Episode of admitted patient care—procedure, code (ICD-10-AM 3rd edn) NNNNN-NN

Exported from METEOR (AIHW's Metadata Online Registry)

Episode of admitted patient care—procedure, code (ICD-10-AM 3rd edn) NNNNN-NN

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Procedure
METEOR identifier:	269932
Registration status:	Health, Superseded 28/06/2004
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 (ICD-10-AM 3rd edn) NNNNN-NN

Value domain attributes

Representational attributes

Classification scheme:	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 3rd 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 ICD-10-AM (3rd edition) Australian Coding Standards. 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 ICD-10-AM.

Source and reference attributes

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

Relational attributes

Related metadata references:	Has been superseded by [Episode of admitted patient care—procedure, code (ICD-10-AM 4th edn) NNNNN-NN](#)
	[Health](#), Superseded 07/12/2005
	Is used in the formation of [Episode of admitted patient care—diagnosis related group, code (AR-DRG v5.1) ANNA](#)
	[Health](#), Superseded 22/12/2009
	Is used in the formation of [Episode of admitted patient care—major diagnostic category, code (AR-DRG v5.1) NN](#)
	[Health](#), Superseded 22/12/2009
	Is re-engineered from [Procedure, version 5, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (17.7 KB)
	No registration status

Implementation in Data Set Specifications:

[Admitted patient care NMDS](#)
   [Health](#), Superseded 07/12/2005
Implementation start date: 01/07/2005
Implementation end date: 30/06/2006
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.