different consortia through the same physical location, two campuses should be created with the same address.

### 2.3.2 Campus Client Identifier

An alphanumeric identifier assigned by an organisation to a client in order to uniquely identify that client within the organisation. In a health service setting, this would normally be the hospital UR number. This identifier is commonly generated automatically by a client/patient management system.

### 2.3.3 Campus Code

A campus code is a unique identifier for a campus which is generated by the department.

The campus code is comprised of three components:

* a component to identify the service provider that the campus belongs to
* a component to identify the service area that the campus services
* a component to identify the virtual or non-virtual site.

It is also used by the department to uniquely identify clients and services reported by a campus.

### 2.3.4 Service Providers

A service provider is an authorised agency or organisation that provides dental services to clients.

Service providers that provide public dental services will have a unique identifier assigned by the Department of Health for the organisation delivering the service.

To enable the analysis of the accessibility of service provision, the geographic location e.g. address, location and postcode of service delivery campuses, must be provided when first setting up Service Provider details with the Department of Health.

#

# Business Rules

## Business Data Element Timing Summary

The table below provides a summary for each business data element of when it should be reported to the Dental Health Program.

#### Key

| Symbol | Reporting Obligation |
| --- | --- |
| M | Mandatory |
| O | Optional |
| C1 | Report when Case with a course of care (excluding emergency course of care) is present |
| C2 | Report when a course of care (excluding emergency course of care) and an internal visit is present and Campus—campus code is not a specialist clinic (not code 3386-04, 3386-08, 3386-09, 3386-10, 3386-11, 3386-12, 3386-13, 3386-14 or 3386-15). Optional where Campus—campus code is a specialist clinic. |
| C3 | Report when an internal visit is present |
| C4 | Report when Visit—date is present |
| C5 | Report when List—type is recall list (code 2) |
| C6 | Report when Visit—service delivery setting is public dental setting (code 1), or day surgery (code 7). Optional when Visit—service delivery setting is residential (code 2), offsite (code 4), court/prison setting (code 5), or other setting (code 8) |
| C7 | Report when List—type is wait list (code 1) |
| C8 | Report when Dental triage—category is code 1, 2, 3 or 4 |

| Business Data Element | Service—initial contact date | Service—initial needs identification date | Dental triage—date | List—list start date | List—list end date | Service—date of offer | Care—non-acceptance date | Course of care— voucher date issued | Course of care—voucher date processed | Course of care—start date | Visit—date | Course of care—service end date | Case—end date |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Campus—campus client identifier | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Campus—campus code |  |  |  |  |  |  |  |  |  |  | C6 |  |  |
| Case—end date |  |  |  |  |  |  |  |  |  |  |  |  | M |
| Case—identifier | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Case—voucher date issued |  |  |  |  |  |  |  | M |  |  |  |  |  |
| Case—voucher date processed |  |  |  |  |  |  |  |  | M |  |  |  |  |
| Case—voucher identifier |  |  |  |  |  |  |  | M |  |  |  |  |  |
| Client—accommodation type | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—caries risk status |  |  |  |  |  |  |  |  |  |  |  |  | C1 |
| Client—community periodontal index |  |  |  |  |  |  |  |  |  |  | C2 |  |  |
| Client—concession card type | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—country of birth | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—date of birth | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—date of birth accuracy | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—decayed teeth, deciduous |  |  |  |  |  |  |  |  |  |  | C2 |  |  |
| Client—decayed teeth, permanent |  |  |  |  |  |  |  |  |  |  | C2 |  |  |
| Client—filled teeth, deciduous |  |  |  |  |  |  |  |  |  |  | C2 |  |  |
| Client—filled teeth, permanent |  |  |  |  |  |  |  |  |  |  | C2 |  |  |
| Client—gender identity | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—health conditions | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—Indigenous status | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—Individual health identifier | O |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—locality name | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—Medicare card number | O |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—missing teeth, deciduous |  |  |  |  |  |  |  |  |  |  | C2 |  |  |
| Client—missing teeth, permanent |  |  |  |  |  |  |  |  |  |  | C2 |  |  |
| Client—need for interpreter services | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—postcode | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—preferred language | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—priority access | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—refugee status | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—social conditions | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Client—statistical linkage key 581 (SLK) | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Course of care—end reason |  |  |  |  |  |  |  |  |  |  |  | M |  |
| Course of care—identifier |  |  |  |  |  |  |  |  |  | M |  |  |  |
| Course of care—service end date |  |  |  |  |  |  |  |  |  |  |  | M |  |
| Course of care—start date |  |  |  |  |  |  |  |  |  | C3 |  |  |  |
| Course of care—type |  |  |  |  |  |  |  |  |  | M |  |  |  |
| Dental triage—category |  |  | M |  |  |  |  |  |  |  |  |  |  |
| Dental triage—date |  |  | M |  |  |  |  |  |  |  |  |  |  |
| Dental triage—response |  |  | C8 |  |  |  |  |  |  |  |  |  |  |
| List—list end date |  |  |  |  | M |  |  |  |  |  |  |  |  |
| List—list start date |  |  |  | M |  |  |  |  |  |  |  |  |  |
| List—reason for removal |  |  |  |  | M |  |  |  |  |  |  |  |  |
| List—type |  |  |  | M |  |  |  |  |  |  |  |  |  |
| List—wait list type |  |  |  | C7 |  |  |  |  |  |  |  |  |  |
| Referral—referral provider type | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Service—date of offer |  |  |  |  |  | M |  |  |  |  |  |  |  |
| Service—initial contact date | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Service—initial needs identification date |  | M |  |  |  |  |  |  |  |  |  |  |  |
| Service—recall date due | C5 |  |  |  |  |  |  |  |  |  |  |  |  |
| Service—service provider number | M |  |  |  |  |  |  |  |  |  |  |  |  |
| Visit—date |  |  |  |  |  |  |  |  |  |  | M |  |  |
| Visit—dental treatment items |  |  |  |  |  |  |  |  |  |  | C4 |  |  |
| Visit—service delivery setting |  |  |  |  |  |  |  |  |  |  | M |  |  |

# Data element definitions

Data elements for the Dental Health Program are listed in alphabetic order in each section.

## Campus

### 4.1.1 Campus—campus client identifier—A(10)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An identifier, unique to a client within this organisation or campus. |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | A(10) | Maximum character length | 10 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | Record the unique identifier for the client, generated from a campus’ Client Management System (CMS) or manually generated.When operating in an integrated health setting, the identifier used should be that of the patient master index (PMI) e.g. hospital UR number with the exception of where health services have different patient master indices and an Organisation wide CMS solution.Individual agencies may use their own alphabetic, numeric or alphanumeric coding systems. |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | CCDD v.3.0 |
| Definition source | [Standards Australia](http://www.standards.org.au/) |
| Definition source identifier | Based on Identifier Designation, [Australian Standard 4590-2006 (incorporating Amendment No. 1) Interchange of client information](http://infostore.saiglobal.com/store/Details.aspx?DocN=AS0733778216AT), p. 11 |
| Value domain source | METeOR |
| Value domain identifier | Based on [270826 Identifier X[X(14)]](http://meteor.aihw.gov.au/content/index.phtml/itemId/270826) |
| Relational attributes  |
| Related concepts | [Campus](#_Campus) |
| Related data elements | [Campus—campus code](#_Campus—campus_code—NNNN[N](9)-NN)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules |  |
| Other related information |  |

### 4.1.2 Campus—campus code—NNNN[N](9)-NN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The unique identifier assigned to a campus of a Service Provider |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | NNNN[N]-NN | Maximum character length | 5-2 |
| Permissible values instructions  | Refer to Appendix 6.3: Large-value domains.Examples from the full list: |
|  | 6637-01 | Access Health and Community (Manningham CHS & Inner East CHS)  | Ashburton |
|  | 6637-02 | Access Health and Community (Manningham CHS & Inner East CHS)  | Doncaster |
|  | 6637-03  | Access Health and Community (Manningham CHS & Inner East CHS)  | Hawthorn |
|  | 6637-04 | Access Health and Community (Manningham CHS & Inner East CHS) | Richmond |
| Permissible values | Value | Meaning |
|  | NNNN[N]-NN | The unique campus identifier issued by DH |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All attended client visits where Visit—service delivery setting is Public dental or Day Surgery (Code 1 or 7). Optional where Visit—service delivery setting is code 2, 4, 5, 8 |
| Reported when | Visit—date is present |
| Collection and usage attributes |
| Guide for use | A campus code should be issued for every campus by Department of Health and Human Services.Campus code is a numeric code comprised of:* Service provider number (4 or 5 digits)
* Site identifier (2 digits)

Site identifiers will be incremented for each campus from the same Service Provider e.g. 01, 02, 03. They should be used for non-virtual and virtual sites.This would include when treatment is provided through outreach from a main fixed site, for example through domiciliary services at RDHM Special Needs clinic. \*Note: This is not required for Private Dental settings, code 6 |
| Purpose/context | Program monitoring, service planning, funding |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier | Master code set |
| Value domain source | DH |
| Value domain identifier | SAMS campus identifier  |
| Relational attributes  |
| Related concepts | [Campus](#_Campus) |
| Related data elements | [Campus—campus client identifier](#_Campus—campus_client_identifier—A(1)[Service—service provider number](#_Service—service_provider_number—NNN)[Visit—date](#_Visit—date—DDMMYYYY)[Visit—service delivery setting](#_Visit—service_delivery_setting—N) |
| Edit/validation rules | D57 Incorrect combination of Service—service provider number and Campus—campus code |
|  | D58 Campus—campus code must be recorded when Visit—service delivery setting is public dental setting or day surgery setting |
| Other related information | Values for this data element are contained in a master table |

## Case

### 4.2.1 Case—end date—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date when the case is closed |
| Value domain attributes |
| Representational attributes |
| Representation class | Date  | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All organisations |
| Reported for | All clients who have a case opened |
| Reported when | Case—end date has occurred |
| Collection and usage attributes |
| Guide for use | A case is closed by the organisation when:* All courses of care relevant to that case are closed.
* List—reason for removal is recorded as either "client/carer initiated" or "agency initiated".
* Dental triage—response is recorded as either “diverted to another service—RDHM”, “diverted to another service—dental agency” or “diverted to another service—client declined”.
 |
| Purpose/context | Program monitoring, service planning |
| Source and reference attributes |
| DH common data dictionary | CSDD v.1.0 |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts | [Client](#_Client)[Case](#_Case) |
| Related data elements | [Dental triage—response](#_Dental_triage—response—N) [List—reason for removal](#_List—reason_for_removal—N) |
| Edit/validation rules | X84 Case—end date cannot be in the future |
| Other related information |  |

### Case—identifier—X[X(14)]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An identifier (ID) unique across all funded organisations, used to distinguish one client case from another |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier  | Data type | String |
| Format | X[X(14)]  | Maximum character length | 15 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All organisations |
| Reported for | All clients who have a case opened |
| Reported when | Service—initial contact date has occurred |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | File administration |
| Source and reference attributes |
| DH common data dictionary | CSDD v.1.0 |
| Definition source | DH |
| Definition source identifier | Based on Case identifier, *VINAH6 manual* 2010-2011, Section 3: Data Definitions, p. 204 |
| Value domain source | DH |
| Value domain identifier | Based on Case identifier, *VINAH6 manual* 2010-2011, Section 3: Data Definitions, p. 204 |
| Relational attributes  |
| Related concepts | [Case](#_Case) |
| Related data elements | [Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules |  |
| Other related information |  |

### Case—voucher date issued—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date the voucher was issued to the client by the organisation |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All organisations |
| Reported for | All clients who are issued a voucher |
| Reported when | Case—voucher date issued occurs |
| Collection and usage attributes |
| Guide for use | A record must be generated when a voucher is issued to enable tracking of milestones within the Case, as well as to trigger payment arrangements.Voucher is a generic term used to describe authority for treatment. |
| Purpose/context | Funding, client management, service monitoring, file administration |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Service—date of offer](#_Service—date_of_offer—DDMMYYYY) |
| Edit/validation rules | D07 Case—voucher date issued cannot be in the future |
|  | D27 Case—voucher date issued cannot be before Service—date of offer |
| Other related information |  |

### Case—voucher date processed—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date on which a voucher is processed by the agency for reimbursement to the private dental provider |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All organisations |
| Reported for | All clients who are issued a voucher |
| Reported when | Case—voucher date processed occurs |
| Collection and usage attributes |
| Guide for use | Voucher is a generic term used to describe authority for treatment. |
| Purpose/context | Program monitoring, service planning, funding.  |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Case—voucher date issued](#_Case—voucher_date_issued—DDMMYYYY) |
| Edit/validation rules | D08 Case—voucher date processed cannot be in the future |
|  | D28 Case—voucher date processed cannot be before Case—voucher date issued |
| Other related information |  |

### Case—voucher identifier—N(10)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A unique identifier for the voucher |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | N(10) | Maximum character length | 10 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All organisations |
| Reported for | All clients who are issued a voucher |
| Reported when | Case—voucher date issued is present |
| Collection and usage attributes |
| Guide for use | Voucher is a generic term used to describe authority for treatment. |
| Purpose/context | Program monitoring, service planning, file administration.  |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Case—voucher date issued](#_Case—voucher_date_issued—DDMMYYYY) [Visit—service delivery setting](#_Visit—service_delivery_setting—N) |
| Edit/validation rules | D70 Case—voucher identifier must be present when Visit—service delivery setting is private dental setting |
| Other related information |  |

## Client

### 4.3.1 Client—accommodation type—N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The type of physical accommodation in which the client usually lives |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning |
|  | 1 | Private residence (e.g. house, flat, bedsitter, caravan, boat, independent unit in retirement village), including privately and publicly rented homes, rented from Aboriginal Community and defence force housing |
|  | 2 | Hospital/Psychiatric hospital |
|  | 3 | Residential aged care service |
|  | 4 | Specialist alcohol/other drug treatment residence |
|  | 5 | Specialised mental health community-based residential support service |
|  | 6 | Domestic-scale supported living facility (e.g. group home for people with disability) |
|  | 7 | Boarding/rooming house/hostel or hostel type accommodation, not including aged persons |
|  | 8 | Emergency accommodation/short term crisis/shelter |
|  | 9 | Transitional accommodation facility |
|  | 10 | Home detention/detention centre |
|  | 11 | Prison/remand centre/youth training centre |
|  | 12 | Other accommodation, not elsewhere classified |
|  | 13 | Homeless |
| Supplementary values | Value | Meaning |
|  | 99 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | 'Usual' is defined as the type of accommodation the person has been living in for the most amount of time over the past four weeks.If a person stays in a particular place of accommodation for four or more days a week over the period, that place of accommodation would be the person's type of usual accommodation. In practice, receiving an answer to questioning about a person's usual accommodation setting may be difficult to achieve. The place the person perceives as their usual accommodation will often prove to be the best approximation of their type of usual accommodation.

