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

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

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| Identifying and definitional attributes | |
| Metadata item type: | Data Element |
| Short name: | Procedure |
| METEOR identifier: | 333828 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 05/02/2008 |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](https://meteor.aihw.gov.au/content/269450) |
| Value Domain: | [Procedure code (ACHI 5th edn) NNNNN-NN](https://meteor.aihw.gov.au/content/333675) |

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| Value domain attributes | | |
| Representational attributes | | |
| Classification scheme: | [Australian Classification of Health Interventions (ACHI) 5th edition](https://meteor.aihw.gov.au/content/335419) | |
| Representation class: | Code | |
| Data type: | Number | |
| Format: | NNNNN-NN | |
| Maximum character length: | 7 | |



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| 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NNNNN-NN](https://meteor.aihw.gov.au/content/333826)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 07/12/2005  Has been superseded by [Episode of admitted patient care—procedure, code (ACHI 6th edn) NNNNN-NN](https://meteor.aihw.gov.au/content/361687)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 22/12/2009 |
| Implementation in Data Set Specifications: | [Admitted patient care NMDS 2006-07](https://meteor.aihw.gov.au/content/334023)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), 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](https://meteor.aihw.gov.au/content/339089)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), 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](https://meteor.aihw.gov.au/content/395081)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 08/06/2011  [National Healthcare Agreement: P48-Rates of services: Hospital procedures, 2010](https://meteor.aihw.gov.au/content/395095)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 08/06/2011  **Used as Denominator** [National Healthcare Agreement: P43-Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2010](https://meteor.aihw.gov.au/content/395081)  [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 08/06/2011 |