



Tier 2  
Classification  
Query  
Request form

## Classification principles of the Tier 2 Non-Admitted Services Classification

The Tier 2 Non-Admitted Services Classification is a **clinic based classification**. Groups are the broadest level of Tier 2 and are formed to reflect the predominant nature of the health service being provided, whether procedural, diagnostic or consultative (provided either by general physician, allied health, clinical nurse or other specialist).

Group	Range of classes
10 series – Procedures	10.01 – 10.20
20 series – Medical consultation	20.01 – 20.55
30 series – Diagnostic services	30.01 – 30.08
40 series – Allied health and/or clinical nurse specialist intervention	40.01 – 40.61

Classes are the most detailed level of Tier 2 and are formed to reflect the predominant specialisation of the clinic. Specialisation may be formed around the clinician, patient condition, patient population group or type of care.

Healthcare provider is an important concept for classifying non-admitted care clinics as it is generally a good indication as to the nature of the predominant health service the clinic provides. The Tier 2 groups have been developed based on the typical provider who may supply the majority of services for clinics within a class. These should be used as guidance only as this may not be appropriate in all situations; in particular smaller settings such as rural hospitals may make more use of a general clinician.

It is recommended to use the ‘top-down’ method to classify clinics. Using the top-down method, clinics are first classified to a group based on the predominant nature of health service provided by the clinic and then to the class most appropriate for the clinic’s specialisation (often reflective of the specialty and discipline of the usual provider). For example:

- a clinic that mostly provides diagnostic services would be classified to the 30 series
- a clinic that mostly performs procedural and intervention services would be classified to the 10 series
- a clinic that mostly provides consultation services could be classified to either the 20 or 40 series. Clinics where the usual provider is a medical specialist are more appropriately classified to the 20 series, whereas those clinics where the usual provider is a clinical nurse specialist or allied health professional are classified to the 40 series.

Where a clinic is a combination of two or more specialisations, the most appropriate class is determined from the specialisation(s) that makes up the majority of the clinic’s activity. For example:

- in a respiratory cancer clinic, if 60% of the clinic’s activity is performed by a medical respiratory specialist and 40% is performed by an oncologist, all non-admitted patient service events performed by the clinic should be counted under 20.19 Respiratory
- an obstetrics clinic where 90% of the clinic’s activity is performed by a midwife should be classified to 40.28 Midwifery and maternity

- a respiratory consultation clinic where thoracic medicine physicians provide 30% of the clinic's activity, allied health professionals provide 30% and clinical nurse specialists provide 40% is appropriately classified to 40.40 Respiratory.

In some settings, there may be a combination of procedural and consultation services within the one clinic. Similar to determining the more appropriate class, the predominant nature of services provided by the clinic determines the Tier 2 group the clinic is classified to. That is, if the clinic predominantly provides procedural and intervention type services it is more appropriately classified within the 10 series. Clinics where the majority of services are consultative are classified to either the 20 or 40 series depending on their provider specialisation.

## **When should a Tier 2 classification query be submitted?**

A Tier 2 classification query should only be submitted by a jurisdictional representative of IHPA's Non-Admitted Care Advisory Working Group.

Prior to any query being submitted, the query must have already been:

- considered by the hospital and remain unresolved
- considered through existing classification query review processes established within existing hospital and Local Health or Hospital Network (or equivalent) procedures
- considered by the jurisdiction and remain unresolved.

Prior to any query being considered by the Tier 2 Classification Query Review Panel, the following steps should be taken:

- review the above classification principles of the Tier 2 Non-Admitted Services Classification
- consult reference texts
- seek advice from peers
- seek input from clinicians
- perform an Internet search
- review the IHPA website for previous similar classification queries and accompanying decisions.

When submitting a query, please attach any supporting information that you feel may assist the reviewers to consider your query.

Queries should be submitted to IHPA via [secretariatihpa@ihpa.gov.au](mailto:secretariatihpa@ihpa.gov.au).

## Contact details of query submitter

Name:

Position:

Organisation:

Jurisdiction:

Telephone number:

Email address:

## Details of the query

**IHPA recommendation and justification** *(please leave blank, for internal use only)*

**Final decision** *(please leave blank, for internal use only)*