|  |  |
| --- | --- |
| Code 8 | Emergency accommodation/short term crisis/shelter – accommodation type for the homeless or at risk of homelessness, where an individual needs to leave a dangerous situation, such as domestic or family violence, or if they have to leave their usual residence to access medical treatment. |
| Code 9 | Transitional accommodation facility – an intermediate step between emergency crisis shelter and permanent housing. Is for is for people who are homeless or at risk of homelessness, that provides non-emergency support services, with a goal of maintaining housing and a successful tenancy. |
| Code 12 | Should be used for any other type of accommodation not specified in other categories. |
| Code 13 | Should be used if the client is usually homeless and not utilising an emergency, crisis, shelter or transitional accommodation. |
| Code 99 | Should be used if unknown or unable to be obtained. |

 |
| Purpose/context | Priority access, program monitoring, service planning, funding and accountability. |
| Source and reference attributes |
| DH common data dictionary | CCDD v.3.0 |
| Definition source | METeOR |
| Definition source identifier | Basedon [270088 Person—accommodation type (usual), Code N[N]](http://meteor.aihw.gov.au/content/index.phtml/itemId/270088) |
| Value domain source | METeOR |
| Value domain identifier | Based on [270683 Accommodation type, Code N[N]](http://meteor.aihw.gov.au/content/index.phtml/itemId/270683) |
| Relational attributes  |
| Related concepts | [Homeless](#_Homeless) |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)[Client—postcode](#_Client—postcode—NNNN)[Client—priority access](#_Client—priority_access—1-N—_N[N]) |
| Edit/validation rules | C02 age is too young for aged care accommodation |
|  | AoD85 Client—postcode indicates no fixed address and Client—accommodation type is not homeless |
|  | D40 Where Client—priority access is homeless person, Client—accommodation type must be homeless or Emergency accommodation/short term crisis/shelter |
| Other related information | Values for this data element are contained in a master table |

### 4.3.2 Client—caries risk status—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A client’s risk to dental caries |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 1 | Low caries risk |
|  | 2 | Moderate caries risk |
|  | 3 | High caries risk |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Course of care—service end date is present and Course of care—type is not Emergency |
| Collection and usage attributes |
| Guide for use | The client’s caries risk status is a clinical assessment of the client’s level of risk to dental caries.For further information regarding determining caries risk status, refer to Dental Health Services Victoria. |
| Purpose/context | Client recall, program monitoring, service planningDetermines the recall due date for clients aged under 18 years. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts | [Recall list](#_Recall_list)[Recall period](#_Recall_period) |
| Related data elements | [Course of care—type](#_Course_of_care—type—N)[Service—recall date due](#_Service—recall_date_due—DDMMYYYY) |
| Edit/validation rules |  |
| Other related information |  |

###  Client—community periodontal index—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The periodontal status of a client |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 0 | Healthy |
|  | 1 | Bleeding observed, directly or by using mouth mirror, after probing |
|  | 2 | Calculus detected during probing, but all the black band on the probe visible |
|  | 3 | Pocket 4-5 mm (gingival margin within the black band on the probe) |
|  | 4 | Pocket 6 mm or more (black band on the probe not visible) |
|  | 5 | Excluded sextant (less than two teeth present) |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where Campus is a specialist clinic. This may also not be available for some instances where Course of care—type—3 (Denture) |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |
| Collection and usage attributes |
| **Guide for use** | The client’s periodontal status is measured using the World Health Organisation (WHO) Community Periodontal Index (CPI).When children under the age of 15 are examined, pockets should not be recorded, i.e. only bleeding and calculus should be considered.The highest value (excluding Code 5) of the sextants would be reported.For further information, refer to [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905). |
| Purpose/context | Program monitoring, service planning.  |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905) |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905)  |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Campus—campus code](#_Campus—campus_code—NNNN[N](9)-NN_1)[Client—date of birth](#_Client—date_of_birth—DDMMYYYY)[Course of care—type](#_Course_of_care—type—N)[Visit—date](#_Visit—date—DDMMYYYY)[Visit—service delivery setting](#_Visit—service_delivery_setting—N) |
| Edit/validation rules | D61 Client—community periodontal index must not be code 3—pocket 4-5mm or code 4—pocket 6mm or more, when age at the Course of care—start date is less than 15 |
| Other related information |  |

### Client—concession card type—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The type of concession card held by the client |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 0 | No concession card |
|  | 1 | Health Care Card |
|  | 2 | Pension Concession Card |
|  | 3 | DVA Concession Card |
|  | 4 | Commonwealth Seniors Health Card |
| Supplementary values | *Value* | *Meaning* |
|  | 9 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | This data element relates to the client’s concession arrangements. For clients aged 18 and younger, report the concession card type held by the client if they have their own, or the type held by the parent/guardian.

|  |  |
| --- | --- |
| Code 0  | “No concession card” can only apply to:* children aged 0 – 12 years of age
* children and young people up to 18 years of age in out-of-home care provided by DFFH
* all people in youth justice custodial care
* refugees or asylum seekers
* Aboriginal and Torres Strait Islander people
* clients being treated as part of the Child Dental Benefits Schedule
 |
| Code 3 | Applies to the Department of Veterans’ Affairs pensioner concession card which is equivalent to the Centrelink issued pensioner concession card |

 |
| Purpose/context | Eligibility, program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | CCDD v.3.0 |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts | [Age](#_Age) |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)[Client—priority access](#_Client—priority_access—1-N—_N[N]) |
| Edit/validation rules |  |
| Other related information | Values for this data element are contained in a master table<https://www.servicesaustralia.gov.au/concession-and-health-care-cards?context=60091> |

### Client—country of birth—NNNN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The country in which the client was born |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values instructions  | Refer to Appendix 6.3: [Large-value domains](#_Large-value_domains). Examples from the full list: |
| Permissible values | Value | Meaning |
|  | 1000 | OCEANIA AND ANTARCTICA |
|  | 1101 | Australia |
|  | 1101 | Australian Capital Territory |
|  | 1101 | Badu Island |
|  | 1101 | Bathurst Island |
|  | 1101 | Boigu Island |
|  | 1101 | Cape Barren Island |
|  | 1101 | Christmas Island |
|  | … | … |
|  | NNNN | and so on |
| Supplementary values | Value | Meaning |
|  | 0000 | inadequately described |
|  | 0001 | at sea |
|  | 0003 | not stated |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | Code 11xx Where the client is born in Australia, the value domain also includes states of Australia from [Appendix 6.3: Large-value domains](#_Large-value_domains) |
| Purpose/context | Epidemiology, program monitoring, service planning.Includes understanding culturally and linguistically diverse (CALD) characteristics of clients |
| Source and reference attributes |
| DH common data dictionary | CCDD v.3.0 |
| Definition source | METeOR |
| Definition source identifier | [659454 Person—country of birth, Code (SACC 2016) NNNN](http://meteor.aihw.gov.au/content/index.phtml/itemId/659454) |
| Value domain source | METeOR |
| Value domain identifier | [659444 Country code SACC (2016) NNNN](http://meteor.aihw.gov.au/content/index.phtml/itemId/659444) |
| Relational attributes  |
| Related concepts | [Client](#_Client) |
| Related data elements | [Client—indigenous status](#_Client—Indigenous_status—N)[Client—need for interpreter services](#_Client—need_for_interpreter)[Client—preferred language](#_Client—preferred_language—NNNN)[Client—refugee status](#_Client—refugee_status—N) |
| Edit/validation rules | C33 Use of supplementary codes should be limited for Client—country of birth |
|  | C34 Antarctica and ‘other purpose codes’ are reported as country of birth |
|  | C35 Client—Indigenous status is Aboriginal and/or Torres Strait Islander and country of birth is not Australia |
|  | D33 Client—country of birth cannot be Australia when Client—refugee status is an asylum seeker |
|  | D34 Client—country of birth cannot be Australia when Client—refugee status is a refugee |
| Other related information | Values for this data elements are contained in master table[Supplementary codes of the ABS Standard Australian Classification of Countries (SACC), 1269.0 Second Edition](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/9A9C459F46EF3076CA25744B0015610A/%24File/12690_second%20edition.pdf) |

### Client—date of birth—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date of birth of the client |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | Date should be supplied as accurately as possible. Where part of the date of birth is not known, Client—date of birth accuracy also needs to indicate which part of date was estimated or unknown.When Client—date of birth is not stated it should be reported as (01011900); Client—date of birth accuracy is ‘UUU’  |
| Purpose/context | Eligibility, prioritisation, program monitoring, service planning.  |
| National reporting requirements | Not applicable |
| Source and reference attributes |
| DH common data dictionary | CCDD v.3.0 |
| Definition source | METeOR |
| Definition source identifier | [287007 Person—date of birth DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/287007) |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts | [Age](#_Age)[Individual Health Identifier](#_Individual_Health_Identifier)[Statistical Linkage Key 581 (SLK)](#_Statistical_Linkage_Key) |
| Related data elements | [Client—date of birth accuracy](#_Client—date_of_birth)[Client—individual health identifier](#_Client—individual_health_identifier)[Client—statistical linkage key 581 (SLK)](#_Client—statistical_linkage_key)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | C10 age indicates very old |
|  | C36 Client—date of birth is unrealistic |
|  | C37 Client—date of birth cannot be in the future |
|  | S23 Client—date of birth cannot be after the Course of care—start date |
|  | S25 Client—date of birth cannot be after the List—list start date |
| Other related information |  |

### Client—date of birth accuracy—AAA

|  |
| --- |
| Identifying and definitional attributes |
| Definition | An indicator of the accuracy of a date of birth for a registered client |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | String |
| Format | AAA | Maximum character length | 3 |
| Permissible values | Value | Meaning |
|  | AAA | Day, month and year are accurate |
|  | AAE | Day and month are accurate, year is estimated |
|  | AAU | Day and month are accurate, year is unknown |
|  | AEA | Day is accurate, month is estimated, year is accurate |
|  | AEE | Day is accurate, month and year are estimated |
|  | AEU | Day is accurate, month is estimated, year is unknown |
|  | AUA | Day is accurate, month is unknown, year is accurate |
|  | AUE | Day is accurate, month is unknown, year is estimated |
|  | AUU | Day is accurate, month and year are unknown |
|  | EAA | Day is estimated, month and year are accurate |
|  | EAE | Day is estimated, month is accurate, year is estimated |
|  | EAU | Day is estimated, month is accurate, year is unknown |
|  | EEA | Day and month are estimated, year is accurate |
|  | EEE | Day, month and year are estimated |
|  | EEU | Day and month are estimated, year is unknown |
|  | EUA | Day is estimated, month is unknown, year is accurate |
|  | EUE | Day is estimated, month is unknown, year is estimated |
|  | EUU | Day is estimated, month and year are unknown |
|  | UAA | Day is unknown, month and year are accurate |
|  | UAE | Day is unknown, month is accurate, year is estimated |
|  | UAU | Day is unknown, month is accurate, year is unknown |
|  | UEA | Day is unknown, month is estimated, year is accurate |
|  | UEE | Day is unknown, month and year are estimated |
|  | UEU | Day is unknown, month is estimated, year is unknown |
|  | UUA | Day and month are unknown, year is accurate |
|  | UUE | Day and month are unknown, year is estimated |
|  | UUU | Unknown (day, month and year are unknown) |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Client—date of birth is present |
| Collection and usage attributes |
| Guide for use | This data element is valid only for use with dates that are reported/exchanged in the format (DDMMYYYY). Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.This data element consists of a combination of three codes, each of which denotes the accuracy of one date component:A – the referred date component is accurateE – the referred date component is not known but is estimatedU – the referred date component is not known and not estimated.This data element contains positional fields (DMY) that reflects the order of the date components in the format (DDMMYYYY) of the reported date:Field 1 (D) – refers to the accuracy of the day component;Field 2 (M) – refers to the accuracy of the month component;Field 3 (Y) – refers to the accuracy of the year component.

|  |  |
| --- | --- |
| Data domain | Date component (for a format DDMMYYYY) |
| (D)ay | (M)onth | (Y)ear |
| Accurate | A | A | A |
| Estimated | E | E | E |
| Unknown | U | U | U |

Example 1: A date has been sourced from a reliable source and is known as accurate then the Date accuracy indicator should be informed as (AAA).Example 2: If only the age of the person is known and there is no certainty of the accuracy of this, then the Date accuracy indicator should be informed as (UUE). That is the day and month are “unknown” and the year is “estimated”.Example 3: If a person was brought in unconscious to an emergency department of a hospital and the only information available was from a relative who was certain of the age and the birthday’s 'month' then the Date accuracy indicator should be informed as (UAA). A year derived from an accurate month and accurate age is always an accurate year.Note: Where Service providers choose to only use a subset of this code value list within their CMS, only those values would need to be reported to DH. |
| Purpose/context | The Date accuracy indicator can be useful for operational purposes to indicate the level of accuracy that a date has been collected at any point in time |
| Source and reference attributes |
| DH common data dictionary | CCDD v.3.0Based on Client—date accuracy—AAARefer also to Australian Standard AS 5017-2006 Health Care Client Identification |
| Definition source | METeOR |
| Definition source identifier | [294429 Date—accuracy indicator, Code AAA](http://meteor.aihw.gov.au/content/index.phtml/itemId/294429) |
| Value domain source | METeOR |
| Value domain identifier | [289952 Date—accuracy indicator, Code AAA](http://meteor.aihw.gov.au/content/index.phtml/itemId/289952) |
| Relational attributes  |
| Related concepts | [Age](#_Age) |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)[Client—statistical linkage key 581 (SLK)](#_Client—statistical_linkage_key) |
| Edit/validation rules |  |
| Other related information |  |

### Client—decayed teeth, deciduous—N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Number of deciduous teeth that are decayed due to dental caries |
| Value domain attributes |
| Representational attributes |
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic.Optional where campus is a specialist clinic.This may also not be available for some instances where Course of care—type—3 (Denture) |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |
| Collection and usage attributes |
| Guide for use | Measuring decayed teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of decayed teeth.Where a tooth has both decay and filling/s, it is scored as a decayed tooth.Maximum score is 20, meaning all deciduous teeth are decayed.For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Epidemiology, program monitoring, service planning.Describes the prevalence of dental caries in an individual and contributes to determining the caries risk status of the client. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905) |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Campus—campus code](#_Campus—campus_code—NNNN[N](9)-NN_1)[Client—caries risk status](#_Client—caries_risk_status—N)[Client—decayed teeth, permanent](#_Client—decayed_teeth,_permanent—N[N)[Course of care—type](#_Course_of_care—type—N)[Visit—date](#_Visit—date—DDMMYYYY)[Visit—service delivery setting](#_Visit—service_delivery_setting—N) |
| Edit/validation rules | D62 Sum of decayed, filled and missing deciduous teeth must be less than or equal to 20 |
| Other related information |  |

### Client—decayed teeth, permanent—N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Number of permanent teeth that are decayed due to dental caries |
| Value domain attributes |
| Representational attributes |
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where campus is a specialist clinic. |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |
| Collection and usage attributes |
| Guide for use | Measuring decayed teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of decayed teeth.Where a tooth has both decay and filling/s, it is scored as a decayed tooth.Maximum score is 32, meaning all permanent teeth are decayed.For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Epidemiology, program monitoring, service planning. Describes the prevalence of dental caries in an individual and contributes to determining the caries risk status of the client. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905)  |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905)  |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Campus—campus code](#_Campus—campus_code—NNNN[N](9)-NN_1)[Client—caries risk status](#_Client—caries_risk_status—N)[Client—decayed teeth, deciduous](#_Client—decayed_teeth,_deciduous—N[N)[Course of care—type](#_Course_of_care—type—N)[Visit—date](#_Visit—date—DDMMYYYY)[Visit—service delivery setting](#_Visit—service_delivery_setting—N) |
| Edit/validation rules | D63 Sum of decayed, filled and missing permanent teeth must be less than or equal to 32 |
| Other related information |  |

### Client—filled teeth, deciduous—N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Number of deciduous teeth that are filled due to dental caries |
| Value domain attributes |
| Representational attributes |
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where campus is a specialist clinic. |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |
| Collection and usage attributes |
| Guide for use | Measuring filled teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of teeth with filling/s.Where a tooth has both decay and filling/s, it is scored as a decayed tooth.For filled teeth, only count those known to be filled due to caries, not other reasons such as due to erosion or fracture.Maximum score is 20, meaning all deciduous teeth are filled.For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Epidemiology, program monitoring, service planning.Describes the prevalence of dental caries in an individual. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905) |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Campus—campus code](#_Campus—campus_code—NNNN[N](9)-NN_1)[Client—caries risk status](#_Client—caries_risk_status—N)[Client—filled teeth, permanent](#_Client—filled_teeth,_permanent—N[N])[Course of care—type](#_Course_of_care—type—N)[Visit—date](#_Visit—date—DDMMYYYY) [Visit—service delivery setting](#_Visit—service_delivery_setting—N) |
| Edit/validation rules | D62 Sum of decayed, filled and missing deciduous teeth must be less than or equal to 20 |
| Other related information |  |

