
Procedure

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Identifying and Definitional Attributes

Data Dictionary: NHDD
Knowledgebase ID: 000137 Version number: 5
Metadata type: DATA ELEMENT
Registration Authority: NHIMG Admin status: SUPERSEDED
Effective date: 01-MAR-05

Definition: A clinical intervention 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.

Context: This item gives an indication of the extent to which specialised resources, for example, human resources, theatres and equipment, are used. It also provides an estimate of the numbers of surgical operations performed and the extent to which particular procedures are used to resolve medical problems. It is used for classification of episodes of acute care for admitted patients into Australian refined diagnosis related groups.

Relational and Representational Attributes

Datatype: Numeric
Representational form: CODE
Representation layout: NNNNN-NN
Minimum Size: 8
Maximum Size: 8

Data Domain: NOVAL Current edition of ICD-10-AM procedure codes.

Guide For Use: Admitted patients: record all procedures undertaken during an episode of care in accordance with the ICD-10-AM 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.

Verification Rules: 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.

Collection Methods: Record and code all procedures undertaken during the episode of care in accordance with the ICD-10-AM Australian Coding Standards. 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. Procedures are derived from and must be substantiated by clinical documentation.

Related metadata: supersedes previous data element Principal procedure - ICD-9-CM code version 3
supersedes previous data element Additional procedures - ICD-9-CM code version 3
is used in conjunction with Indicator procedure version 3
is qualified by Additional diagnosis version 4
supersedes previous data element Principal procedure - ICD-10-AM code version 4
supersedes previous data element Additional procedures - ICD-10-AM code version 4
relates to the data element Date of procedure version 1
is qualified by Principal diagnosis version 4

Administrative Attributes

Source Document: Current edition of International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification (ICD-10-AM). National Centre for Classification in Health, Sydney.

Source Organisation: National Centre for Classification in Health.
Health Data Standards Committee.

Comments: The National Centre for Classification in Health advises the Health

