
Waiting list category - ICD-9-CM code

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at <http://meteor.aihw.gov.au>

Identifying and Definitional Attributes

Data Dictionary: NHDD
Knowledgebase ID: 000176 Version number: 2
Metadata type: DATA ELEMENT
Registration Authority: NHIMG Admin status: SUPERSEDED
Effective date: 30-JUN-98

Definition: The type of elective hospital care that a patient requires.
Context: Admitted patients: hospitals maintain waiting lists which may include patients awaiting hospital care other than elective surgery - for example, dental surgery and oncology treatments. This item is necessary to distinguish patients awaiting elective surgery (code 1) from those awaiting other types of elective hospital care (code 2).

The waiting period for patients awaiting transplant or obstetric procedures is largely independent of system resource factors.

Relational and Representational Attributes

Datatype: Numeric
Representational form: CODE
Representation layout: N
Minimum Size: 1
Maximum Size: 1

Data Domain: 1	Elective surgery
2	Other

Guide For Use: Elective surgery comprises elective care where the procedures required by patients are listed in the surgical operations section of the Medicare benefits schedule book, with the exclusion of specific procedures frequently done by non-surgical clinicians.

Elective care is care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least twenty-four hours.

Patients awaiting the following procedures should be classified as Category 2 - other:

- organ or tissue transplant procedures
- procedures associated with obstetrics (eg. elective caesarean section, cervical suture)
- cosmetic surgery, ie. when the procedure will not attract a Medicare rebate
- biopsy of:
 - kidney (needle only)
 - lung (needle only)
 - liver and gall bladder (needle only)
- bronchoscopy (including fibre-optic bronchoscopy)
- peritoneal renal dialysis; haemodialysis
- colonoscopy
- endoscopic retrograde cholangio- pancreatography (ERCP)
- endoscopy of:
 - biliary tract
 - oesophagus
 - small intestine
 - stomach
- endovascular interventional procedures
- gastroscopy
- miscellaneous cardiac procedures
- oesophagoscopy
- panendoscopy (except when involving the bladder)
- proctosigmoidoscopy
- sigmoidoscopy
- anoscopy
- urethroscopy and associated procedures
- dental procedures not attracting a Medicare rebate
- other diagnostic and non-surgical procedures.

These procedure terms are defined by the ICD-9-CM (Australian version, 2nd Edition, July 1996) codes which are listed under Comments below. This coded list is the recommended, but optional, method for determining whether a patient is classified as requiring elective surgery or other care.

All other elective surgery should be included in waiting list Category 1 - elective surgery.

Although this data element has been superseded by Waiting list category - 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.

Related metadata: relates to the data element concept Elective care version 1
supersedes previous data element Waiting list category version 1
is used in conjunction with Patient listing status version 3
has been superseded by Waiting list category 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: Hospital Access Program Waiting Lists Working Group / Waiting
Times Working Group / National Health Data Committee

Comments: A table of ICD-9-CM procedure codes has been developed by the
National Centre for Classification in Health. Some codes have been
excluded from the list on the basis that they are usually performed
by non-surgeon clinicians.

A more extensive and detailed listing of procedure descriptors is
under development. This will replace the list in the Guide for use
above, to facilitate more readily the identification of the exclusions
when the list in the following table is not used.

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 Request for / entry into service event

Data Agreements which include this Data Element