### Client—filled teeth, permanent—N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Number of permanent teeth that are filled due to dental caries |
| Value domain attributes |
| Representational attributes |
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where campus is a specialist clinic. |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |
| Collection and usage attributes |
| Guide for use | Measuring filled teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of teeth with filling/s.Where a tooth has both decay and filling/s, it is scored as a decayed tooth.For filled teeth, only count those known to be filled due to caries, not other reasons such as due to erosion or fracture.Maximum score is 32, meaning all permanent teeth are filled.For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Program monitoring, service planning, epidemiology.Describes the prevalence of dental caries in an individual. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905) |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Campus—campus code](#_Campus—campus_code—NNNN[N](9)-NN_1)[Client—caries risk status](#_Client—caries_risk_status—N)[Client—filled teeth, deciduous](#_Client—filled_teeth,_deciduous—N[N])[Course of care—type](#_Course_of_care—type—N)[Visit—date](#_Visit—date—DDMMYYYY)[Visit—service delivery setting](#_Visit—service_delivery_setting—N) |
| Edit/validation rules | D63 Sum of decayed, filled and missing permanent teeth must be less than or equal to 32 |
| Other related information |  |

### Client—gender identity—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The gender with which the client identifies  |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |  |
|  | 1 | Man, or boy, or male |  |
|  | 2 | Woman, or girl, or female |  |
|  | 3 | Non-binary |  |
|  | 4 | Different term |  |
|  | 5 | Prefer not to answer |  |
| Supplementary values | *Value* | *Meaning* |  |
|  | 9 | Not stated/inadequately described |  |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|  |  |
| Gender is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, boy, woman, girl, or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female.Gender identity can be the same or different than the sex recorded at birth. Note: While service providers may choose to capture many categories of gender identity within their Client Management System, the reporting requirement of the department only requires alignment with those codes specified. |
| Code 1 | A person who describes their gender as man, or boy, or male |
| Code 2 | A person who describes their gender as woman, or girl, or female |
| Code 3 | A person who describes their gender as non-binary |
| Code 4 | A person who describes their gender as a term other than man/boy/male, woman/girl/female or non-binary |
| Code 5 | A person who prefers not to respond on how they describe their gender |
| Code 9 | Should be used if unable to attain gender identity or unknown |

 |

 |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary |  |
| Definition source | METeOR |
| Definition source identifier | [741842- Person—gender, code X](https://meteor.aihw.gov.au/content/741842) |
| Value domain source | METeOR |
| Value domain identifier | [741842- Person—gender, code X](https://meteor.aihw.gov.au/content/741842) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules |  |
| Other related information | <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release> |

### Client—health conditions—1—N—ANNN[N][N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The client’s health condition or diagnosis |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | ANNN[N][N] | Maximum character length | 6 |
| Permissible values instructions | Refer to Appendix 6.3 : [Large-value domains](#_Large-value_domains). Examples from the full list: |
| Permissible values | Value | Meaning |
|  | 1001 | Hepatitis |
|  | 1002 | HIV/AIDS |
|  | 1101 | Cancer(s) |
|  | 1201 | Cholesterol (lipid metabolism disorder) |
|  | 1202 | Diabetes |
|  | 1203 | Diabetes, gestational |
|  | 1204 | Obesity |
|  | 1301 | Anxiety |
|  | 1302 | Dementia |
|  | 1303 | Depression |
|  | 1304 | Developmental delay |
|  | 1305 | Intellectual disability |
|  | 1306 | Post-traumatic stress disorder |
|  | 1398 | Mental health, other (excl. drug or alcohol related conditions) |
|  | NNNN | and so on |
| Supplementary values | *Value* | *Meaning* |
|  | 9098 | Other health condition |
|  | 9099 | No health conditions/healthy |
|  | ANNN[N][N] | ICD code |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Visit—date is present |
| Collection and usage attributes |
| Guide for use | Report the client’s health conditions starting with the most severe condition. This will help to gain an understanding of the disease/condition profile.Up to 10 health conditions may be reported from the most severe to the least severe.

|  |  |
| --- | --- |
| Code 9098 | Should be used if the health condition is not covered by the Health condition master code set and the ICD code is unknown |
| ANNN[N][N] | Can be used to report the client’s health condition when the ICD code is known |

 |
| Purpose/context | Program monitoring, service planning |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier | Master code set |
| Value domain source | DH |
| Value domain identifier | Episode Health Conditions-master code set v5.0 |
| Relational attributes  |
| Related concepts | [Referral](#_Referral) |
| Related data elements | [Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules |  |
| Other related information | Values for this data element are contained in a master table |

### Client—Indigenous status—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Whether the client identifies as being of Aboriginal and/or Torres Strait Islander origin |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 1 | Aboriginal but not Torres Strait Islander origin |
|  | 2 | Torres Strait Islander but not Aboriginal origin |
|  | 3 | Both Aboriginal and Torres Strait Islander origin |
|  | 4 | Neither Aboriginal nor Torres Strait Islander origin |
| Supplementary values | Value | Meaning |
|  | 9 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | Electronic information systems should not use the word “indigenous” or “ATSI”. The words “Aboriginal” and/or “Torres Strait Islander” should be used.Clients have a right to self-report their Aboriginal and/or Torres Strait Islander origin and staff should therefore always record the response that the client provides; they should not question or comment on the client’s response. The client’s recorded response should not be altered or annotated in any way to reflect the views of the staff member collecting the information.Where the question allows for more than one response, the procedure for coding multiple responses is as follows:If the respondent answers 'Yes, Aboriginal' and 'Yes, Torres Strait Islander', then their response should be coded to 'Yes, both Aboriginal and Torres Strait Islander origin'.If the respondent answers 'No' and one or more of the following: 'Yes, Aboriginal'‘Yes, Torres Strait Islander''Yes, both Aboriginal and Torres Strait Islander'then the response should be coded to 'not stated/inadequately described' if the response cannot be clarified with the respondent.If the respondent answers ‘Yes’ to Aboriginal and/or Torres Strait Islander origin, and does not provide any more granular information on this, then Code 1 should be reported.If the respondent is capable of responding but declines to respond, or if the question is unable to be asked, or the response is incomplete, use 'not stated/inadequately describedServices are encouraged to be familiar with AIHW, best practice guidelines, available here: <https://www.aihw.gov.au/reports-data>  |
| Purpose/context | Program monitoring, service planning, priority access, funding and accountability.Includes understanding of client’s Aboriginality |
| Source and reference attributes |
| DH common data dictionary | CCDD v.3.0 |
| Definition source | METeOR |
| Definition source identifier | [602543 Person—Indigenous status, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/602543) |
| Value domain source | METeOR |
| Value domain identifier | [602545 Indigenous status, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/602545) |
| Relational attributes  |
| Related concepts | [Prioritisation](#_Prioritisation) |
| Related data elements | [Client—country of birth](#_Client—country_of_birth—NNNN)[Client—need for interpreter services](#_Client—need_for_interpreter)[Client—preferred language](#_Client—preferred_language—NNNN)[Client—refugee status](#_Client—refugee_status—N)[Client—priority access](#_Client—priority_access—1-N—_N[N]) |
| Edit/validation rules | C35 Aboriginal and/or Torres Strait Islander and country of birth is not Australia |
|  | C46 Aboriginal and/or Torres Strait Islander and preferred language mismatch |
|  | D35 Client cannot be both an asylum seeker and Aboriginal and/or Torres Strait Islander |
|  | D36 Client cannot be both a refugee and Aboriginal and/or Torres Strait Islander |
|  | D41 Where Client—priority access is Aboriginal and/or Torres Strait Islander, Client—Indigenous status must be Aboriginal and/or Torres Strait Islander |
| Other related information |  |

### Client—individual health identifier-N(16)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A numerical identifier that uniquely identifies each individual in the Australian healthcare system |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | N(16) | Maximum character length | 16 |
| Permissible values | Value | Meaning |
|  | N(16) | The client’s individual health identifier issued by Medicare Australia. |
| Supplementary values | *Value* | *Meaning* |
|  | 9 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Optional  |
| Collection and usage attributes |
| Guide for use | The mandatory amount of information required to retrieve the client’s IHI from Medicare is a surname, date of birth and sex at birth. Other fields including given name, address and Medicare or DVA number are optional, and will result in improved match results when searching Medicare. When a client’s IHI is unknown, or unable to be obtained, since unmatched surname, sex and date of birth, report as ‘Not Stated’All healthcare identifiers use the International Standard ISO 7812-1:2006 that specifies the numbering system for identification cards.The format of the number is as follows:Digits N1-N6: The issuer identification number, which in turn is made up of:N1-N2, Major industry identifier: 80 = healthN3-N5, Country code: 036 = AustraliaN6, Number type: 0 = IHIDigits N7-N15: Individual account identification (9 digits for the unique identifier)Digit N16: Check digitInformation regarding the IHI, including information about how health care providers can access the IHI can be obtained from the Commonwealth website located here: <https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/healthcare-identifiers-service-health-professionals> |
| Purpose/context | Eligibility, program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary |  |
| Definition source | METeOR |
| Definition source identifier | [743458 Person—Individual Healthcare Identifier, N(16)](http://meteor.aihw.gov.au/content/index.phtml/itemId/432495) |
| Value domain source | METeOR |
| Value domain identifier | [426832 Identifier N(16)](http://meteor.aihw.gov.au/content/index.phtml/itemId/426832) |
| Relational attributes  |
| Related concepts | [Individual Health Identifier](#_Individual_Health_Identifier) |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)[Client—Medicare card number](#_Client—Medicare_card_number—N(11))[Client—statistical linkage key 581 (SLK)](#_Client—statistical_linkage_key) |
| Edit/validation rules | AoD22 Client—Individual Healthcare Identifier present when no Medicare number |
|  | AoD23 Client—Individual Healthcare Identifier present with no Client—Statistical Linkage Key 581 |
| Other related information |  |

### Client—locality name—A[A(45)])

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The name of the locality/suburb of the address the client resides at |
| Value domain attributes |
| Representational attributes |
| Representation class | Text | Data type | String |
| Format | A[A(45)] | Maximum character length | 46 |
| Permissible values instructions  | Refer to Appendix 6.3: [Large-value domains](#_Large-value_domains)Examples from the full list are below: |
| Permissible values | Value | Meaning |
|  | ABBEYARD | Abbeyard  |
|  | ABBOTSFORD | Abbotsford |
|  | … | … |
|  | MELBOURNE | Melbourne |
|  | … | … |
|  | A[A(45)] | and so on |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | All locality names should be provided in capital letters. |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | ARDD v.1.1 |
| Definition source | Standards Australia |
| Definition source identifier | Locality name, Australian Standard 4590–2006, Interchange of client information, p. 53 |
| Value domain source | Department of Sustainability and Environment |
| Value domain identifier | VICNAMES |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Client—postcode](#_Client—postcode—NNNN)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | AD16 incorrect combination of postcode and locality name |
| Other related information | METeOR: [429889—Person (address)—suburb/town/locality name, text X[X(45)]](http://meteor.aihw.gov.au/content/index.phtml/itemId/429889)Values for this data element are contained in a master table. |

### Client—Medicare card number—N(11)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Client identifier, allocated by the Health Insurance Commission to eligible persons under the Medicare scheme that appears on a Medicare card |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | N(11) | Maximum character length | 11 |
| Permissible values instructions | Valid:* First character can only be a: 2, 3, 4, 5, or 6
* Numeric or all blanks
* Check digit (ninth character) is the remainder of the following equation:

[(1st digit \* 1) + (2nd digit \* 3) + (3rd digit \* 7) + (4th digit \* 9) +(5th digit \* 1) + (6th digit \* 3) + (7th digit \* 7) + (8th digit \* 9)]/10.* 11th character is the Individual Reference Number (IRN)

Invalid codes:* Special characters (for example, $, #)
* Alphabetic characters
* Zero-filled (if the Medicare Number is not available or not applicable, supplementary values must be used)
 |
| Permissible values | Value | Meaning |
|  | N(11) | The client’s Medicare number and individual reference number (IRN), issued by Medicare Australia |
| Supplementary values | *Value* | *Meaning* |
|  | 8 | no Medicare card |
|  | 9 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Optional when Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use*IRN* | Medicare32561128371. Jane A Citizen
2. John A Citizen

Valid to 08/09*Medicare number*Medicare number from the Medicare card, the eleventh character being the Medicare code (the number printed on the Medicare card, to the left of the printed name of the person).Neonates:For neonates who have not yet been added to the family Medicare Card, and therefore have no IRN, there are two reporting options:1. Mother’s/family’s Medicare Number in the first ten characters and a zero (0) as the eleventh character

Mother/family Medicare Number in the first ten characters and the mother’s IRN as the eleventh character. |
| Purpose/context | Program monitoring, service planning, funding and accountability. |
| Source and reference attributes |
| DH common data dictionary |  |
| Definition source | METeOR |
| Definition source identifier | [270101 Person—government funding identifier, Medicare card number N(11)](http://meteor.aihw.gov.au/content/index.phtml/itemId/270101) |
| Value domain source | METeOR |
| Value domain identifier | Based on [270694 Medicare card number identifier N(11)](http://meteor.aihw.gov.au/content/index.phtml/itemId/270694) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)[Client—individual health identifier](#_Client—individual_health_identifier)[Client—statistical linkage key 581 (SLK)](#_Client—statistical_linkage_key) |
| Edit/validation rules | C21 Medicare code is zero and age is not less than 1 year |
| Other related information |  |

### Client—missing teeth, deciduous—N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Number of deciduous teeth that are missing due to dental caries |
| Value domain attributes |
| Representational attributes |
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where campus is a specialist clinic. |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |
| Collection and usage attributes |
| Guide for use | Measuring missing teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of missing teeth.For missing teeth, only count those known to be missing due to caries, not other reasons such as exfoliation, un-eruption or orthodontic extraction.Maximum score is 20, meaning all deciduous teeth are missing.For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Epidemiology, program monitoring, service planning.Describes the prevalence of dental caries in an individual. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905) |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Campus—campus code](#_Campus—campus_code—NNNN[N](9)-NN_1)[Client—caries risk status](#_Client—caries_risk_status—N)[Client—missing teeth, permanent](#_Client—missing_teeth,_permanent—N[N)[Course of care—type](#_Course_of_care—type—N)[Visit—date](#_Visit—date—DDMMYYYY)[Visit—service delivery setting](#_Visit—service_delivery_setting—N) |
| Edit/validation rules | D62 Sum of decayed, filled and missing deciduous teeth must be less than or equal to 20 |
| Other related information |  |

### Client—missing teeth, permanent—N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Number of permanent teeth that are missing due to dental caries |
| Value domain attributes |
| Representational attributes |
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | Where a course of care (except emergency course of care) and an internal attended visit is present and Campus—campus code is not a specialist clinic. Optional where Campus is a specialist clinic. |
| Reported when | Visit—date is present and Visit—service delivery setting is not code 6 (private dental setting) |
| Collection and usage attributes |
| Guide for use | Measuring missing teeth is a means to numerically express the caries prevalence and is obtained by calculating the number of missing teeth.For missing teeth, only count those known to be missing due to caries, not other reasons such as exfoliation, un-eruption or orthodontic extraction.Maximum score is 32, meaning all permanent teeth are missing.For further information, refer to WHO Oral Health Surveys – Basic methods, 4th edition. |
| Purpose/context | Program monitoring, service planning, epidemiology.Describes the prevalence of dental caries in an individual. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | World Health Organisation |
| Definition source identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905) |
| Value domain source | World Health Organisation |
| Value domain identifier | Based on [WHO Oral Health Surveys – Basic methods, 4th edition](http://apps.who.int/iris/handle/10665/41905) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Campus—campus code](#_Campus—campus_code—NNNN[N](9)-NN_1)[Client—caries risk status](#_Client—caries_risk_status—N)[Client—missing teeth, deciduous](#_Client—missing_teeth,_deciduous—N[N)[Course of care—type](#_Course_of_care—type—N)[Visit—date](#_Visit—date—DDMMYYYY)[Visit—service delivery setting](#_Visit—service_delivery_setting—N) |
| Edit/validation rules | D63 Sum of decayed, filled and missing permanent teeth must be less than or equal to 32 |
| Other related information |  |

