Episode of admitted patient care—procedure, code (ACHI 5th edn) NNNNN-NN

Exported from METEOR (AIHW's Metadata Online Registry)

Episode of admitted patient care—procedure, code (ACHI 5th edn) NNNNN-NN

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Procedure
METEOR identifier:	333828
Registration status:	Health!, Superseded 05/02/2008
Definition:	A clinical intervention represented by a code that:

- is surgical in nature, and/or
- carries a procedural risk, and/or
- carries an anaesthetic risk, and/or
- requires specialised training, and/or
- requires special facilities or equipment only available in an acute care setting.

Data Element Concept:	Episode of admitted patient care—procedure
Value Domain:	Procedure code (ACHI 5th edn) NNNNN-NN

Value domain attributes

Representational attributes

Classification scheme:	Australian Classification of Health Interventions (ACHI) 5th edition
Representation class:	Code
Data type:	Number
Format:	NNNNN-NN
Maximum character length:	7

Data element attributes

Collection and usage attributes

Collection methods:	Record and code all procedures undertaken during the episode of care in accordance with the ACHI (5th edition). Procedures are derived from and must be substantiated by clinical documentation.
Comments:	The National Centre for Classification in Health advises the National Health Data Committee of relevant changes to the ACHI.

Source and reference attributes

Origin:	National Centre for Classification in Health
	National Health Data Committee

Relational attributes

Related metadata references:	Supersedes [Episode of admitted patient care—procedure, code (ICD-10-AM 4th edn) NNNNN-NN](#)
	[Health!](#), Superseded 07/12/2005
	Has been superseded by [Episode of admitted patient care—procedure, code (ACHI 6th edn) NNNNN-NN](#)
	[Health!](#), Superseded 22/12/2009

| **Implementation in Data Set Specifications:** | [Admitted patient care NMDS 2006-07](#) |

[Health!](#), Superseded 23/10/2006
Implementation start date: 01/07/2006
Implementation end date: 30/06/2007
DSS specific information:

As a minimum requirement procedure codes must be valid codes from ICD-10-AM procedure codes and validated against the nationally agreed age and sex edits. More extensive edit checking of codes may be utilised within individual hospitals and state and territory information systems.

An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Record all procedures undertaken during an episode of care in accordance with the ICD-10-AM (3rd edition) Australian Coding Standards.

The order of codes should be determined using the following hierarchy:

- procedure performed for treatment of the principal diagnosis
- procedure performed for the treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.

Effective for collection from 01/07/2006

[Admitted patient care NMDS 2007-08](#)
[Health!](#), Superseded 05/02/2008
Implementation start date: 01/07/2007
Implementation end date: 30/06/2008
DSS specific information:

As a minimum requirement procedure codes must be valid codes from the Australian Classification of Health Interventions (ACHI) procedure codes and validated against the nationally agreed age and sex edits. More extensive edit checking of codes may be utilised within individual hospitals and state and territory information systems.

An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Record all procedures undertaken during an episode of care in accordance with the ACHI (5th edition) Australian Coding Standards.

The order of codes should be determined using the following hierarchy:

- procedure performed for treatment of the principal diagnosis
- procedure performed for the treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.

Effective for collection from 01/07/2006

Implementation in Indicators:

Used as Numerator

National Healthcare Agreement: P43-Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2010
    Health!, Superseded 08/06/2011

National Healthcare Agreement: P48-Rates of services: Hospital procedures, 2010
    Health!, Superseded 08/06/2011

Used as Denominator

National Healthcare Agreement: P43-Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2010
    Health!, Superseded 08/06/2011