New health technology submission guidelines
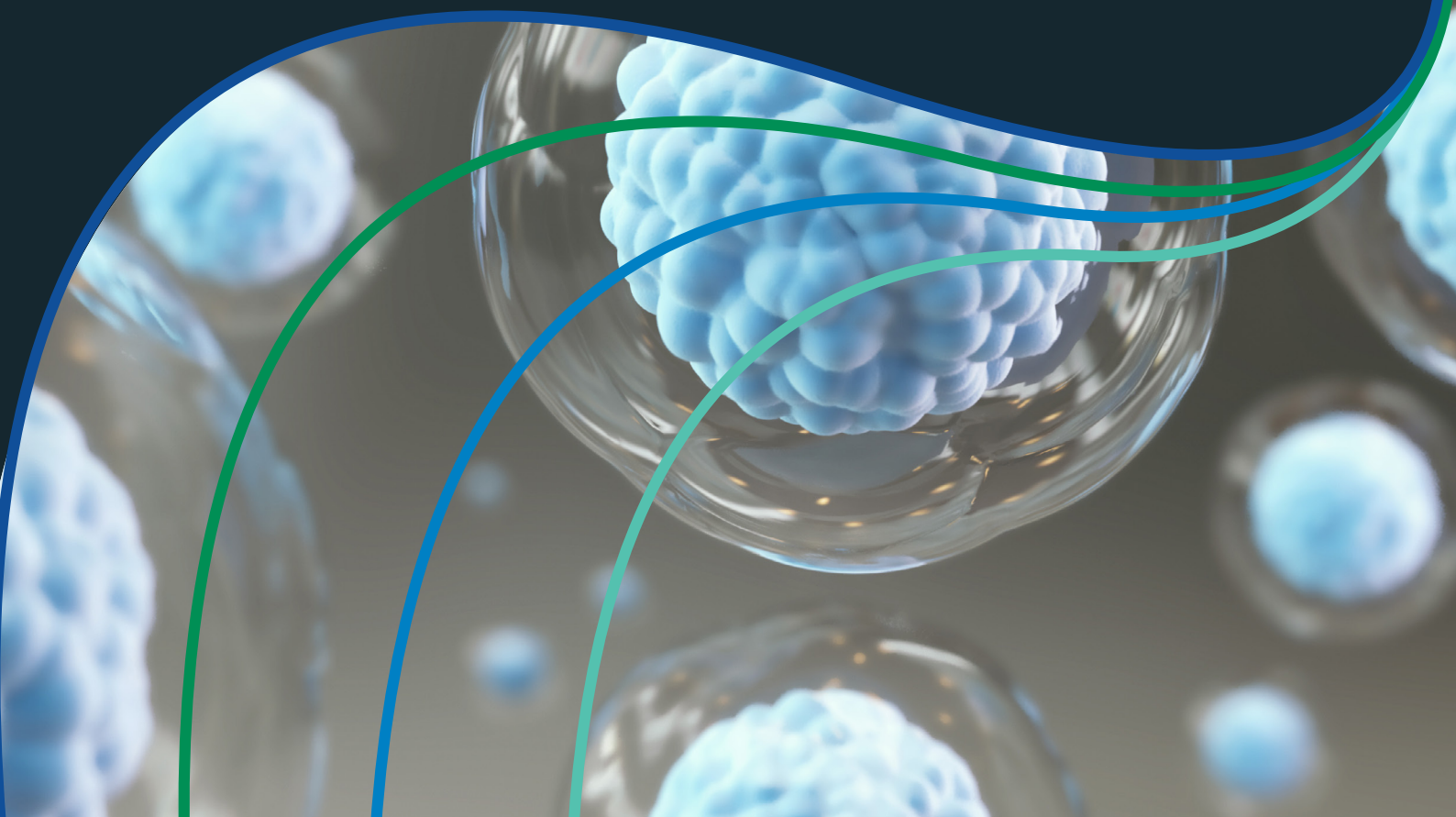
July 2025