### Client—need for interpreter services—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Whether an interpreter service is required by or for the client |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 1 | Interpreter services required |
|  | 2 | Interpreter services not required |
| Supplementary values | ***Value*** | ***Meaning*** |
|  | 9 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use |

|  |  |
| --- | --- |
| Code 1 | Use this code where interpreter services are required. The interpreter service relates to language, including verbal language, nonverbal language and languages other than English. Persons requiring interpreter services for any form of sign language should be coded as ‘interpreter required’. |
| Code 2 | Use this code where interpreter services are not required. |
| Code 9  | Should only be used when interpreter services requirement is unknown or unable to be obtained. |

 |
| Purpose/context | Program monitoring, service planning, funding and accountability. Includes understanding culturally and linguistically diverse (CALD) characteristics of clients |
| Source and reference attributes |
| DH common data dictionary | CCDD v.3.0 |
| Definition source | METeOR |
| Definition source identifier | [304294 Person—interpreter service required, yes/no, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/304294) |
| Value domain source | METeOR |
| Value domain identifier | Based on [270732 yes/no, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/270732) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Client—country of birth](#_Client—country_of_birth—NNNN)[Client—Indigenous status](#_Client—Indigenous_status—N)[Client—preferred language](#_Client—preferred_language—NNNN)[Client—refugee status](#_Client—refugee_status—N)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | C47 Client—preferred language is English yet stated as needing interpreter |
| Other related information |  |

### Client—postcode—NNNN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The Australian numeric descriptor for the postal delivery area, aligned with locality, suburb or place the client resides at |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | N(4) | Maximum character length | 4 |
| Permissible values instructions  | Refer to [DH](http://auspost.com.au/business-solutions/postcode-data.html) for a full list of valid postcodes |
| Supplementary values | **Value** | Meaning |
|  | 0097 | no fixed abode |
|  | 9988 | unknown |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | All postcodes should be represented using four digits. Any three-digit postcodes should include a leading zero (see the Darwin example below). Examples include: |
|  | **Code Description** |
|  | 3056 postcode for BRUNSWICK, VIC |
|  | 0800 postcode for DARWIN, NT |
|  | 1000 should be used for clients that are homeless |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | ARDD v.1.1 |
| Definition source | Standards Australia |
| Definition source identifier | Based on Postcode, Australian Standard 4590–2006, Interchange of client information, Section, p. 53 |
| Value domain source | DH |
| Value domain identifier | [DH](http://auspost.com.au/about-us/assignment-postcodes.html) [Postcode locality reference file](https://www2.health.vic.gov.au/about/publications/researchandreports/postcode-locality-reference) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Client—locality name](#_Client—locality_name—A[A(45)]))[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | AD16 incorrect combination of postcode and locality name  |
| Other related information | METeOR: [611398 - Address—Australian postcode, code (Postcode data file) {NNNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/611398)METeOR: [611391 - Address—Australian postcode, code (Postcode data file) {NNNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/611391)Values for this data element are contained in a master table |

### Client—preferred language—NNNN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The language (including sign language) most preferred by the client for communication |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values instructions  | Refer to Appendix 6.3: [Large-value domains](#_Large-value_domains).Examples from the list hierarchy to Level 3: |
| Permissible values | Value | Meaning |
|  | **1000** | **NORTHERN EUROPEAN LANGUAGES** |
|  | **1100** | **Celtic** |
|  | 1101 | Gaelic (Scotland) |
|  | 1102 | Irish |
|  | 1103 | Welsh |
|  | 1199 | Celtic, nec |
|  | **1200** | **English** |
|  | 1201 | English |
|  | NNNN | and so on |
| Supplementary values | Value | Meaning |
|  | 0000 | inadequately described |
|  | 0002 | not stated |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | The Australian Standard Classification of Languages (ASCL) has a three-level hierarchical structure. The most detailed level of the classification consists of base units (languages) which are represented by four-digit codes. The second level of the classification comprises narrow groups of languages (the Narrow group level), identified by the first two digits. The most general level of the classification consists of broad groups of languages (the Broad group level) and is identified by the first digit. The classification includes Australian Indigenous languages and sign languages.Preferred language should be captured at the most appropriate detailed level based on the information given by the client. |
| Purpose/context | Program monitoring, service planning, service provision. Includes understanding culturally and linguistically diverse (CALD) characteristics of clients |
| Source and reference attributes |
| DH common data dictionary | CCDD v.3.0 |
| Definition source | METeOR |
| Definition source identifier | Based on [659407 Person—preferred language, code (ASCL 2016) N{NNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/659407) |
| Value domain source | METeOR |
| Value domain identifier | Based on [659404 Language code (ASCL 2016) N{NNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/659404) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Client—Indigenous status](#_Client—Indigenous_status—N)[Client—need for interpreter services](#_Client—need_for_interpreter)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | C46 Aboriginal and/or Torres Strait Islander and preferred language mismatch |
|  | C47 Client—preferred language is English yet stated as needing interpreter |
| Other related information | Values for this data elements are contained in a master table |

### Client—priority access—1-N— N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Identifies clients who have priority access to dental care |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible value instructions | The permissible values below are arranged in a hierarchical order. Choose all priority access groups that apply. |
| Permissible values | Value | Meaning |
|  | 0 | No priority |
|  | 1 | Eligible child or young person |
|  | 2 | Child or young person in out-of-home care |
|  | 3 | Youth justice client in custodial care |
|  | 4 | Aboriginal and/or Torres Strait Islander person |
|  | 5 | Asylum seeker |
|  | 6 | Refugee |
|  | 7 | Registered client of mental health services |
|  | 8 | Registered client of intellectual disability services |
|  | 9 | Homeless person |
|  | 10 | Eligible pregnant woman |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | In the event the client identifies with more than one priority access group, choose all priority access groups that apply.

|  |  |
| --- | --- |
| Code 1 | Applies to all children aged 0 – 12 years; and young people aged 13 – 17 years who are health care or pensioner concession card holders or dependants of concession card holders or receiving treatment under the Child Dental Benefits Schedule (CDBS) |
| Code 2 | Applies to children and young people up to 18 years of age in out-of-home care provided by DFFH |
| Code 3 | Applies to youth justice clients in custodial care |
| Code 7  | Applies to registered clients of mental health services, supported by a letter of recommendation from their case manager |
| Code 8 | Applies to registered clients of intellectual disability services, supported by a letter of recommendation from their case manager or staff of special developmental schools |
| Code 9 | Applies to homeless people and people at risk of homelessness. Determining whether a client is at risk of homelessness may require some discretion and judgement by organisation staff |

 |
| Purpose/context | Priority access, program monitoring, service planning.Determines whether a client should be placed on a waitlist or be offered the next available appointment for dental care. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts | [Age](#_Age)[Asylum seeker](#_Asylum_seeker)[Homeless](#_Homeless)[Prioritisation](#_Prioritisation)[Refugee](#_Refugee) |
| Related data elements | [Client—accommodation type](#_Client—accommodation_type—N[N])[Client—concession card type](#_Client—concession_card_type—N)[Client—date of birth](#_Client—date_of_birth—DDMMYYYY)[Client—Indigenous status](#_Client—Indigenous_status—N)[Client—refugee status](#_Client—refugee_status—N)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | D38 Where Client—priority access is refugee, Client—refugee status must be refugee. |
|  | D39 Where Client—priority access is asylum seeker, Client—refugee status must be asylum seeker. |
|  | D40 Where Client—priority access is homeless person, Client—accommodation type must be Homeless or Emergency accommodation/short term crisis/shelter |
|  | D41 Where Client—priority access is Aboriginal and/or Torres Strait Islander, Client—Indigenous status must be Aboriginal and/or Torres Strait Islander |
| Other related information | Values for this data element are contained in a master tableFor further information on the priority access policy, please refer to the Dental Health website: https://www.health.vic.<https://www.health.vic.gov.au/primary-and-community-health/dental-health>gov.au/primary-and-community-health/dental-health |

### Client—refugee status—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The current refugee status of the client |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 1 | Client is a current refugee |
|  | 2 | Client is not a current refugee nor asylum seeker |
|  | 3 | Client is currently an asylum seeker |
| Supplementary values | ***Value*** | ***Meaning*** |
|  | 9 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | Refugee status is determined by the Australian Government Department of Home Affairs and relates to people who are subject to persecution in their home country and have been identified in conjunction with the United Nations High Commissioner for Refugees (UNHCR) as in need of resettlement (Population Flows: Immigration Aspects, 2004–05 Edition).

|  |  |
| --- | --- |
| Code 1 | To be used if client currently is a refugee. A refugee is a person who is outside their country of origin (or habitual residence in the case of stateless persons) and who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is unable or unwilling to avail themselves of the protection to which they are entitled |
| Code 2 | To be used when client is not currently a refugee nor asylum seeker |
| Code 3 | To be used if the person seeking protection as a refugee is still waiting to have his/her claim assessedAn asylum seeker is deemed to be any person who:has a current request for protection which is being assessed by the Commonwealth Government or being deemed by the Commonwealth not to be a person owed protection, is seeking either a judicial review (through the courts) or is making a humanitarian claim (to Commonwealth minister) for residence. |
| Code 9  | Should be used when refugee status is unknown or unable to be obtained. |

Dental care may be complicated by past experiences of torture or trauma that impacts on oral healthcare before arrival in Australia, for example torture involving the mouth and teeth, and sexual assault. For information on refugee oral health, refer to the Refugee Health Network fact sheet: <http://refugeehealthnetwork.org.au/refugee-oral-health-working-with-refugee-and-asylum-seeker-clients/> |
| Purpose/context | Priority access, program monitoring, service planning, priority access, funding and accountability.Includes understanding culturally and linguistically diverse (CALD) characteristics of clients |
| Source and reference attributes |
| DH common data dictionary | CCDD v.3.0 |
| Definition source | *Migration Act 1958* (Cth), Compilation number 134, Section 5H, page 49 |
| Definition source identifier | Federal Register of Legislation |
| Value domain source | DH |
| Value domain identifier | Not applicable |
| Relational attributes  |
| Related concepts | [Asylum seeker](#_Asylum_seeker)[Refugee](#_Refugee) |
| Related data elements | [Client—country of birth](#_Client—country_of_birth—NNNN)[Client—Indigenous status](#_Client—Indigenous_status—N)[Client—need for interpreter services](#_Client—need_for_interpreter)[Client—preferred language](#_Client—preferred_language—NNNN) [Client—priority access](#_Client—priority_access—1-N—_N[N])[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | D33 Client—country of birth cannot be Australia when Client—refugee status is an asylum seeker |
|  | D34 Client—country of birth cannot be Australia when Client—refugee status is a refugee |
|  | D35 Client cannot be both an asylum seeker and Aboriginal and/or Torres Strait Islander |
|  | D36 Client cannot be both a refugee and Aboriginal and/or Torres Strait Islander |
|  | D38 Where Client—priority access is refugee, Client—refugee status must be refugee |
| Other related information |  |

### Client—social conditions 1-10—N(4)

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The client’s social condition or diagnosis |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values instructions | Refer to Appendix 6.3: [Large-value domains](#_Large-value_domains).Examples from the full list: |
| Permissible values | Value | Meaning |
|  | 5007 | alcohol, tobacco, other drugs - alcohol- other person |
|  | 5008 | alcohol, tobacco, other drugs - prescription drugs- other person |
|  | 5009 | alcohol, tobacco, other drugs - non-prescription drugs- other person |
|  | 5010 | alcohol, tobacco, other drugs - illicit drugs- other person |
|  | 5011 | alcohol, tobacco, other drugs - ice- other person |
|  | 5100 | personal relationships - personal relationships, not further defined |
|  | 5101 | personal relationships - spouse/partner |
|  | 5102 | personal relationships - parents and in-laws |
|  | 5103 | personal relationships - children |
|  | 5104 | personal relationships - other family member |
|  | NNNN | And so on |
| Supplementary values | Value | Meaning |
|  | 9098 | Other social condition |
|  | 9099 | No relevant social conditions |
| Data element attributes |
| Reporting attributes  |
|

|  |  |
| --- | --- |
| Reported by | All service providers |
| Reported for |  |
| Reported when | Service—initial contact date is present |

 |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier | Social conditions-draft list |
| Value domain source | DH |
| Value domain identifier | Episode Health Conditions-master code set v5.0 |
| Relational attributes |
| Related concepts | [Referral](#_Referral) |
| Related data elements | [Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules |  |
| Other related information | Values for this data element are contained in a master table |

### Client—statistical linkage key 581 (SLK)—AAAAADDMMYYYYN

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A key that enables two or more records belonging to the same client to be brought together |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | String |
| Format | AAAAADDMMYYYYN | Maximum character length | 14 |
| Permissible values | Value | Meaning |
|  | characters 1–3  | 2nd, 3rd and 5th letters of surname/family name |
|  | characters 4–5 | 2nd and 3rd letters of first given name |
|  | characters 6–13 | date of birth |
|  | character 14 | sex at birth code  |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for |  |
| Reported when |  |
| Collection and usage attributes |
| Guide for use | The statistical linkage key should be generated using the second, third and fifth characters of a person’s family name, the second and third letters of the person’s given name, the day, month and year when the person was born and the sex of the person at birth, concatenated in that order.Sex at birth code: use only 1 male, 2 female or 9 not stated—Sex at birth code 3—invalid for the SLK algorithm. \*Note: Sex at birth code used in the SLK is distinct and not to be confused with gender.When the client’s first name or surname is three letters or less in length, use the number 2 instead.Example: Ms Jane To, born 3/12/1980 has the SLK of T22AN031219802If date of birth is not known or cannot be obtained, provision should be made to collect or estimate age. Collected or estimated age would usually be in years for adults and to the nearest three months (or less) for children aged less than two years. Additionally, a date accuracy indicator should be reported in conjunction with all estimated dates of birth.Default for missing SLK values is: 99999010119009 only to be used if Date of birth is equal to ‘01011900’  |
| Purpose/context | Supports statistical linkage through anonymous linking of client and service data. |
| Source and reference attributes |
| DH common data dictionary | CCDD v.3.0 |
| Definition source | METeOR |
| Definition source identifier | [349895 Record—linkage key, code 581](http://meteor.aihw.gov.au/content/index.phtml/itemId/349895) |
| Value domain source | METeOR |
| Value domain identifier | [349887 Linkage code 581 XXXXXDDMMYYYYN](http://meteor.aihw.gov.au/content/index.phtml/itemId/349887) |
| Relational attributes  |
| Related concepts | [Statistical Linkage Key 581 (SLK)](#_Statistical_Linkage_Key) |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)[Client—date of birth accuracy](#_Client—date_of_birth) |
| Edit/validation rules |  |
| Other related information |  |

