Indicator procedure - ICD-9-CM code

Identifying and Definitional Attributes

Data Dictionary: NHDD

Knowledgebase ID: 000073   Version number: 2

Metadata type: DATA ELEMENT

Registration Authority: NHIMG   Admin status: SUPERSEDED

Effective date: 30-JUN-99

Definition: An indicator procedure is a procedure which is of high volume, and is often associated with long waiting periods.

Context: Waiting list statistics for indicator procedures give a specific indication of performance in particular areas of elective care provision.

It is not always possible to code all elective surgery procedures at the time of addition to the waiting list. Reasons for this include that the surgeon may be uncertain of the exact procedure to be performed, and that the large number of procedures possible and lack of consistent nomenclature would make coding errors likely. Furthermore, the increase in workload for clerical staff may not be acceptable. However, a relatively small number of procedures account for the bulk of the elective surgery workload. Therefore, a list of common procedures with a tendency to long waiting times is useful.

Waiting time statistics by procedure are useful to patients and referring doctors.

In addition, waiting time data by procedure assists in planning and resource allocation, audit and performance monitoring.

Relational and Representational Attributes

Datatype: Numeric

Representational form: CODE

Representation layout: NN

Minimum Size: 2

Maximum Size: 2

Data Domain:
01	Cataract extraction
02	Cholecystectomy
03	Coronary artery bypass graft
04	Cystoscopy
05	Haemorrhoidectomy
06	Hysterectomy
07	Inguinal herniorrhaphy
08	Myringoplasty
09	Myringotomy
10	Prostatectomy
11	Septoplasty
12	Tonsillectomy
13	Total hip replacement
14	Total knee replacement
15	Varicose veins stripping and ligation
16	Not applicable

Guide For Use: These procedure terms are defined by the ICD-9-CM (Australian version, 2nd Edition, July 1996) codes which are listed in Comments below. Where a patient is awaiting more than one indicator procedure, all codes should be listed. This is because the intention is to count procedures rather than patients in this instance.

These are planned procedures for the waiting list, not what is actually performed during hospitalisation.

Although this data element has been superseded by Indicator procedure - ICD-10-AM code, Version 3, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998.

Verification Rules:.

Related metadata: is used in conjunction with Principal procedure - ICD-9-CM code version 3

supplements the data element Waiting list category - ICD-9-CM code version 2

has been superseded by Indicator procedure version 3

Administrative Attributes

Source Document: Australian Version of the International Classification of Diseases, 9th Revision, Clinical Modification, published by the National Centre for Classification in Health (1996) Sydney.

Source Organisation: National Health Data Committee

Comments: The list of indicator procedures may be reviewed from time to time. Some health authorities already code a larger number of waiting list procedures.

ICD-9-CM CODES FOR THE EXCLUDED PROCEDURES:

Organ or tissue transplant procedures

33.51, 33.59, 33.6, 37.51, 37.59, 41.00, 41.01, 41.02, 41.03, 41.04, 41.91, 41.94, 50.51, 50.59, 52.80, 52.81, 52.82, 52.83, 55.61, 55.69

Procedures associated with obstetrics (e.g. elective caesarean section, cervical suture)

66.98, 67.13, 67.5, 68.11, 68.12, 69.96, 72.0, 72.1, 72.21, 72.29, 72.31, 72.39, 72.4, 72.51, 72.52, 72.53, 72.54, 72.6, 72.71, 72.79, 72.8, 72.9, 73.01, 73.09, 73.1, 73.21, 73.22, 73.3, 73.41, 73.42, 73.49, 73.51, 73.59, 73.6, 73.8, 73.91, 73.92, 73.93, 73.94, 73.99, 74.01,74.02, 74.11, 74.12, 74.2, 74.4, 74.91, 74.99, 75.0, 75.11, 75.12, 75.2, 75.31, 75.32, 75.33, 75.34, 75.35, 75.36, 75.37, 75.4, 75.50, 75.51, 75.52, 75.61, 75.62, 75.69, 75.7, 75.8, 75.91, 75.92, 75.93, 75.94, 75.99

Cosmetic surgery, i.e. when the procedure will not attract a Medicare rebate

08.86, 08.87, 18.5, 85.31, 85.32, 85.50, 85.51, 85.52, 85.53, 85.54, 85.6, 86.02, 86.64,86.82, 86.83, 86.87, 86.92

Biopsy of:

- kidney (needle only)   55.23
- lung (needle only)   33.26
- liver and gall bladder (needle only)   50.11, 50.91, 51.12

Bronchoscopy (including fibre-optic bronchoscopy)

29.11, 31.41, 31.42, 31.43, 31.44, 32.28,33.21, 33.22, 33.23, 33.24, 33.27, 33.91

Peritoneal renal dialysis; haemodialysis

54.98, 39.95

Endoscopy of :

- biliary tract, endoscopic retrograde cholangio-pancreatography (ERCP)

51.10, 51.11, 51.14, 51.15, 51.64, 51.81, 51.84, 51.85, 51.86, 51.87, 51.88, 52.13, 52.14, 52.21, 52.93, 52.94, 52.97, 52.98

oesophagus (oesophagoscopy)

42.22, 42.23, 42.24, 42.33, 42.34, 42.92

small intestine (duodenoscopy)

44.22, 45.11, 45.12, 45.13, 45.14, 45.16, 45.30

stomach (gastroscopy)

43.41, 44.12, 44.13, 44.14, 44.43, 44.45

large intestine (colonoscopy, proctosigmoidoscopy, sigmoidoscopy, anoscopy)

45.22, 45.23, 45.24, 45.25, 45.42, 45.43, 45.44, 48.22, 48.23, 48.24, 48.31, 48.32, 48.33, 48.34, 48.35, 49.21, 49.31

Miscellaneous cardiac procedures

37.21, 37.22, 37.23, 37.26, 37.27, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.78, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 38.20, 38.22, 39.66, 39.90

Endovascular interventional procedures

36.01, 36.02, 36.05, 36.06, 36.07, 38.91, 38.93, 38.94, 38.95, 38.96, 38.99, 39.92

Urethroscopy and associated procedures

57.94, 57.95, 58.22, 58.31

Dental procedures not attracting a Medicare rebate

23.01, 23.09, 23.11, 23.12, 23.13, 23.19, 23.2, 23.3, 23.41, 23.42, 23.43, 23.49, 23.5, 23.69, 23.70, 23.71, 23.72, 23.73, 23.74, 24.99

Other diagnostic and non-surgical procedures

54.97, 87-99

Data Element Links

Information Model Entities linked to this Data Element

NHIM   Service provision event

Data Agreements which include this Data Element

NMDS - Elective surgery waiting times   From 01-Jul-97 to 30-Jun-99