

# Episode of admitted patient care—procedure, code (ACHI 7th edn) NNNNN-NN

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# Episode of admitted patient care—procedure, code (ACHI 7th edn) NNNNN-NN

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Procedure
<b>METEOR identifier:</b>	391349
<b>Registration status:</b>	<a href="#">Health</a> , Superseded 02/05/2013 <a href="#">National Health Performance Authority (retired)</a> , Retired 01/07/2016
<b>Definition:</b>	A clinical intervention represented by a code that: <ul style="list-style-type: none"><li>• is surgical in nature, and/or</li><li>• carries a procedural risk, and/or</li><li>• carries an anaesthetic risk, and/or</li><li>• requires specialised training, and/or</li><li>• requires special facilities or equipment only available in an acute care setting.</li></ul>
<b>Data Element Concept:</b>	<a href="#">Episode of admitted patient care—procedure</a>
<b>Value Domain:</b>	<a href="#">Procedure code (ACHI 7th edn) NNNNN-NN</a>

## Value domain attributes

## Representational attributes

<b>Classification scheme:</b>	<a href="#">Australian Classification of Health Interventions (ACHI) 7th edition</a>
<b>Representation class:</b>	Code
<b>Data type:</b>	Number
<b>Format:</b>	NNNNN-NN
<b>Maximum character length:</b>	7

## Data element attributes

## Collection and usage attributes

<b>Collection methods:</b>	Record and code all procedures undertaken during the episode of care in accordance with the ACHI (7th edition). Procedures are derived from and must be substantiated by clinical documentation.
<b>Comments:</b>	The National Centre for Classification in Health advises the National Health Information Standards and Statistics Committee of relevant changes to the ACHI.

## Source and reference attributes

<b>Origin:</b>	National Centre for Classification in Health National Health Information Standards and Statistics Committee
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## Relational attributes

**Related metadata references:**

Supersedes [Episode of admitted patient care—procedure, code \(ACHI 6th edn\) NNNNN-NN](#)

[Health](#), Superseded 22/12/2009

Has been superseded by [Episode of admitted patient care—procedure, code \(ACHI 8th edn\) NNNNN-NN](#)

[Health](#), Superseded 13/11/2014

[Tasmanian Health](#), Superseded 02/09/2016

Is used in the formation of [Episode of admitted patient care—diagnosis related group, code \(AR-DRG v 6.0x\) ANNA](#)

[Tasmanian Health](#), Superseded 06/09/2016

Is used in the formation of [Episode of admitted patient care—diagnosis related group, code \(AR-DRG v 6\) ANNA](#)

[Health](#), Standard 30/06/2013

Is used in the formation of [Episode of admitted patient care—diagnosis related group, code \(AR-DRG v 7.0\) ANNA](#)

[Tasmanian Health](#), Standard 06/09/2016

Is used in the formation of [Episode of admitted patient care—major diagnostic category, code \(AR-DRG v 6\) NN](#)

[Health](#), Standard 30/06/2013

[Tasmanian Health](#), Superseded 07/09/2016

Is used in the formation of [Episode of admitted patient care—major diagnostic category, code \(AR-DRG v 8.0\) NN](#)

[Tasmanian Health](#), Superseded 12/01/2018

**Implementation in Data Set Specifications:**

[Admitted patient care NMDs 2010-11](#)

[Health](#), Superseded 18/01/2011

**Implementation start date:** 01/07/2010

**Implementation end date:** 30/06/2011

**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 (7th 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.

[Admitted patient care NMDs 2011-12](#)

[Health](#), Superseded 11/04/2012

**Implementation start date:** 01/07/2011

**Implementation end date:** 30/06/2012

**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 (7th 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.

#### Admitted patient care NMDs 2012-13

Health, Superseded 02/05/2013

**Implementation start date:** 01/07/2012

**Implementation end date:** 30/06/2013

#### **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 (7th 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.

#### **Implementation in Indicators:**

#### **Used as Numerator**

##### 3.1 Number of knee arthroscopy admissions to hospital per 100,000 people aged 55 years and over, 2012-13

Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016

National Health Performance Authority (retired), Retired 01/07/2016

##### 3.3 Estimated annual number of lumbar spine surgery admissions to hospital per 100,000 people aged 18 years and over, 2010-11 to 2012-13

Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016

National Health Performance Authority (retired), Retired 01/07/2016

##### 3.4 Number of radical prostatectomy admissions to hospital per 100,000 men aged 40 years and over, 2012-13

Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016

National Health Performance Authority (retired), Retired 01/07/2016

##### 3.5 Number of hysterectomy and endometrial ablation admissions to hospital per 100,000 women, 2012-13

Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016

National Health Performance Authority (retired), Retired 01/07/2016

##### 3.6 Number of tonsillectomy admissions to hospital per 100,000 people aged 17 years and under, 2012-13

Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016

National Health Performance Authority (retired), Retired 01/07/2016

[3.7 Number of myringotomy admissions to hospital per 100,000 people aged 17 years and under, 2012-13](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 23/11/2016