## Course of care

###  Course of care—end reason—N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The main reason the client’s current services have ended  |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning |
|  | 1 | care plan/proposed treatment completed |
|  | 2 | change in main treatment type  |
|  | 3 | change in the delivery setting  |
|  | 5 | transferred to another service provider  |
|  | 6 | ceased to participate against advice  |
|  | 7 | ceased to participate without notice |
|  | 8 | ceased to participate involuntary (service requested they leave) |
|  | 9 | ceased to participate at expiation |
|  | 10 | ceased to participate by mutual agreement |
|  | 11 | drug court and/or sanctioned by court diversion service |
|  | 12 | imprisoned, other than drug court sanctioned |
|  | 13 | client died |
|  | 51 | hospitalised/medical condition  |
| Supplementary values | ***Value*** | ***Meaning*** |
|  | 98 | other |
|  | 99 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients that have stopped receiving services |
| Reported when | Course of care—service end date is present |
| Collection and usage attributes |
| Guide for use | This element should be reported for all clients who have stopped receiving services. That is, it should be reported for all clients with a recorded Service—service end date.Where the client ceased to receive services for more than one reason, the agency should record the main or primary reason for the cessation of service.

|  |  |
| --- | --- |
| Code 1 | To be used when all of the immediate goals of the Care Plan/Proposed treatment have been fulfilled. |
| Code 2 | A treatment service event will end if, prior to the completion of the existing treatment, there is a change in the main treatment type |
| Code 3 | A course of care may end if, prior to the completion of the existing treatment, there is a change in the service delivery setting. | To be completed |
| Code 5 | The service provider is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital. Excludes situations where the original treatment was completed before the client transferred to a different provider for other treatment (use Code 1). |
| Code 51 | The client ceases to receive services because of a medical condition or hospitalisation. |
| Code 6 | The client ceases to participate in the course of care despite advice from staff that such an action is against the client’s best interest. |
| Code 7 | The client ceases to receive services without notifying the service provider of their intention to no longer participate. |
| Code 8 | The client’s participation is ceased by the service provider due to non-compliance with the rules or conditions of the program. |
| Code 9 | The client has fulfilled their obligation to satisfy expiation requirements as part of a police diversion scheme and chooses not to continue with the course of care. |
| Code 10 | The client ceases to participate by mutual agreement with the service provider even though the Care plan/Proposed treatment has not been completed. This may include situations where the client has moved out of the area. |
| Code 11 | Applies to drug court and/or court diversion service clients who are sanctioned back into jail for non-compliance with the program. |
| Code 12 | Applies to clients who are imprisoned for reasons other than Code 11. |
| Code 13 | The client was deceased. |
| Code 98  | Other than one of the categories provided here. |

 |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier | Master code set |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts | [Course](#_Course) |
| Related data elements | [Course of care—service end date](#_Course_of_care—service) |
| Edit/validation rules | D64 Course of care—end reason is present, but there is no Course of care—service end date |
|  | D65 Course of care—service end date is present, but there is no Course of care—end reason |
| Other related information | Values for this data element are contained in a master table |

### Course of care—identifier—N[N(14)]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A unique identifier used to distinguish one client course of care from another |
| Value domain attributes |
| Representational attributes |
| Representation class | Identifier | Data type | Number |
| Format | N[N(14)] | Maximum character length | 15 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who have a course of care opened |
| Reported when | Course of care—start date is present |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | CSDD v.1.0Based on Episode—identifier |
| Definition source | DH Health Data Standards & Systems |
| Definition source identifier | Based on Episode identifier, [180-181](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vinah-manual-version-11-2015-16-section-3-data-elements) |
| Value domain source | DH Health Data Standards & Systems |
| Value domain identifier | Based on Episode identifier, [VINAH manual 11th edition, Section 3: Data Definitions, pp.](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vinah-manual-version-11-2015-16-section-3-data-elements) 180-181 |
| Relational attributes  |
| Related concepts | [Course](#_Course) |
| Related data elements | [Course of care—start date](#_Course_of_care—start) |
| Edit/validation rules |  |
| Other related information |  |

### Course of care—service end date—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date when the client’s services ended for the identified need |
| Value domain attributes |
| Representational attributes |
| Representation class | Date  | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who have a course of care opened |
| Reported when | Course of care—service end date has occurred |
| Collection and usage attributes |
| Guide for use | To end a course of care, a Course of care—end reason must be entered.The end date applies to the completion of the last interaction with the client.In situations where the client has had no contact with the service provider for three months, nor is there a plan in place for further contact, the date of the last visit should be used. |
| Purpose/context | Program monitoring, service planning |
| Source and reference attributes |
| DH common data dictionary | CSDD v.1.0Based on Episode—end date |
| Definition source | METeOR |
| Definition source identifier | [270160 Service episode-episode end date, DDMMYYYY](https://meteor.aihw.gov.au/content/index.phtml/itemId/270160) |
| Value domain source | METeOR |
| Value domain identifier | [[270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566)](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts | [Course](#_Course) |
| Related data elements | [Course of care—end reason](#_Course_of_care—end) |
| Edit/validation rules | D03 Course of care—service end date cannot be in the future |
|  | D31 For each Course of care, Visit—date cannot be after Course of care—service end date |
|  | D64 Course of care—end reason is present, but there is no Course of care—service end date |
|  | D65 Course of care—service end date is present, but there is no Course of care—end reason |
|  | S11 Course of care—service end date cannot be before Course of care—start date |
| Other related information |  |

### Course of care—start date—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date when the course of care is opened |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who have a course of care opened |
| Reported when | Course of care—start date and Visit—date are present |
| Collection and usage attributes |
| Guide for use | The Course of care—start date equals the first Visit—date |
| Purpose/context | Program monitoring, service planning, client management. |
| Source and reference attributes |
| DH common data dictionary | CSDD v.1.0Based on episode—start date |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts | [Course](#_Course) |
| Related data elements | [Course of care—service end date](#_Course_of_care—service)[Service—date of offer](#_Service—date_of_offer—DDMMYYYY)[Visit—date](#_Visit—date—DDMMYYYY) |
| Edit/validation rules | D26 For each course of care, Course of care—start date cannot be before Service—date of offer |
|  | D29 For each course of care, Visit—date cannot be before Course of care—start date |
|  | D55 Course of care—start date cannot occur unless a Visit—date is present |
|  | S13 Course of care—start date cannot be in the future |
| Other related information |  |

### Course of care—type—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The nature of the course of care to be provided to the client |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 1 | General |
|  | 2 | Emergency |
|  | 3 | Denture |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who have a course of care opened |
| Reported when | Course of care—start date is present |
| Collection and usage attributes |
| Guide for use | The course of care type is determined by the care needs of the client.

|  |  |
| --- | --- |
| Code 1 | General course of care is for treatment provided on natural teeth and soft tissues, where a comprehensive examination is undertaken and a care plan is developed. |
| Code 2 | Emergency course of care is for treatment provided for an unplanned presentation by the client for emergency care, where the client has been triaged as requiring emergency care. This includes unplanned presentations in between scheduled appointments for another course of care and during the defined period following a course of care. |
| Code 3 | Denture course of care is for prosthetic treatment provided. |

 |
| Purpose/context | Program monitoring, service planning, client management. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts | [Course](#_Course) |
| Related data elements | [Course of care—start date](#_Course_of_care—start) [Dental triage—date](#_Dental_triage—date—DDMMYYYY) [List—list start date](#_List—list_start_date—DDMMYYYY) |
| Edit/validation rules | D67 There cannot be List—list start date present when Course of care—type is emergency |
|  | D72 Where Dental triage—date is present, Course of care—type must be emergency. |
| Other related information | Values for this data element are contained in a master table |

##  Dental triage

### Dental triage—category—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The category assigned for clients who are dental triaged for emergency care |
| Value domain attributes |
| Representational attributes |
| Representation class | Code  | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 1 | Offer of care within 24 hours |
|  | 2 | Offer of care within 1 week |
|  | 3 | Offer of care within 2 weeks |
|  | 4 | Offer of care within 4 weeks |
|  | 5 | Not an emergency |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who receive dental triage for emergency care |
| Reported when | Dental triage—date is present |
| Collection and usage attributes |
| Guide for use | When the client is triaged as not needing emergency care, report code 5. |
| Purpose/context | Program monitoring, service planning |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Dental triage—date](#_Dental_triage—date—DDMMYYYY)[Dental triage—response](#_Dental_triage—response—N) |
| Edit/validation rules |  |
| Other related information | Values for this data element are contained in a master table |

### Dental triage—date—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date on which the client was dental triaged for emergency care |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who receive dental triage for emergency care |
| Reported when | Dental triage—date occurs |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program monitoring, service planning, client management |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Course of care—type](#_Course_of_care—type—N) [Dental triage—category](#_Dental_triage—category—N)[Dental triage—response](#_Dental_triage—response—N)[List—list start date](#_List—list_start_date—DDMMYYYY)[Service—date of offer](#_Service—date_of_offer—DDMMYYYY)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | D05 Dental triage—date cannot be in the future |
|  | D17 Dental triage—date cannot be before Service—initial contact date |
|  | D22 Service—date of offer cannot be before Dental Triage—date |
|  | D66 There cannot be List—list start date present when Dental—triage date is present |
|  | D72 Where Dental triage—date is present, Course of care—type must be emergency |
| Other related information |  |

### Dental triage—response—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The response to the dental triage category |
| Value domain attributes |
| Representational attributes |
| Representation class | Code  | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 1 | Offered appointment at this service – agency determined |
|  | 2 | Offered appointment at this service – client determined |
|  | 3 | Diverted to another service – RDHM |
|  | 4 | Diverted to another service – other dental provider |
|  | 5 | Diverted to another service – client declined |
|  | 6 | Offered placement on waitlist or priority access |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who receive dental triage for emergency care and Dental triage—category = 1, 2, 3 or 4 |
| Reported when | Dental triage—date is present |
| Collection and usage attributes |
| Guide for use |

|  |  |
| --- | --- |
| Code 1 | The agency offered the client an appointment either within or outside the assigned category timeframe, as determined by the agency |
| Code 2 | The agency offered the client an appointment within the assigned category timeframe, however the client declined and was subsequently offered another appointment outside the assigned category timeframe |
| Code 3 | The agency cannot offer an appointment within the assigned category timeframe, and therefore diverts the client to RDHM who may be able to offer an appointment within the assigned timeframe |
| Code 4  | The agency cannot offer an appointment within the assigned category timeframe, and therefore diverts the client to another community dental agency who may be able to offer an appointment within the assigned timeframe |
| Code 5  | The agency cannot offer an appointment within the assigned category timeframe and therefore diverts the client to another service, however the client declined |
| Code 6  | The assigned category was no offer of care – not an emergency |

 |
| Purpose/context | Program monitoring, service planning |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts |  |
| Related data elements | [Dental triage—date](#_Dental_triage—date—DDMMYYYY)[Dental triage—category](#_Dental_triage—category—N) |
| Edit/validation rules | X45 Dental triage—response must be populated with valid code and format when Dental triage—date is present |
|  | D73 Dental triage—response must not be present when Dental triage—category is 0 – not an emergency |
| Other related information | Values for this data element are contained in a master table |

## List

### List—list end date—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date the client is removed from a wait list or recall list |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients on either a wait list or recall list |
| Reported when | List—list end date occurs |
| Collection and usage attributes |
| Guide for use | Please refer to the Dental Health website for further information on wait list and recall policy: <https://www.health.vic.gov.au/dental-health/victorias-public-dental-care-waiting-list> |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts | [Recall list](#_Recall_list)[Recall period](#_Recall_period)[Wait list](#_Wait_list) |
| Related data elements | [List—list start date](#_List—list_start_date—DDMMYYYY)[List—reason for removal](#_List—reason_for_removal—N)[Service—date of offer](#_Service—date_of_offer—DDMMYYYY)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | D19 List—list end date cannot be before Service—initial contact date |
|  | D12 List—list end date cannot be in the future |
|  | D49 Where List—reason for removal is care offered, List—list end date must equal Service—date of offer |
|  | D51 List—list end date cannot be recorded unless List—list start date has been recorded. |
|  | S17 List—list end date cannot be before List—list start date |
|  | X55 List—list end date is mandatory when List—reason for removal is recorded |
| Other related information |  |

### List—list start date—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date the client is placed on a wait list or recall list  |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients where List—type is not null |
| Reported when | List—list start date occurs |
| Collection and usage attributes |
| Guide for use | A list start date is required if the client is placed on a waiting list or recall listPlease refer to the Dental Health website for further information on wait list policy: <https://www.health.vic.gov.au/dental-health/victorias-public-dental-care-waiting-list> |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | METeOR |
| Definition source identifier | 428485 Public dental waiting list episode-listing date of care, DDMMYYYY |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts | [Recall list](#_Recall_list)[Recall period](#_Recall_period)[Wait list](#_Wait_list) |
| Related data elements | [Course of care—type](#_Course_of_care—type—N)[Dental triage—date](#_Dental_triage—date—DDMMYYYY)[List—list end date](#_List—list_end_date—DDMMYYYY)[List—type](#_List—type—N)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | D19 List—list start date cannot be before Service—initial contact date |
|  | D51 List—list end date cannot be recorded unless List—list start date has been recorded |
|  | D66 List—list start date cannot be present when Dental—triage date is present |
|  | D67 List—list start date cannot be present when Course of care—type is emergency |
|  | S18 List—list start date cannot be in the future |
| Other related information |  |

### List—reason for removal—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The reason why the client was removed from a wait list or recall list |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 1 | Care offered |
|  | 2 | Clinical priority |
|  | 3 | Client/carer initiated |
|  | 4 | Agency initiated |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients on either a wait list or recall list |
| Reported when | List—list end date is present |
| Collection and usage attributes |
| Guide for use |

|  |  |
| --- | --- |
| Code 1 | Client was removed from list and care offered |
| Code 2 | Includes where a client has received emergency care, and the clinician has deemed that the client requires further immediate care and removes the client from the list earlier than anticipated. |
| Code 3 | Where a client makes contact with the agency and requests to be removed from a list. |
| Code 4 | Where an administrative error needs to be corrected, i.e. there are duplicate records for a client or the client was not meant to be placed on the wait list. |

 |
| Purpose/context | Program monitoring |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts | [Recall list](#_Recall_list)[Wait list](#_Wait_list) |
| Related data elements | [List—list end date](#_List—list_end_date—DDMMYYYY)[Service—date of offer](#_Service—date_of_offer—DDMMYYYY) |
| Edit/validation rules | D49 Where List—reason for removal is care offered, List—list end date must equal Service—date of offer |
| Other related information | Refer to the Dental Health website for further information on wait list policy: https://www.health.vic.[gov](https://www.health.vic.gov.au/dental-health/victorias-public-dental-care-waiting-list).au/dental-health/victorias-public-dental-care-waiting-listValues for this data element are contained in a master table |

### List—type—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The type of list the client is on |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 1 | Wait list |
|  | 2 | Recall list |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients on either a wait list or recall list |
| Reported when | List—list start date is present |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program monitoring, service planning, client recall. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts | [Recall list](#_Recall_list)[Wait list](#_Wait_list) |
| Related data elements | [List—list start date](#_List—list_start_date—DDMMYYYY)[List— wait list type](#_List—wait_list_type—N[N]) |
| Edit/validation rules |  |
| Other related information |  |

### List—wait list type—N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The type of wait list the client is on |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning |
|  | 1 | General |
|  | 2 | Denture |
|  | 3 | Priority denture |
|  | 4 | RDHM Special Needs |
|  | 5 | RDHM Oral Surgery |
|  | 6 | RDHM Oral Medicine |
|  | 7 | RDHM Endodontics |
|  | 8 | RDHM Orthodontics |
|  | 9 | RDHM Periodontics |
|  | 10 | RDHM Paedodontics |
|  | 11 | RDHM Fixed Prosthodontics |
|  | 12 | RDHM Removable Prosthodontics |
|  | 13 | RDHM Day Surgery |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients where List—type is wait list |
| Reported when | List—list start date is present |
| Collection and usage attributes |
| Guide for use |  |
| Purpose/context | Program monitoring, service planning.  |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts | [Service Provider](#_Service_Providers)[Wait list](#_Wait_list) |
| Related data elements | [List—list start date](#_List—list_start_date—DDMMYYYY)[List—type](#_List—type—N)[Service—service provider number](#_Service—service_provider_number—NNN) |
| Edit/validation rules | D52 Service—service provider number must be Dental Health Services Victoria when List—wait list type is not General, Denture or Priority denture. |
| Other related information | Values for this data element are contained in a master table |

