Episode of admitted patient care—intervention, code (ACHI 12th edn) NNNNN-NN

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Episode of admitted patient care—intervention, code (ACHI 12th edn) NNNNN-NN

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Intervention
Synonymous names:	Clinical intervention; Procedure; Surgical operation
METEOR identifier:	746669
Registration status:	Health!, Standard 20/10/2021
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 admitted patient care setting.

Data Element Concept:	Episode of admitted patient care—intervention
Value Domain:	Intervention code (ACHI 12th edn) NNNNN-NN

Value domain attributes

Representational attributes

Classification scheme:	Australian Classification of Health Interventions (ACHI) 12th edition
Representation class:	Code
Data type:	String
Format:	NNNNN-NN
Maximum character length:	8

Data element attributes

Collection and usage attributes

Collection methods:	Interventions are classified from, and must be substantiated by, clinical documentation.

Source and reference attributes

Submitting organisation:	Independent Hospital Pricing Authority
Origin:	Independent Hospital Pricing Authority

Relational attributes

Related metadata references:	Supersedes Episode of admitted patient care—procedure, code (ACHI 11th edn) NNNNN-NN
	Health!, Superseded 20/10/2021
	Tasmanian Health, Standard 08/04/2019

Implementation in Data Set Specifications:

[Admitted patient care NMDS 2022–23](#)
        [Health!,](#) Standard 20/10/2021
Implementation start date: 01/07/2022
Implementation end date: 30/06/2023
Conditional obligation:

This data element is only to be reported if a health intervention is performed in the episode of care.

DSS specific information:

As a minimum requirement intervention codes must be valid codes from the Australian Classification of Health Interventions (ACHI) codes. More extensive edit checking of codes may be utilised within individual hospitals and state and territory information systems.

An unlimited number of diagnosis and intervention 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.

Classify interventions undertaken during an episode of care in accordance with the relevant Australian Coding Standards and National Coding Rules.

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

- intervention(s) performed for treatment of the principal diagnosis
- intervention(s) performed for the treatment of an additional diagnosis
- diagnostic/exploratory intervention(s) related to the principal diagnosis
- diagnostic/exploratory intervention(s) related to an additional diagnosis.