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Version 2.0 July 2025

Definitions

Term	Definition
Activity based funding	Refers to a system for funding public hospital services provided to individual patients using national classifications, cost weights and nationally efficient prices developed by the Independent Health and Aged Care Pricing Authority (IHACPA), as outlined in the Addendum to the National Health Reform Agreement 2020–25. An activity based funding (ABF) activity may take the form of a separation, presentation or service event.
Australian Classification Exchange	The IHACPA Australian Classification Exchange (ACE) is an online portal that provides registered users with access to submit public submissions for classification enhancements or modifications, including public submissions for the consideration of new health technologies.
Health technology	A health technology is defined as an intervention developed to prevent, diagnose or treat medical conditions; promote health; provide rehabilitation; or organise health care delivery[1]. Health technologies include tests, devices, medicines, vaccines, procedures, programs and systems[2]. IHACPA's scope of new health technologies is limited to procedures and interventions.
Health Technology Assessment	Health Technology Assessment refers to the systematic evaluation of the properties and effects of a health technology, addressing direct and intended effects, as well as indirect and unintended consequences, aimed mainly at informing decision making[3].
National pricing model	The national pricing model is produced annually by IHACPA and defines the national efficient price, price weights and adjustments based on the activity and cost data from three years prior. For more detail, refer to the National Pricing Model Technical Specifications.
New health technology placeholder codes	The Australian Classification of Health Interventions (ACHI) Thirteenth Edition includes placeholder codes, which will facilitate the capture of new health technology and enable the flexibility of ACHI to respond to emerging trends that require counting in admitted patient care during the three-year period between classification releases.
Pricing Authority	The governing body of IHACPA established under the *National Health Reform Act 2011*.

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[1] As defined by the International Network of Agencies for Health Technology Assessment.

[2] As defined in the Addendum to the National Health Reform Agreement 2020–25.

[3] As defined in the Addendum to the National Health Reform Agreement 2020–25.

1. Overview

1.1 Background

The Independent Health and Aged Care Pricing Authority (IHACPA) was established under the *National Health Reform Act 2011* (Cth) (the NHR Act), as part of the National Health Reform Agreement (NHRA) to improve outcomes for all Australians.

One of IHACPA's determinative functions is to develop, refine and maintain systems as necessary to determine the national efficient price (NEP) and national efficient cost (NEC) for Australian public hospital services. This includes consideration of the extent to which classifications are reflective of new health technology and changing models of care.

1.2 Purpose

This document outlines how IHACPA receives submissions and reviews the impact of new health technologies on existing classifications.

IHACPA recognises the national, state and territory processes for evaluating new health technologies. IHACPA does not intend to duplicate these mechanisms and notes that states and territories may wish to fund new health technologies outside existing classification frameworks and ABF arrangements.

Additionally, submitters should note that the submission of a new health technology primarily informs classification development and does not constitute a recommendation for funding. Eligibility for Commonwealth funding under the NHRA is determined by the General List of In-scope Public Hospital Services.

1.3 Scope of new health technologies

A health technology is an intervention developed to prevent, diagnose or treat medical conditions, promote health, provide rehabilitation, or organise healthcare delivery[4]. IHACPA focuses on new procedures and interventions when developing classifications.

IHACPA has identified 3 types of new health technologies that may impact the nature and/or cost of public hospital service delivery and therefore be relevant to classification development. These are new health technologies that:

- ▸ impact the efficiency of hospital service delivery (for example, new health technologies that contribute to reduced workforce load)
- ▸ impact the quality of patient care (for example, new health technologies for reducing patient pain)
- ▸ represent new capability (for example, new health technologies that enable treatments not previously available).

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4 As defined in the [HTA Glossary](#).

In addition to classification development, the potential impact of new health technologies that improve efficiency is generally accounted for through the broader national pricing model methodology underpinning the NEP and NEC determinations. This model reflects the average change in cost over the previous 5 years.

2. Submission guidelines

2.1 Australian Classification Exchange (ACE)

All new health technology submissions, regardless of delivery setting, should be submitted through the ACE portal.

The portal provides a public platform to submit classification enhancements for ICD-10-AM/ACHI/ACS and modifications to Australian Refined Diagnosis Related Groups, for their potential incorporation in future classification releases.

2.2 New health technology submissions

New health technology submissions may be made through the ICD-10-AM/ACHI/ACS Public Submissions function on the ACE portal.