## Referral

### Referral—referral provider type—N[N]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The provider type of the referral source |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning |
|  | 1 | Self |
|  | 2 | Family, significant other, friend |
|  | 3 | GP/Medical Practitioner |
|  | 4 | Hospital |
|  | 5 | Psychiatric/mental health service or facility |
|  | 6 | Alcohol and other drug treatment service |
|  | 7 | Other community/health care service |
|  | 8 | Correctional service |
|  | 9 | Police diversion |
|  | 10 | Court diversion |
|  | 11 | Legal service |
|  | 12 | Child protection agency |
|  | 13 | Community support groups/agencies |
|  | 14 | Centrelink or employment service |
|  | 15 | Housing and homelessness service |
|  | 16 | Telephone & online services/referral agency e.g. direct line |
|  | 17 | Disability support service |
|  | 18 | Aged care facility/service |
|  | 19 | Immigration department or asylum seeker/refugee support service |
|  | 20 | School/other education or training institution |
|  | 21 | ACSO-COATS |
|  | 22 | Youth service (non-AoD) |
|  | 23 | Indigenous service (non-AoD) |
|  | 24 | Extended care/rehabilitation facility |
|  | 25 | Palliative care service |
|  | 26 | Police (not diversion) |
|  | 27 | Public dental provider - community dental agency |
|  | 28 | Royal Dental Hospital Melbourne |
|  | 29 | Private Dental Provider |
|  | 30 | Early childhood service |
|  | 31 | Maternal and Child Health Service |
|  | 32 | Community nursing service |
|  | 33 | Emergency relief |
|  | 34 | Family support service (excl family violence) |
|  | 35 | Family violence service |
|  | 36 | Gambling support service |
|  | 37 | Maternity services |
|  | 38 | Peer support/self-help group |
|  | 39 | Private allied health provider |
|  | 40 | Centres Against Sexual Assault (CASA) |
|  | 41 | Financial counsellor |
|  | 42 | Sexual health service |
|  | 43 | Medical specialist |
|  | 44 | Early Childhood Intervention Service (ECIS) |
| Supplementary values | ***Value*** | ***Meaning*** |
|  | 98 | Other |
|  | 99 | not stated/inadequately described |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | Code 98 Use this code if the source of referral does not fit into any of the categories listed above.For further information on service coordination, please refer to:<https://www.health.vic.gov.au/integrated-care/service-coordination-in-victoria> |
| Purpose/context | Program monitoring, Service planning |
| Source and reference attributes |
| DH common data dictionary | CSDD v.1.0Based on Referral (in/out)—referral service type |
| Definition source | DH |
| Definition source identifier | Master code set |
| Value domain source | DH |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts | [Referral](#_Referral) |
| Related data elements | [Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules |  |
| Other related information | Values for this data element are contained in a master table |

## Service

### Service—date of offer—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date on which the client is offered care, either by phone, in person or letter. |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who are offered care |
| Reported when | Service—date of offer has occurred |
| Collection and usage attributes |
| Guide for use | Enter the date that the client was offered emergency, general or other care, either by phone, letter or in person.Includes where care is offered as part of the wait list or recall process. |
| Purpose/context | Program monitoring, Service planning. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts | [Course](#_Course)[Recall list](#_Recall_list)[Recall period](#_Recall_period)[Wait list](#_Wait_list) |
| Related data elements | [Case—voucher date issued](#_Case—voucher_date_issued—DDMMYYYY)[Course of care—start date](#_Course_of_care—start)[Dental triage—date](#_Dental_triage—date—DDMMYYYY)[List—list end date](#_List—list_end_date—DDMMYYYY)[List—reason for removal](#_List—reason_for_removal—N)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | D01 Service—date of offer cannot be in the future |
|  | D18 Service—date of offer cannot be before Service—initial contact date |
|  | D22 Service—date of offer cannot be before Dental Triage—date |
|  | D24 For each waiting/recall period, Service—date of offer cannot be before List—list end date |
|  | D26 For each course of care, Course of care—start date cannot be before Service—date of offer |
|  | D27 For each voucher, Case—voucher date issued cannot be before Service—date of offer |
|  | D49 Where List—reason for removal is care offered, List—list end date must equal Service—date of offer |
|  | D50 Service—date of offer must be recorded when List—reason for removal is care offered |
| Other related information |  |

### Service—initial contact date—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date of first contact for provision of services for a client |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who have an open Case |
| Reported when | Service—initial contact date occurs |
| Collection and usage attributes |
| Guide for use | Initial Contact is the point at which a consumer, carer or organisation makes their first contact for the provision of services and will most commonly include:* the provision of service information e.g. services available, eligibility criteria and intake processes
* the provision of other information such as health promotion literature, and/or
* direct access to services via an INI.

The client/client’s carer will initiate contact by phone, in person or in writing, with or without a referral. The organisation will initiate contact where a referral is received directly from the referring service provider or where a client is due for recall.For further information on service coordination, please refer to:<https://www.health.vic.gov.au/integrated-care/service-coordination-in-victoria> |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | METeOR |
| Definition source identifier | Based on [270043 Service event—assistance request date, DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270043) |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts | [Course](#_Course)[Recall list](#_Recall_list)[Referral](#_Referral)[Service provider](#_Service_Providers) |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY) [Service—initial needs identification date](#_Service—initial_needs_identificatio)[List—list start date](#_List—list_start_date—DDMMYYYY) |
| Edit/validation rules | D09 Service—initial contact date cannot be in the future |
|  | D15 Service—Initial contact date cannot be before Client—date of birth |
| Other related information |  |

### Service—initial needs identification date—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date on which the client’s initial needs identification is completed by the service provider |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who have an initial needs identification completed |
| Reported when | Service—initial needs identification date occurs |
| Collection and usage attributes |
| Guide for use | Initial Needs Identification (INI) is a screening process where the underlying issues as well as the presenting issues are uncovered to the extent possible. It is not a diagnostic process but is a determination of the client's risk, eligibility and priority for service, a balancing for the service capacity and client needs. This is the Victorian Service Coordination Practice INI and should be reported where INI has been completed.Needs identification can occur via phone, face-to-face interaction or written survey intervention. However, needs identification is ongoing and as a client receives care, other needs or circumstances may be identified which require attention by other disciplines. External referral or re-entry onto the waiting list to access the other disciplines may then occur.Where dental services are provided in an integrated health setting, often the INI date is estimated or unknown by the client. When this information is not available, service providers should attempt to provide this as accurately as possible. |
| Purpose/context | Program monitoring, service planning |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | Service Coordination Practice Manual |
| Definition source identifier | [Victorian Service Coordination Practice Manual 2012, p. 5](file:///C%3A/Users/jzik2006/Downloads/sc_pracmanual2%20%281%29.pdf) |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts | [Initial Needs Identification](#_Initial_Needs_Identification) |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)[Client—priority access](#_Client—priority_access—1-N—_N[N])[List—list start date](#_List—list_start_date—DDMMYYYY)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | D10 Service—initial needs identification date cannot be in the future |
|  | D16 Service—initial needs identification date cannot be before Client—date of birth |
| Other related information |  |

### Service—recall date due—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date on which the client is due to be recalled for care |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who are placed on recall list |
| Reported when | Service—initial contact date is present (when List—type is recall list) |
| Collection and usage attributes |
| Guide for use | Where the client is to be recalled, the Recall date due is recorded for the client (Where Service—initial contact date equals List—list start date).The Recall date due would be determined by the clinician, in accordance with the client’s caries risk status and current recall policy.  |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts | [Recall list](#_Recall_list) |
| Related data elements | [List—list start date](#_List—list_start_date—DDMMYYYY)[List—type](#_Service—initial_needs_identificatio)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | D20 Service—recall date due cannot be before Service—initial contact date |
|  | D44 Service—recall date due must be present when List—type is recall list |
| Other related information |  |

### Service—service provider number—NNN[NN]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | A number that uniquely identifies the agency or organisation |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | NNN[NN] | Maximum character length | 5 |
| Permissible values instructions  | Refer to Appendix 6.3: [Large-value domains.](#_Large-value_domains)Examples from the full list: |
| Permissible values | Value | Meaning |
|  | 3485 | Albury Wodonga Health |
|  | 6272 | Bairnsdale Regional Health Service |
|  | …3386 | …Dental Health Services Victoria |
|  | … | … |
|  | NNN[NN] | And so on |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All clients who have an open Course of care |
| Reported when | Service—initial contact date is present |
| Collection and usage attributes |
| Guide for use | * Software generated
* The service provider number should match the funded service provider number on the Funding and Service Agreement with DHHS
 |
| Purpose/context | Program monitoring, service planning, funding and accountability. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier | SAMS agency identifier |
| Value domain source | DH |
| Value domain identifier | SAMS agency identifier |
| Relational attributes  |
| Related concepts | [Service Provider](#_Service_Providers) |
| Related data elements | [Campus—campus code](#_Campus—campus_code—NNNN[N](9)-NN_1) [Course of care—start date](#_Course_of_care—start)[List—wait list type](#_List—wait_list_type—N[N]_1)[Service—initial contact date](#_Service—initial_contact_date—DDMMYY) |
| Edit/validation rules | D52 Service—service provider number must be Dental Health Services Victoria when List—wait list type is not General, Denture or Priority denture. |
|  | D57 Incorrect combination of Service—service provider number and Campus—campus code |
| Other related information |  |

## Visit

### Visit—date—DDMMYYYY

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The date on which the client received or was scheduled to receive treatment |
| Value domain attributes |
| Representational attributes |
| Representation class | Date | Data type | Date/time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All client visits |
| Reported when | Visit—date occurs |
| Collection and usage attributes |
| Guide for use | Record this date for all scheduled appointments, when the client attends the scheduled appointment. |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | CSDD v.1.0Based on Event—(start) date |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | METeOR |
| Value domain identifier | [[270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566)](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) |
| Relational attributes  |
| Related concepts | [Visit](#_Visit) |
| Related data elements | [Course of care—start date](#_Course_of_care—start) [Course of care—service end date](#_Course_of_care—service)[Visit—dental treatment items](#_Visit—dental_treatment_items—NNN[AA)[Visit—service delivery setting](#_Visit—service_delivery_setting—N) |
| Edit/validation rules | D14 Visit—date cannot be in the future |
|  | D29 For each course of care, Visit—date cannot be before Course of care—start date |
|  | D31 For each course of care, Visit—date cannot be after Course of care—service end date |
| Other related information |  |

### Visit—dental treatment items—NNN[AA]

|  |
| --- |
| Identifying and definitional attributes |
| Definition | Dental assessment, diagnostic and treatment services provided to a client. |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | String |
| Format | NNN[AA] | Maximum character length | 5 |
| Permissible values instructions  | Refer to [Appendix 6.3: Large-value domains](#_Large-value_domains).Examples from the full list: |
| Permissible values | Value | Meaning |
|  | 011 | Comprehensive oral examination |
|  | 012 | Periodic oral examination |
|  | 013 | Oral Examination – limited |
|  | 014 | Consultation |
|  | 015 | Consultation - extended (30 minutes) |
|  | 016 | Consultation by referral |
|  | … | … |
|  | NNN[AA] | And so on |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All client visits |
| Reported when | Visit—date is present |
| Collection and usage attributes |
| Guide for use | This can be repeated as many times as necessary. |
| Purpose/context | Used to determine treatment provided to patients. Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH |
| Definition source identifier |  |
| Value domain source | Derived from the [Australian Dental Association Schedule of Dental Services](https://www.adpa.com.au/latest-news/1-federal-news/162-the-australian-schedule-of-dental-services-and-glossary-eleventh-edition-2015)  |
| Value domain identifier |  |
| Relational attributes |
| Related concepts | [Visit](#_Visit) |
| Related data elements | [Visit—date](#_Visit—date—DDMMYYYY)[Visit—service delivery setting](#_Visit—service_delivery_setting—N) |
| Edit/validation rules |  |
| Other related information | Values for this data element are contained in a master table |

### Visit—service delivery setting—N

|  |
| --- |
| Identifying and definitional attributes |
| Definition | The setting in which the dental care is provided |
| Value domain attributes |
| Representational attributes |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning |
|  | 1 | Non-residential facility (incl. public dental) |
|  | 2 | Residential facility |
|  | 3 | Home |
|  | 4 | Off site |
|  | 5 | Court/Prison |
|  | 6 | Private dental setting |
|  | 7 | Day surgery setting |
| Supplementary values | ***Value*** | ***Meaning*** |
|  | 8 | Other |
| Data element attributes |
| Reporting attributes  |
| Reported by | All service providers |
| Reported for | All client visits |
| Reported when | Visit—date is present |
| Collection and usage attributes |
| Guide for use | The setting in which the dental service is actually delivered to the client irrespective of whether or not this is the same as the usual location of the service provider, as represented by a code.

|  |  |
| --- | --- |
| Code 1 | This code refers to any non-residential centre that provides dental services, including public dental settings. (excluding day surgery) |
| Code 2 | Used where the dental care is provided in a supported residential service (SRS) or community residential unit (CRU) |
| Code 3 | This code refers to the client's own home or usual place of residence. |
| Code 4 | This code refers to an off-site environment, excluding a client's home or usual place of residence and court/prison that is not covered by Codes 1, 2, 6, 7, where service is provided. Mobile public dental service providers would usually provide treatment within this setting. |
| Code 5 | This code refers to providing the service in a Courtroom, or Prison setting. |
| Code 6 | Used where dental care is provided in private dental setting. |
| Code 7 | Used where dental care is provided during day surgery. |
| Code 8 | This code should be used for all other settings including telehealth. |

 |
| Purpose/context | Program monitoring, service planning. |
| Source and reference attributes |
| DH common data dictionary | Not applicable |
| Definition source | DH  |
| Definition source identifier | Master code set |
| Value domain source | DH  |
| Value domain identifier |  |
| Relational attributes  |
| Related concepts | [Visit](#_Visit) |
| Related data elements | [Visit—date](#_Visit—date—DDMMYYYY)[Visit—dental treatment items](#_Visit—dental_treatment_items—NNN[AA) |
| Edit/validation rules |  |
| Other related information | Values for this data element are contained in a master table |

# Edit/Validation Rules

## Rule interpretation

The purpose of edit/validation rules is to improve the quality of the captured data by applying standard logic across a data set.

The following table specifies all relevant edit/validation rules to the DHPDS.

**Notes for below:**

Key for source of National (other) edit/validation rules:

A National Admitted Patient Data—Request Specifications and Edits for 2006–07

C HACC—MDS v. 2.0 Business Rules Summary, February 2006

G Non-Admitted Patient Emergency Department Care Data—Request Specifications and Edits for 2006–07

\* Indicates the edit is based on the logic of a national edit, rather than replicating the national edit.

