Episode of admitted patient care—procedure, code (ACHI 9th edn) NNNNN-NN

Exported from METEOR (AIHW's Metadata Online Registry)

Episode of admitted patient care—procedure, code (ACHI 9th edn) NNNNN-NN

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Procedure
METEOR identifier:	589101
Registration status:	Health, Superseded 05/10/2016 Tasmanian Health, Superseded 10/07/2017
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 (ACHI 9th edn) NNNNN-NN

Value domain attributes

Representational attributes

Classification scheme:	Australian Classification of Health Interventions (ACHI) 9th edition
Representation class:	Code
Data type:	String
Format:	NNNNN-NN
Maximum character length:	8

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 (9th edition). Procedures are derived from and must be substantiated by clinical documentation.
Comments:	The Independent Hospital Pricing Authority advises the National Health Information Standards and Statistics Committee of relevant changes to the ACHI.

Source and reference attributes

Origin:	National Centre for Classification in Health
	National Health Information Standards and Statistics Committee

Relational attributes

Related metadata references:

Supersedes [Episode of admitted patient care—procedure, code (ACHI 8th edn) NNNNN-NN](#)
    [Health](#), Superseded 13/11/2014
    [Tasmanian Health](#), Superseded 02/09/2016

Has been superseded by [Episode of admitted patient care—procedure, code (ACHI 10th edn) NNNNN-NN](#)
    [Health](#), Superseded 12/12/2018
    [Independent Hospital Pricing Authority](#), Recorded 04/08/2016
    [Tasmanian Health](#), Superseded 08/04/2019

Is used in the formation of [Episode of admitted patient care—diagnosis related group, code (AR-DRG v 8.0) ANNA](#)
    [Tasmanian Health](#), Superseded 11/01/2018

| **Implementation in Data Set Specifications:** | [Admitted patient care NMDS 2015-16](#) |
| | [Health](#), Superseded 10/11/2015 |

Implementation start date: 01/07/2015
Implementation end date: 30/06/2016
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 (9th 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 2016-17](#)
[Health](#), Superseded 05/10/2016
Implementation start date: 01/07/2016
Implementation end date: 30/06/2017
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.

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Record all procedures undertaken during an episode of care in accordance with the ACHI (9th edition) Australian Coding Standards.

The order of codes should be determined using the following hierarchy:

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- 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.

[Tasmanian Admitted Patient Data Set - 2016](#)
[Tasmanian Health](#), Superseded 10/01/2018
Implementation start date: 01/07/2016
Implementation end date: 30/06/2017

| **Implementation in Indicators:** | **Used as Numerator** |

[Australian Atlas of Healthcare Variation 2018: Number of colonoscopy hospitalisations per 100,000 people, 2016-17](#)
[Australian Commission on Safety and Quality in Health Care](#), Standard 13/12/2018

[Australian Atlas of Healthcare Variation 2018: Number of gastroscopy hospitalisations per 100,000 people, 2016-17](#)
[Australian Commission on Safety and Quality in Health Care](#), Standard 13/12/2018

[Australian Atlas of Healthcare Variation 2018: Number of thyroidectomy hospitalisations per 100,000 people aged 18 years and over, 2014-15 to 2016-17](#)
Australian Commission on Safety and Quality in Health Care, Qualified 13/12/2018

[National Healthcare Agreement: PB f–By 2014–15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions, 2018](#)
Health, Superseded 19/06/2019

[National Healthcare Agreement: PB f–By 2014–15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions, 2019](#)
Health, Superseded 13/03/2020

[National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2018](#)
Health, Superseded 19/06/2019

[National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2019](#)
Health, Superseded 13/03/2020

[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 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 (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 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 potentially preventable hospitalisations - cellulitis per 100,000 people of all ages, 2014-15 to 2017-18](#)
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

[Number of potentially preventable hospitalisations - cellulitis per 100,000 people of all ages, 2014-15 to 2017-18](#)
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

[Number of potentially preventable hospitalisations - heart failure per 100,000 people, of all ages, 2014-15 to 2017-18](#)
    [Australian Commission on Safety and Quality in Health Care](#), Standard 27/04/2021

[Number of potentially preventable hospitalisations - heart failure per 100,000 people, of all ages, 2014-15 to 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

Used as Disaggregation

[Australian Atlas of Healthcare Variation 2018: Number of gastroscopy hospitalisations per 100,000 people, 2016-17](#)
    [Australian Commission on Safety and Quality in Health Care](#), Standard 13/12/2018

[National Healthcare Agreement: PI 23–Unplanned hospital readmission rates, 2018](#)
    [Health](#), Superseded 19/06/2019

[National Healthcare Agreement: PI 23–Unplanned hospital readmission rates, 2019](#)
    [Health](#), Superseded 13/03/2020

[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 Healthcare Agreement: PI 23–Unplanned hospital readmission rates, 2018](#)
    [Health](#), Superseded 19/06/2019

[National Healthcare Agreement: PI 23–Unplanned hospital readmission rates, 2019](#)
    [Health](#), Superseded 13/03/2020