[National Health Performance Authority \(retired\)](#), Retired 01/07/2016

[6.8 Number of diabetes-related lower limb amputation admissions to hospital per 100,000 people aged 18 years and over, 2012-13](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 23/11/2016

[National Health Performance Authority \(retired\)](#), Retired 01/07/2016

[Australian Atlas of Healthcare Variation: Number of cervical loop excision or cervical loop ablation hospitalisations per 100,000 women, aged 15 years and over, 2012-13 to 2014-15](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of cervical loop excision or cervical loop ablation hospitalisations per 100,000 women, aged 15 years and over, 2012-13 to 2014-15](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of endometrial ablation hospitalisations per 100,000 women, aged 15 years and over, 2012-13 to 2014-15](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of lumbar spinal decompression \(excluding lumbar spinal fusion\) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of lumbar spinal fusion \(excluding lumbar spinal decompression\) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of lumbar spinal fusion hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 07/06/2017

[National Health Performance Authority, Healthy Communities: Number of selected potentially avoidable hospitalisations per 100,000 people, 2011-12](#)

[National Health Performance Authority \(retired\)](#), Retired 01/07/2016

[National Health Performance Authority, Hospital Performance: Median waiting time for surgery for malignant cancer, 2011-12](#)

[National Health Performance Authority \(retired\)](#), Superseded 02/10/2014

[National Health Performance Authority, Hospital Performance: Median waiting time for surgery for malignant cancer, 2012-13](#)

[National Health Performance Authority \(retired\)](#), Retired 01/07/2016

[National Health Performance Authority, Hospital Performance: Number of surgeries for malignant cancer, 2011-12](#)

[National Health Performance Authority \(retired\)](#), Superseded 02/10/2014

[National Health Performance Authority, Hospital Performance: Number of surgeries for malignant cancer, 2012-13](#)

[National Health Performance Authority \(retired\)](#), Retired 01/07/2016

[National Health Performance Authority, Hospital Performance: Percentage of people who received surgery for malignant cancer within 30 days, 2011-12](#)

[National Health Performance Authority \(retired\)](#), Superseded 02/10/2014

[National Health Performance Authority, Hospital Performance: Percentage of people who received surgery for malignant cancer within 30 days, 2012-13](#)

[National Health Performance Authority \(retired\)](#), Retired 01/07/2016

[National Health Performance Authority, Hospital Performance: Percentage of people who received surgery for malignant cancer within 45 days, 2011-12](#)

[National Health Performance Authority \(retired\), Superseded 02/10/2014](#)

[National Health Performance Authority, Hospital Performance: Percentage of people who received surgery for malignant cancer within 45 days, 2012-13](#)  
[National Health Performance Authority \(retired\), Retired 01/07/2016](#)

[National Health Performance Authority, Hospital Performance: Percentage of people who waited longer than the clinical urgency category time for surgery for malignant cancer, 2011-12](#)  
[National Health Performance Authority \(retired\), Retired 01/07/2016](#)

[National Healthcare Agreement: PI 23-Unplanned hospital readmission rates, 2014 Health, Superseded 14/01/2015](#)

[National Healthcare Agreement: PI 23-Unplanned hospital readmission rates, 2015 Health, Superseded 08/07/2016](#)

[Number of lumbar spinal decompression \(excluding lumbar spinal fusion\) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)  
[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[Number of lumbar spinal fusion \(excluding lumbar spinal decompression\) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)  
[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[Number of lumbar spinal fusion \(with or without lumbar spinal decompression\) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)  
[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[Number of myringotomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18](#)  
[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[Number of tonsillectomy hospitalisations per 100,000 people aged 17 years and under, 2012-13, 2015-16 and 2017-18](#)  
[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

[National Healthcare Agreement: PI 23-Unplanned hospital readmission rates, 2014 Health, Superseded 14/01/2015](#)

[National Healthcare Agreement: PI 23-Unplanned hospital readmission rates, 2015 Health, Superseded 08/07/2016](#)

[Number of lumbar spinal decompression \(excluding lumbar spinal fusion\) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)  
[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)

#### **Used as Denominator**

[National Health Performance Authority, Hospital Performance: Percentage of people who received surgery for malignant cancer within 30 days, 2011-12](#)  
[National Health Performance Authority \(retired\), Superseded 02/10/2014](#)

[National Health Performance Authority, Hospital Performance: Percentage of people who received surgery for malignant cancer within 30 days, 2012-13](#)  
[National Health Performance Authority \(retired\), Retired 01/07/2016](#)

[National Health Performance Authority, Hospital Performance: Percentage of people who received surgery for malignant cancer within 45 days, 2011-12](#)  
[National Health Performance Authority \(retired\), Superseded 02/10/2014](#)

[National Health Performance Authority, Hospital Performance: Percentage of people who received surgery for malignant cancer within 45 days, 2012-13](#)  
[National Health Performance Authority \(retired\), Retired 01/07/2016](#)

[National Healthcare Agreement: PI 23-Unplanned hospital readmission rates, 2014 Health, Superseded 14/01/2015](#)