**Key for status:**

| Error Classification | Action | Description | Example |
| --- | --- | --- | --- |
| Fatal | Reject submission – agency to correct immediately and resubmit | Transmission file does not meet specifications or has referential data integrity issues | Incorrect file formatPrimary key violations |
| Critical Rejection | Reject – Agency to check and correct before next submission | Incorrect data | Client is reported as Neither Aboriginal nor Torres Strait Islander origin and having priority access to care as Aboriginal and/or Torres Strait Islander person |
| Warning | Accept – Agency to check and possibly correct | Data received is unusual, but possible | Client’s country of birth is recorded as Antarctica |

## Edit/validation rule specification

| ID | Edit name/description | Data elements | Pseudo-code/rule | Source | Status |
| --- | --- | --- | --- | --- | --- |
| AD16 | Incorrect combination of postcode and locality name | Client—locality nameClient—postcode | Combination of postcode and locality name is not listed in the ARDD v.1 Appendix 3: Large-value domains file | DH | Critical Rejection |
| AoD22 | Client—Individual Healthcare Identifier present when no Medicare number | Client—individual health identifierClient—Medicare card number | Client—individual health identifier ≠ [null or 9] and Client—Medicare card number = null | VADC | Warning |
| AoD23 | Client—Individual Healthcare Identifier present with no Client—Statistical Linkage Key 581 | Client—individual health identifierClient—statistical linkage key581 | Client—individual health identifier ≠ null and Client—statistical linkage key = null | VADC | Warning |
| AoD85 | Client—postcode indicates no fixed address and Client—accommodation type is not homeless | Client—postcodeClient—accommodation type | Client—postcode = 1000 and Client—accommodation type ≠ 13 | VADC | Critical Rejection |
| C02 | Age is too young for aged care accommodation | Client—date of birthClient—accommodation type | Client—accommodation type = 3 and Age at Service—initial contact date ≤ 45  | DH | Warning |
| C10 | Age indicates very old | Client—date of birth | Age at Service—initial contact date > 100 | national (other G) | Warning |
| C21 | Medicare code is zero and age is not less than 1 year | Client—Medicare card numberClient—date of birth | Age at Service—initial contact date ≥ 1 and 11th character of Client—Medicare card number =0 | DH | Critical Rejection |
| C33 | Use of supplementary codes should be limited for Client—country of birth | Client—country of birth | Client—country of birth = [0000 or 0001 or 0003] | national (other A\*) | Warning |
| C34 | Antarctica and ‘other purpose codes’ are reported as country of birth | Client—country of birth | Client—country of birth = 1600 | national (other G) | Warning |
| C35 | Client—Indigenous status is Aboriginal and/or Torres Strait Islander and country of birth is not Australia | Client—country of birth Client—Indigenous status | Client—Indigenous status = [1 or 2 or 3]and Client—country of birth ≠ [11xx] | national (other A,G) | Warning |
| C36 | Client—date of birth is unrealistic | Client—date of birth | Age at Service—initial contact date >= 124 | national (other A\*, C\*, G\*) | Critical Rejection |
| C37 | Client—date of birth cannot be in the future | Client—date of birth | Client—date of birth > today | national (other C) | Critical Rejection |
| C46 | Aboriginal and/or Torres Strait Islander and preferred language mismatch | Client—Indigenous statusClient—preferred language mismatch | Client—Indigenous status = [1 or 2 or 3] and Preferred language ≠ [8xxx or 1201 or 9601 or 97xx] | DH | Warning |
| C47 | Preferred language is English yet stated as needing interpreter | Client—need for interpreter servicesClient—preferred language | Client—preferred language = 1201 and Client—Need for interpreter services ≠ 2 | DH | Warning |
| D01 | Service—date of offer cannot be in the future | Service—date of offer | Service—date of offer > today | DH | Critical Rejection |
| D03 | Course of care—service end date cannot be in the future | Course of care—service end date | Course of care—service end date > today | DH | Critical Rejection |
| D05 | Dental triage—date cannot be in the future | Dental triage—date | Dental triage—date > today | DH | Critical Rejection |
| D07 | Case—voucher date issued cannot be in the future | Case—voucher date issued | Course of care —voucher date issued > today | DH | Critical Rejection |
| D08 | Case—voucher date processed cannot be in the future | Case—voucher date processed | Course of care —voucher date processed > today | DH | Critical Rejection |
| D09 | Service—initial contact date cannot be in the future | Service—initial contact date | Service—initial contact date > today | DH | Critical Rejection |
| D10 | Service—initial needs identification date cannot be in the future | Service—initial needs identification date | Service—initial needs identification date > today | DH | Critical Rejection |
| D12 | List—list end date cannot be in the future | List—list end date | List—list end date> today | DH | Critical Rejection |
| D14 | Visit—date cannot be in the future | Visit—date | Visit—date > today | DH | Critical Rejection |
| D15 | Service—initial contact date cannot be before Client—date of birth | Client—date of birthService—Initial contact date | Service—initial contact date < Client—date of birth | DH | Critical Rejection |
| D16 | Service—initial needs identification date cannot be before Client—date of birth | Client—date of birthService—initial needs identification date | Service—initial needs identification—date < Client—date of birth | DH | Critical Rejection |
| D17 | Dental triage—date cannot be before Service—initial contact date | Dental triage—dateService—initial contact date | Dental triage—date < Service—initial contact date | DH | Critical Rejection |
| D18 | Service—date of offer cannot be before Service—initial contact date | Service—date of offerService—initial contact date | Care—date of offer < Service—initial contact date | DH | Critical Rejection |
| D19 | List—list start/end date cannot be before Service—initial contact date | Service—initial contact dateList—list start dateList—list end date | List—list start date < Service—initial contact dateorList—list end date < Service—initial contact date | DH | Critical Rejection |
| D20 | Service—recall date due cannot be before Service—initial contact date  | Service—initial contact dateService—recall date due | Service—recall date due < Service—initial contact date | DH | Critical Rejection |
| D22 | Service—date of offer cannot be before Dental Triage—date | Service—date of offerDental triage—date | Service—date of offer < Dental Triage—date | DH | Critical Rejection |
| D24 | For each waiting/recall period, Service—date of offer cannot be before List—list end date | Service—date of offerList—list end date | Service—date of offer < List— list end date | DH | Critical Rejection |
| D26 | For each course of care, Course of care—start date cannot be before Service—date of offer | Service—date of offerCourse of care—start date | Course of care—start date < Service—date of offer | DH | Critical Rejection |
| D27 | For each voucher, Case—voucher date issued cannot be before Service—date of offer | Service—date of offer Case—voucher date issued | Case—voucher date issued < Service—date of offer | DH | Critical Rejection |
| D28 | For each voucher, Case—voucher date processed cannot be before Case—voucher date issued | Case—voucher date issuedCase—voucher date processed | Course of care— voucher date processed < Course of care— voucher date issued | DH | Critical Rejection |
| D29 | For each course of care, Visit—date cannot be before Course of care—start date | Course of care—start dateVisit—date | Visit—date < Course of care—start date | DH | Critical Rejection |
| D31 | For each course of care, Visit—date cannot be after Course of care—service end date | Course of care—service end dateVisit—date | Course of care—service end date < Visit—date | DH | Critical Rejection |
| D33 | Client—country of birth cannot be Australia when Client—refugee status is an asylum seeker | Client—refugee statusClient—country of birth | Client—refugee status = 3 and Client—country of birth = [11xx] | DH | Warning |
| D34 | Client—country of birth cannot be Australia when Client—refugee status is a refugee | Client—refugee statusClient—country of birth | Client—refugee status = 1 and Client—country of birth = [11xx] | DH | Warning |
| D35 | Client cannot be both an asylum seeker and Aboriginal and/or Torres Strait Islander | Client—refugee statusClient—Indigenous status | Client—refugee status = 3 and Client—Indigenous status = [1, 2 or 3] | DH | Critical Rejection |
| D36 | Client cannot be both a refugee and Aboriginal and/or Torres Strait Islander | Client—refugee statusClient—Indigenous status | Client—refugee status = 1 and Client—Indigenous status = [1, 2 or 3] | DH | Critical Rejection |
| D38 | Where Client—priority access is refugee, Client—refugee status must be refugee. | Client—priority accessClient—refugee status | Client—priority access = 6 and Client—refugee status ≠ 1 | DH | Critical Rejection |
| D39 | Where Client—priority access is asylum seeker, Client—refugee status must be asylum seeker. | Client—refugee statusClient—priority access | Client—priority access = 5 and Client—refugee status ≠ 3 | DH | Critical Rejection |
| D40 | Where Client—priority access is homeless person, Client—accommodation type must be Homeless or Emergency accommodation/short term crisis/shelter | Client—accommodation typeClient—priority access | Client—priority access = 9 and Client—accommodation type ≠ [8 or 13] | DH | Critical Rejection |
| D41 | Where Client—priority access is Aboriginal and/or Torres Strait Islander, Client—Indigenous status must be Aboriginal and/or Torres Strait Islander | Client—Indigenous status Client—priority access | Client—priority access = 4 and Client—Indigenous status ≠ [1 or 2 or 3] | DH | Critical Rejection |
| D44 | Service—recall date due must be present when List—type is recall list | List—typeService—recall date due | List—type = 2 and Service—recall date due = [null]  | DH | Critical Rejection |
| D49 | Where List—reason for removal is care offered, List—list end date must equal Service—date of offer | Service—date of offerList—list end dateList—reason for removal | List—reason for removal = 1 and List—list end date ≠ Service—date of offer | DH | Critical Rejection |
| D50 | Service—date of offer must be recorded when List—reason for removal is care offered. | Service—date of offerList—reason for removal | List—reason for removal = 1 and Service—date of offer = [null] | DH | Critical Rejection |
| D51 | List—list end date cannot be recorded unless List—list start date has been recorded.  | List—list start dateList—date removed from list | List—list end date ≠ [null] and List—list start date= [null] | DH | Critical Rejection |
| D52 | Service—service provider number must be Dental Health Services Victoria when List—wait list type is not General, Denture or Priority denture.  | Service—service provider numberList—wait list type | List—wait list type = [4,5,6,7,8,9,10, 11, 12 or 13] and Service—service provider number ≠ 3386 | DH | Critical Rejection |
| D55 | Course of care—start date cannot occur unless a Visit—date is present | Course of care—start dateVisit—date | Course of care—start date ≠ First Visit—date  | DH | Critical Rejection |
| D57 | Incorrect combination of Service—service provider number and Campus—campus code | Service—service provider numberCampus—campus code | Combination of Service—service provider number and Campus—campus code is not listed in Master code set | DH | Critical Rejection |
| D58 | Campus—campus code must be recorded when Visit—service delivery setting is public dental setting or day surgery setting | Campus—campus code Visit—service delivery setting | Visit—service delivery setting = 1 or 7 and Campus—campus code = [null] | DH | Critical Rejection |
| D61 | Client—community periodontal index must not be code 3—pocket 4-5mm or code 4—pocket 6mm or more, when age at the course of care**—**start date is less than 15 | Service—initial contact dateClient—date of birth Client—community periodontal index | Service—initial contact date minus Client—date of birth ≤ 15 and Client—community periodontal index = [3 or 4] | DH | Critical Rejection |
| D62 | Sum of decayed, filled and missing deciduous teeth must be less than or equal to 20 | Client—decayed teeth, deciduousClient—filled teeth, deciduousClient—missing teeth, deciduous | Client—decayed teeth, deciduous + Client—filled teeth, deciduous + Client—missing teeth, deciduous > 20 | DH | Critical Rejection |
| D63 | Sum of decayed, filled and missing permanent teeth must be less than or equal to 32 | Client—decayed teeth, permanentClient—filled teeth, permanentClient—missing teeth, permanent | Client—decayed teeth, permanent + Client—filled teeth, permanent + Client—missing teeth, permanent > 32 | DH | Critical Rejection |
| D64 | Course of care—end reason is present, but there is no Course of care—service end date  | Course of care—service end dateCourse of care—end reason | Course of care—service end date = [null] and Course of care—end reason≠ [null] | DH | Critical Rejection |
| D65 | Course of care—service end date is present, but there is no Course of care—end reason | Course of care—service end dateCourse of care—end reason | Course of care—service end date ≠ [null] and Course of care—end reason = [null] | DH | Critical Rejection |
| D66 | There cannot be List—list start date present when Dental—triage date is present.  | Dental—triage dateList—list start date | Dental—triage date ≠ [null] and List—list start date ≠ [null] | DH | Critical Rejection |
| D67 | There cannot be List—list start date present when Course of care—type is emergency. | Course of care—typeList—list start date | Course of care—type = 2 and List—list start date ≠ [null] | DH | Critical Rejection |
| D70 | Case—voucher identifier must be present when Visit—service delivery setting is private dental setting. | Case—voucher identifierVisit—service delivery setting is private dental setting | Case—voucher identifier = [null] and Visit—service delivery setting = 6 | DH | Critical Rejection |
| D72 | Where Dental triage—date is present, Course of care—type must be emergency | Course of care—typeDental triage—date | Dental triage—date ≠ [null] and Course of care—type ≠ 2 | DH | Critical Rejection |
| S11 | Course of care—service end date cannot be before Course of care—start date | Course of care—service end dateCourse of care—start date | Course of care—service end date < Course of care—start date | National (other A, C\*) | Critical Rejection |
| S13 | Course of care—start date cannot be in the future | Course of care—start date | Course of care—start date> today | DH | Critical Rejection |
| S17 | List—list end date cannot be before List—list start date | List—list end date | List—list end date < List—list start date | DH | Critical Rejection |
| S18 | List—list start date cannot be in the future | List—list start date | List—list start date > today | DH | Critical Rejection |
| S23 | Client—date of birth cannot be after the Course of care—start date | Client—date of birthCourse of care—start date | Client—date of birth > Course of care—start date | National (other A, B, C, D\*) | Critical Rejection |
| S25 | Client—date of birth cannot be after the List—list start date | Client—date of birth | Client—date of birth ≤ List—list start date | DH | Critical Rejection |
| X55 | List—list end date is mandatory when List—reason for removal is recorded | List—list end date List—reason for removal | List—list end date = [null] and List—reason for removal ≠ [null] | DH | Critical Rejection |
| X84 | Case—end date cannot be in the future | Case—end date | Case—end date > today | DH | Critical Rejection |

# Appendices

## Abbreviations

|  |  |
| --- | --- |
| ABS | Australian Bureau of Statistics |
| ACSO | Australian Community Support Organisation |
| AoD | Alcohol and Other Drug |
| ARDD | Address reference data dictionary |
| ASCL | Australian Standard Classification of Languages |
| ATSI | Aboriginal and Torres Strait Islander |
| CALD | Culturally and linguistically diverse |
| CASA | Centres Against Sexual Assault |
| CDBS | Child Dental Benefits Schedule |
| CCDD | Common client data dictionary |
| CMS | Client Management System |
| CPI | Community Periodontal Index |
| CRU | Community Residential Unit |
| CSDD | Common service data dictionary |
| CTH | Commonwealth |
| DFFH | Department of Families, Fairness and Housing |
| DH | Department of Health  |
| DHPDS | Dental Health Program Data Specification |
| DHSV | Dental Health Services Victoria |
| DVA | Department of Veterans’ Affairs |
| ECIS | Early Childhood Intervention Service |
| GP | General Practitioner |
| HACC | Home and Community Care |
| HI | Healthcare Identifier |
| HPI-O | Healthcare Provider Identifier - Organisation |
| ICD | International Statistical Classification of Diseases and Related Health Problems |
| IHI | Individual Health Identifier |
| INI | Initial needs identification |
| IRN | Individual Reference Number |
| MDS | Minimum data set |
| METeOR | Metadata online repository |
| MHR | My Health Record |
| PKI | Public Key Infrastructure |
| PMI | Patient Master Index |
| RDHM | Royal Dental Hospital Melbourne |
| SAMS | Service Agreement Management System |
| SLK | Statistical Linkage Key |
| SRS | Supported Residential Service |
| UNHCR | United Nations High Commissioner for Refugees |
| UPI | Universal Patient Identifier |
| VADC | Victorian Alcohol and Drug Collection |
| VINAH | Victorian Integrated Non-Admitted Health Minimum Dataset |
| VPHS | Victorian Public Health Services |
| VUPI | Victorian Universal Patient Identifier |
| WHO | World Health Organisation |