Prior to making a submission, submitters should ensure that they have reviewed the current editions and versions of the classifications to determine whether the new health technology is already accounted for within an existing code or class.

Registration

Registered users may make submissions at any time through the ACE portal. New users will be required to register on the ACE portal:

1. Click here to be directed to the registration screen.
2. Complete the details and submit the registration form.

Submission

Once registered, users can sign into the ACE portal and make a new health technology submission through the Request for Modification to ICD-10-AM/ACHI/ACS Classification landing page.

Jurisdictional coding committee representatives can also submit coding queries through the ACE portal.

Table 1 provides further details on the information that should be included in a new health technology submission.

Table 1: Information to include in a new health technology submission

Field	Suggested information
Subject	"New health technology"
Relevant codes	Please provide confirmation that the new health technology is not currently captured in the classifications.
Please describe the issue in detail	Please include a brief description of the new health technology including: ▸ details of intervention ▸ proposed or actual setting of service delivery ▸ information on the treatment cohort.
Please select the volume affected	Please select the volume of actual or anticipated new health technology delivery. The options available for selection are: ▸ Local - Low ▸ Local - High ▸ National - Low ▸ National - High The submitter is required to advise on the volume of actual or anticipated delivery of the new health technology. For example, the new health technology may be delivered within a specific facility, local hospital network (LHN) or jurisdiction. The submitter should then select 'Local – Low' or 'Local – High' depending on the delivery volume. Where the new health technology is being delivered nationally, this should be reflected in the selection.
Please detail the reason for your selection	Please include a brief overview of where the new health technology is currently being delivered or anticipated for delivery. As part of the assessment of new health technologies, IHACPA will review and determine a shortlist of new health technologies to progress to clinical consultation and potential classification development based on: ▸ uptake – the anticipated or actual uptake in Australian public hospitals ▸ materiality – the total cost of the mapped code or class and the estimated or actual volume of patients. This information is required to support IHACPA's consideration of whether there is sufficient service delivery volume and materiality to progress to classification development.