## 6.2 Data element summary table

Department of Health

Department of Health

This table shows all data elements in alphabetical order. The CRDD column indicates what DH common or reference data dictionary (CRDD) the data element originated from or is based on.

| Data element | Data element type | CRDD | CRDD Page number |
| --- | --- | --- | --- |
| Accommodation type | Client | Client v3.0 | 54 |
| Campus client identifier | Campus |  |  |
| Campus code | Campus |  |  |
| Caries risk status | Client |  |  |
| Category | Dental triage |  |  |
| Community periodontal index | Client |  |  |
| Concession card type | Client | Client v3.0 | 68 |
| Country of birth | Client | Client v3.0 | 70 |
| Date | Dental triage |  |  |
| Date | Visit |  |  |
| Date of birth | Client | Client v3.0 | 76 |
| Date of birth accuracy | Client | Client v3.0 | 74-75 |
| Date of offer | Service |  |  |
| Decayed teeth, deciduous | Client |  |  |
| Decayed teeth, permanent | Client |  |  |
| Dental treatment items | Visit |  |  |
| End date | Case |  |  |
| End reason | Course of care |  |  |
| Filled teeth, deciduous | Client |  |  |
| Filled teeth, permanent | Client |  |  |
| Gender identity | Client |  |  |
| Health conditions | Client | Client v3.0 | 150-151 |
| Identifier | Case |  |  |
| Identifier | Course of care | Service v1.0 | 87 |
| Indigenous status | Client | Client v3.0 |  |
| Individual health identifier | Client |  |  |
| Initial contact date | Service |  |  |
| Initial needs identification date | Service | Service v1.0 |  |
| List end date | List | Service v1.0 | 105 |
| List start date | List | Service v1.0 | 108 |
| Locality name | Client | Address v1.1 | 39 |
| Medicare card number | Client | Client v3.0 | 103 |
| Missing teeth, deciduous | Client |  |  |
| Missing teeth, permanent | Client |  |  |
| Need for interpreter services | Client | Client v3.0 | 111 |
| Postcode | Client | Address v1.1 | 48 |
| Preferred language | Client | Client v3.0 | 114-115 |
| Priority access | Client |  |  |
| Reason for removal | List |  |  |
| Recall date due | Service |  |  |
| Referral provider type | Referral | Service 1.0 | 168 |
| Refugee status | Client | Client v3.0 |  |
| Response | Dental triage |  |  |
| Service delivery setting | Visit |  |  |
| Service end date | Course of care | Service | 84 |
| Service provider number | Service |  |  |
| Social conditions | Client |  |  |
| Start date | Course of care | Service |  |
| Statistical linkage key (SLK) 581 | Client | Client v3.0 |  |
| Type | Course of care |  |  |
| Type | List |  |  |
| Voucher date issued | Case |  |  |
| Voucher date processed | Case |  |  |
| Voucher identifier | Case |  |  |
| Wait list type | List |  |  |

## 6.3 Large-value domains

To reduce the size of this document, and to facilitate use of the large-value domains, these tables are presented in an Excel file which accompanies this document.

Large-value domains that relate to the Dental Health Data Collection are:

* Client—country of birth (1269.0 - Standard Australian Classification of Countries (SACC), 2016) - [http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0](http://www.abs.gov.au/ausstats/abs%40.nsf/mf/1269.0)

Client—health condition - <https://www.health.vic.gov.au/dental-health/dental-health-program-reporting>

* Client—locality name, postcode - Locality name, postcodes - Australian Standard 4590–2006, Interchange of client information. DH postcode locality reference file – <https://www.health.vic.gov.au/publications/postcode-locality-reference>
* Client—preferred language (1267.0 - Australian Standard Classification of Languages (ASCL), 2016) - [http://www.abs.gov.au/ausstats/abs@.nsf/mf/1267.0](http://www.abs.gov.au/ausstats/abs%40.nsf/mf/1267.0)
* Service—service provider number
* Campus—campus code
* Visit—dental treatment items
* Edit/validation rule reference table: Service—service provider number and Campus—campus code valid combinations

## 6.4 Document History

| Version | Issue Date | Changes |
| --- | --- | --- |
| 1.0 | February 2011 | First Release |
| 2.0 | August 2014 | 1. Amendments to concepts:
2. Recall period – definition and guide for use updated.
3. Deletion of concept diagram/model
4. Deletion of Scenario 4: Child client with Medicare teen dental voucher & restorative treatment needs, placed on recall
5. Amendments to Data Element Summary tables.
6. Addition of Referral (in)—reason for referral to the Data element summary table – had previously been omitted.
7. Amendments to the key (symbols C2, C5, C9) and addition of C14 for the Business Data Element Timing Summary table
8. Addition of Referral (in)—reason for referral to the Business Data Element Timing Summary table – had previously been omitted.
9. Changes to Dental triage—response in the Business Data Element Timing Summary table, previously code M, now code C14.
10. Deletion of data elements:
11. Client—cultural background.
12. Client—dentate status.
13. Amendments to data elements:
14. Client—accommodation – permissible values updated, notes for data collection manager added.
15. Client—community periodontal index – reporting attributes and guide for use updated.
16. Client—concession card type – guide for use updated.
17. Client—country of birth – source and reference attributes updated, notes for data collection manager added
18. Client—decayed teeth, deciduous – reporting attributes updated.
19. Client—decayed teeth, permanent – reporting attributes updated.
20. Client—filled teeth, deciduous – reporting attributes updated.
21. Client—filled teeth, permanent – reporting attributes updated.
22. Client—health conditions – permissible values updated, notes for data collection manager added.
23. Client—Indigenous status – guide for use updated.
24. Client—local government area –definition and guide for use updated, notes for data collection manager added
25. Client—locality name - element name, definition and guide for use updated, notes for data collection manager added
26. Client—missing teeth, deciduous – reporting attributes updated.
27. Client—missing teeth, permanent – reporting attributes updated.
28. Client—postcode –definition and guide for use updated, notes for data collection manager added.
29. Client—preferred language –source and reference attributes updated, notes for data collection manager added.
30. Client—priority access – codes updated, guide for use updated, notes for data collection manager added.
31. Client—prosthetic status lower – reporting attributes updated.
32. Client— prosthetic status upper – reporting attributes updated.
33. Client—school – value format changed, permissible values updated, notes for data collection manager added.
34. Care—offer non-acceptance reason - notes for data collection manager added
35. Course of care—fee indicator – permissible values updated, notes for data collection manager added.
36. Course of care—reason closed – guide for use updated, notes for data collection manager added.
37. Course of care—type – permissible values updated, notes for data collection manager added
38. Dental treatment item—provider type – permissible values updated, definition and guide for use updated, notes for data collection manager added.
39. Dental treatment item—provider registration type - notes for data collection manager added
40. Dental triage—category – permissible values updated, notes for data collection manager added
41. Dental triage—response – permissible values updated, reporting attributes updated, notes for data collection manager added
42. Case—identifier – definition updated.
43. Initial contact—type – guide for use updated, notes for data collection manager added.
44. List—reason for removal - notes for data collection manager added
45. Referral (in)—community dental agency identifier - notes for data collection manager added
46. Referral (in)—reason for referral - notes for data collection manager added
47. Referral (in)—source of referral - notes for data collection manager added
48. Referral (out)—community dental agency identifier - notes for data collection manager added
49. Referral (out)—service referred to – permissible values and guide for use updated, notes for data collection manager added.
50. Visit—clinic site – permissible values updated, reporting attributes updated, notes for data collection manager added.
51. Visit—date – reporting attributes updated.
52. Visit—dental treatment items – reporting attributes updated, notes for data collection manager added.
53. Visit—identifier – reporting attributes updated, format and maximum character length revised to allow up to 2 characters
54. Visit—private practitioner locality name – reporting attributes updated.
55. Visit—private practitioner postcode – reporting attributes updated.
56. Visit—setting – reporting attributes updated, notes for data collection manager added.
57. Wait list—type - notes for data collection manager added
58. Amendment to Edit/validation rules: Key for status
59. Addition of error categories
60. Amendments to Edit/validation rule specification table:
61. Deletion of Critical Correction category from Key
62. Deletion of rules C37, C47, D56, D59, D60
63. Addition of rules D66, D67, D70, D72, D73, X11, X41, X42, X46, X55, X56, X57, X64, X71, X73, X74
64. Changes to rule D02, D25, D38, D39, D40, D41, D43, D44, D45, D48, D53, D54, D58, D59, D61, D64, D65
65. Reordering of rules into alphanumeric order
66. Amendment to Abbreviations table
67. Deletion of values not present in document
68. Large-Value Domains tables updated to reflect contemporary values
 |
| 3.0 | June 2017 | 1. Administrative changes:
2. Contact information updated.
3. References to Department of Health replaced with Department of Health and Human Services (DH).
4. URLs for departmental web pages updated.
5. Updated document structure to align with VADC
6. Update client elements on Data element summary table
7. Updated abbreviations table with those used in client registration elements
8. Deletion of data elements:
9. Client—asylum seeker
10. Client—local government area
11. Client—prosthetic status lower
12. Client—prosthetic status upper
13. Client—school
14. Client—sex
15. Amendments to data elements:
16. Client—accommodation – updated to align with VADC
17. Client—caries risk – removed reference to episodes
18. Client—community periodontal index – removed reference to visit attendance element
19. Client—concession card type – aligned with CHMDS and master code set
20. Client—country of birth – updated to align with VADC
21. Client—date of birth – updated to align with VADC
22. Client—date of birth accuracy – updated to align with VADC
23. Client—decayed teeth, deciduous – removed reference to visit attendance element
24. Client—decayed teeth, permanent – removed reference to visit attendance element
25. Client—filled teeth, deciduous – removed reference to visit attendance element
26. Client—filled teeth, permanent – removed reference to visit attendance
27. Client—funded organisation client identifier – moved to Campus section and renamed
28. Client—health conditions – updated to align with CHMDS and master code set
29. Client—Indigenous status – updated to align with VADC
30. Client—locality name – updated to align with VADC
31. Client—missing teeth, deciduous – removed reference to visit attendance element
32. Client—missing teeth, permanent – removed reference to visit attendance element
33. Client—need for interpreter services – updated to align with VADC
34. Client—postcode – updated to align with VADC
35. Client—preferred language – updated to align with VADC
36. Client—priority access – updated terminology to use Aboriginal and Torres Strait Islander
37. Client—refugee status – updated to align with VADC
38. Client—statistical linkage key 581 – updated to align with VADC
39. Updated all client elements to remove reference to episode in Reported when field.
40. Updated all client elements to display Related attributes, and Edit/Validation Rules
41. Added data elements:
42. Client—gender identity – added
43. Client—individual health identifier – added
44. Client—Medicare card number – added
45. Updated Concepts section to align with VADC
46. Added Individual Health Identifier (IHI)
47. Aligned Record linkage to Statistical Linkage Key 581
48. Aligned Asylum seeker to VADC
49. Aligned Refugee to VADC
 |
| 4.0 | July 2017 | 1. DHHS feedback changes from Release 3.0
2. SLK Element to reference sex at birth should not be confused with Gender
3. Updated Individual Health identifier and Medicare card number elements to be Optionally reported-when initial contact date is present
4. Updated Refugee status element value 2 to mean client is not a current refugee nor asylum seeker
5. Updated Client—Priority access to “Choose all that apply”
6. Updated Client—health conditions to 1-N-ANNN[N][N] and added 9099 value for healthy/no conditions
7. Deleted data elements:
8. Care—offer non acceptance date
9. Care—offer non acceptance reason
10. Course of care—fee indicator
11. Dental treatment item—provider type
12. Dental treatment item—provider registration type
13. Episode—end date
14. Episode—identifier
15. Initial contact—type
16. Referral (in) —community dental agency identifier
17. Referral (in) —identifier
18. Referral (in) —reason for referral
19. Referral (out) —acknowledgement
20. Referral (out) —community dental agency identifier
21. Referral (out) —date referred for care
22. Referral (out) —identifier
23. Referral (out) —service referred to
24. Visit—client attendance
25. Visit—identifier
26. Visit—private practitioner locality name
27. Visit—private practitioner post code
28. Amendments to data elements:
29. Care—date of offer updated to Service—date of offer
30. Service—initial contact date updated to Service—initial contact date and aligned where possible to CHMDS
31. Initial needs identification—date updated to Service—initial needs identification date and aligned where possible to CHMDS
32. Recall—date due updated to Service—recall date due and removed reference to Episode and Initial Contact type
33. Organisation—identifier aligned to CHMDS Service—service provider number
34. Course of care—reason closed aligned to VADC master code set and renamed Course of care—end reason.
35. Course of care—end date aligned to VADC where possible and renamed Course of care—service end date
36. Course of care—start date removed the reference to client attendance
37. Episode—voucher date issued has been renamed Case—voucher date issued and removed reference to episode
38. Episode—voucher date processed has been renamed Case—voucher date processed
39. Episode—voucher identifier has been renamed Case—voucher identifier
40. Dental triage—category updated the code set to make it extensible and to use 0 for No Emergency
41. List—date removed from list renamed to List—list end date to align with VADC
42. List—date placed on list renamed to List—list start date to align with VADC
43. Wait list—type renamed to List—wait list type
44. Client—funded organisation client identifier renamed to Campus—campus client identifier and aligned to VADC
45. Visit—clinic site aligned to VADC and renamed Campus—campus code
46. Referral (in) —source of referral aligned to VADC element where possible and to use master code set. Renamed Referral—referral provider type and removed reference to Initial contact—type
47. Visit—date removed reference to non-attended visits
48. Visit—dental treatment items removed reference to client attendance
49. Visit—setting updated to align with VADC and renamed Visit—service delivery setting. Updated to use master code set.
50. Updated all non-client elements to remove references to Episodes or data elements that are now removed
51. Updated all non-client elements to display related information and edit/validation rules
52. Updated all non-client elements to reference service providers and not organisations
53. Updated all client and non-client elements to reference updated data element names and concepts
54. Updated Concepts section to align with VADC/CHMDS:
55. Added another client concept of VUPI
56. Added Initial needs identification
57. Aligned Course of care with Course
58. Added Service providers
59. Added Campus
60. Added Campus Client identifier
61. Added Campus code
62. Administration changes
63. Updated non-client elements on data element summary table
64. Updated large value domains for updated code sets
65. Updated Abbreviations used in non-client data elements and concepts
 |
| September 2017 | 4.0 | 1. Added data elements
2. Client—social conditions
3. Amended validation rules
4. Removed rules C45, D04, D06, D11 D13, D21, D23, D25, D30, D32, D37, D42, D43, D45, D46, D47, D48, D48a, D48b, DD53, D54, X1-X54, X56-74.
5. Added rules AoD22, AoD23, AoD85C02, C21, C37, C46, C47, S11, S13, S17, S18, S23, S25, New rule Case—end date cannot be in the future, New rule List—list end date cannot be before Service—initial contact date
 |
| July 2018 | 4.1 | 1. Updated data element descriptions:
2. Campus—campus client identifier

Updated Guide for use1. Client—individual health identifier, Client—health conditions, Client—social conditions
2. Updated Reporting attributes
3. Updated chapter numbering
 |
| November 2020 | 4.2 | 1. Moved Initial contact date, Initial needs identification date, Service provider number and Recall date due, from Service to Case
2. Client—concession card and Client—priority access:
3. updated description of children in Out-of-home care to include kinship and foster care for clarity
4. updated description of youth justice clients in custodial care to remove the upper age limit of 18 years of age
 |
| July 2024 | 4.3 | 1. Updated concept definition of Homeless
2. Updated permissible values for Client—gender identity
3. Amended validation rule C46 Error Classification to Warning
4. Large-Value Domains tables updated to reflect contemporary values
 |