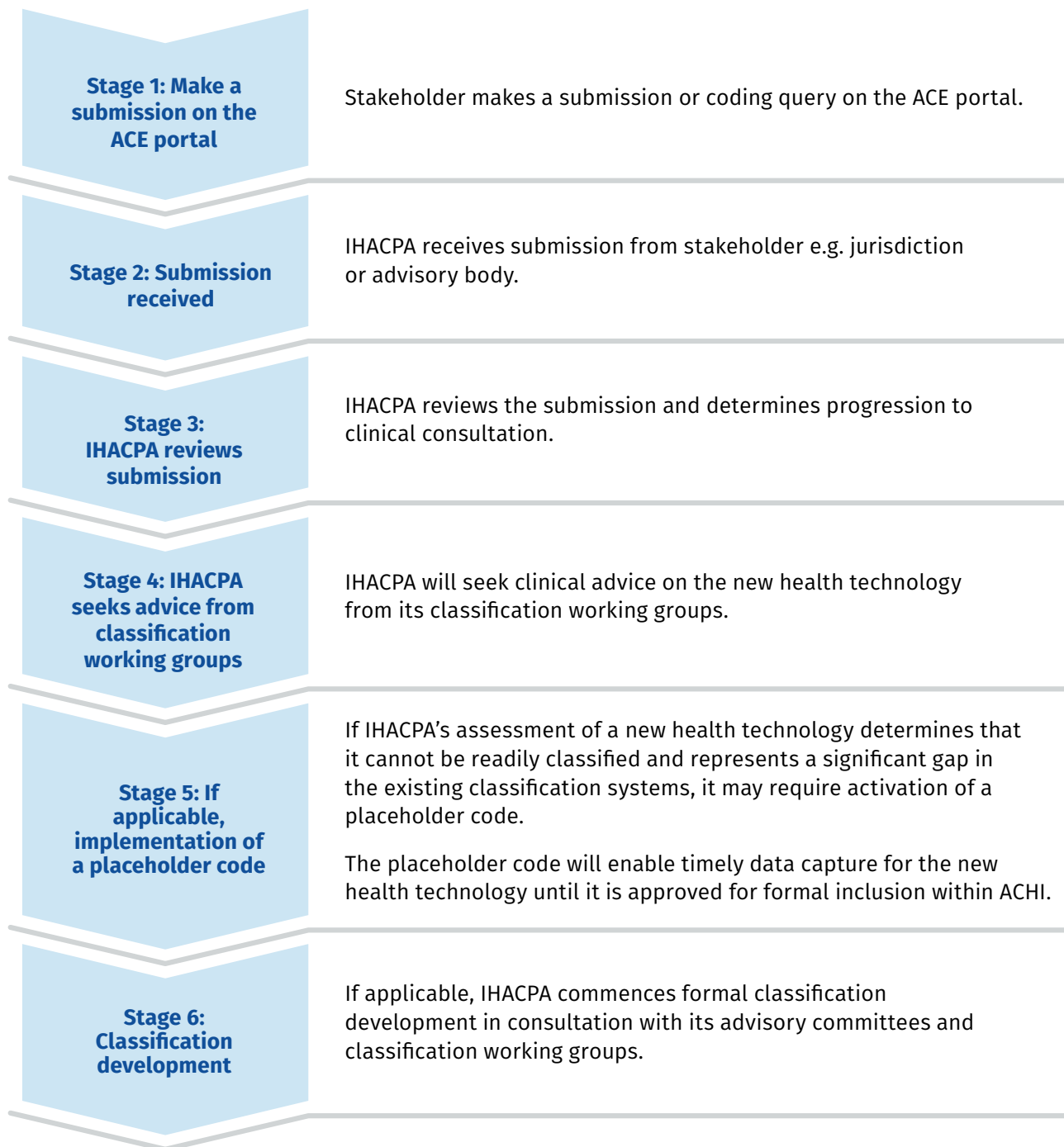| **Attach files**
 	
Provide the required information, as well as any other relevant files.
	Contact information including:
	
	  ▸ submitter
	  ▸ submission date
	  ▸ contact details for further information.

	Medical Services Advisory Committee status and/or details of application (if applicable).
	Details of Therapeutic Goods Administration approval (if applicable).

	Uptake in Australia (anticipated and actual patient and service delivery volume):
	
	  ▸ by LHN/state/territory
	  ▸ by year.

	Details of existing research, grant or other funding sources (if applicable).

	Costs associated with the technology (including both the direct and indirect costs, noting any significant drivers of cost variation from alternative care such as the use of high cost pharmaceuticals or devices):
	
	  ▸ estimated or actual
	  ▸ average cost per episode of care
	  ▸ difference in costs between the technology and the most frequently mapped code or class (where possible).

	Alternatives to the technology:
	
	  ▸ Alternative procedures, interventions, devices or pharmaceuticals currently in use
	  ▸ Cost of alternative procedures, interventions, devices or pharmaceuticals
	  ▸ Benefit of alternative procedures, interventions, devices or pharmaceuticals.

	Benefits associated with the technology:
	
	  ▸ Completed or planned studies
	  ▸ Impact on service delivery
	  ▸ Impact on patient care
	  ▸ Cost benefit analysis
	  ▸ Cost effectiveness analysis
	  ▸ Risk assessment.

	International experience.
	Implementation schedule.

3. Further information

3.1 Further information and next steps

Figure 1 summarises the next steps following a new health technology submission.

Figure 1: Overview of submission process and referral for classification development

Stage	Description
Stage 1: Make a submission on the ACE portal	Stakeholder makes a submission or coding query on the ACE portal.
Stage 2: Submission received	IHACPA receives submission from stakeholder e.g. jurisdiction or advisory body.
Stage 3: IHACPA reviews submission	IHACPA reviews the submission and determines progression to clinical consultation.
Stage 4: IHACPA seeks advice from classification working groups	IHACPA will seek clinical advice on the new health technology from its classification working groups.
Stage 5: If applicable, implementation of a placeholder code	If IHACPA's assessment of a new health technology determines that it cannot be readily classified and represents a significant gap in the existing classification systems, it may require activation of a placeholder code. The placeholder code will enable timely data capture for the new health technology until it is approved for formal inclusion within ACHI.
Stage 6: Classification development	If applicable, IHACPA commences formal classification development in consultation with its advisory committees and classification working groups.