Episode of care—principal diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]}

Exported from METEOR (AIHW's Metadata Online Registry)

Episode of care—principal diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]}

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Principal diagnosis—episode of care
METEOR identifier:	588987
Registration status:	Independent Hospital Pricing Authority, Standard 16/03/2016 Health!, Superseded 05/10/2016 Tasmanian Health, Superseded 10/07/2017
Definition:	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code.
Data Element Concept:	Episode of care—principal diagnosis
Value Domain:	Diagnosis code (ICD-10-AM 9th edn) ANN{.N[N]}

Value domain attributes

Representational attributes

Classification scheme:	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 9th edition
Representation class:	Code
Data type:	String
Format:	ANN{.N[N]}
Maximum character length:	6

Data element attributes

Collection and usage attributes

Guide for use:	The principal diagnosis must be determined in accordance with the Australian Coding Standards. Each episode of admitted patient care must have a principal diagnosis and may have additional diagnoses. The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status. As a minimum requirement the Principal diagnosis code must be a valid code from the current edition of ICD-10-AM. For episodes of admitted patient care, some diagnosis codes are too imprecise or inappropriate to be acceptable as a principal diagnosis and will group to an error DRG in the Australian Refined Diagnosis Related Groups. Diagnosis codes starting with a V, W, X or Y, describing the circumstances that cause an injury, rather than the nature of the injury, cannot be used as principal diagnosis. Diagnosis codes which are morphology codes cannot be used as principal diagnosis.
Collection methods:	A principal diagnosis should be recorded and coded upon **separation**, for each episode of admitted patient care or episode of residential care or attendance at a health care establishment. The principal diagnosis is derived from and must be substantiated by clinical documentation.

| **Comments:** | The principal diagnosis is one of the most valuable health data elements. It is used for epidemiological research, casemix studies and planning purposes. |

Source and reference attributes

| **Origin:** | National Centre for Classification in Health |
| | National Data Standard for Injury Surveillance Advisory Group |

Relational attributes

Related metadata references:	Supersedes [Episode of care—principal diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}](#)
	  [Health!](#), Superseded 13/11/2014
	  [Tasmanian Health](#), Standard 02/09/2016

	Has been superseded by [Episode of care—principal diagnosis, code (ICD-10-AM 10th edn) ANN{.N[N]}](#)
	  [Health!](#), Superseded 25/01/2018
	  [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:	[Activity based funding: Mental health care DSS 2016-17](#)
	  [Independent Hospital Pricing Authority](#), Superseded 28/02/2017
	Implementation start date: 01/07/2016
	Implementation end date: 30/06/2017
	DSS specific information:
	
	For admitted episodes of care it is mandatory for diagnosis to be reported in accordance with the Australian Coding Standards, and in ICD-10-AM 9th edition.
	
	For ambulatory episodes of care, the diagnosis reported is the finalised diagnosis for the episode of care. A provisional diagnosis should only be reported if a finalised diagnosis cannot be obtained. It is mandatory for an ambulatory episode of care principal diagnosis to be reported in ICD-10-AM 9th edition.
	
	For residential episodes of care, the principal diagnosis is reported in accordance with the Residential mental health care national minimum data set. It is mandatory for the principal diagnosis to be reported in ICD-10-AM 8th or 9th edition.
	
	[Admitted patient care NMDS 2015-16](#)
	  [Health!](#), Superseded 10/11/2015
	Implementation start date: 01/07/2015
	Implementation end date: 30/06/2016
	Conditional obligation:
	
	The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories.
	
	Where the principal diagnosis is recorded prior to discharge (as in the annual census of public psychiatric hospital patients), it is the current provisional principal diagnosis. Only use the admission diagnosis when no other diagnostic information is available. The current provisional diagnosis may be the same as the admission diagnosis.
	
	[Admitted patient care NMDS 2016-17](#)
	  [Health!](#), Superseded 05/10/2016
	Implementation start date: 01/07/2016
	Implementation end date: 30/06/2017
	Conditional obligation:
	
	The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories.
	
	Where the principal diagnosis is recorded prior to discharge (as in the annual

census of public psychiatric hospital patients), it is the current provisional principal diagnosis. Only use the admission diagnosis when no other diagnostic information is available. The current provisional diagnosis may be the same as the admission diagnosis.

[Admitted patient mental health care NMDS 2015-16](#)
        [Health!](#), Superseded 19/11/2015
Implementation start date: 01/07/2015
Implementation end date: 30/06/2016

[Admitted patient palliative care NMDS 2015-16](#)
        [Health!](#), Superseded 19/11/2015
Implementation start date: 01/07/2015
Implementation end date: 30/06/2016

[Community mental health care NMDS 2016-17](#)
        [Health!](#), Superseded 17/08/2017
Implementation start date: 01/07/2016
Implementation end date: 30/06/2017
DSS specific information:

Codes can be used either from ICD-10-AM or from 'The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services', published by the National Centre for Classification in Health.

[Residential mental health care NMDS 2016-17](#)
        [Health!](#), Superseded 17/08/2017
Implementation start date: 01/07/2016
Implementation end date: 30/06/2017
DSS specific information:

Codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services, published by the National Centre for Classification in Health 2002.

The principal diagnosis should be recorded and coded upon the end of an episode of residential care (i.e. annually for continuing residential 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 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

[Australian Health Performance Framework: PI 3.1.1–Incidence of heart attacks (acute coronary events), 2019](#)
        [Health!](#), Standard 09/04/2020

[Australian Health Performance Framework: PI 3.1.5–Hospitalisation for injury and poisoning, 2019](#)
        [Health!](#), Standard 09/04/2020

[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 09–Incidence of heart attacks (acute coronary events), 2018](#)
        Health!, Superseded 19/06/2019

[National Healthcare Agreement: PI 09–Incidence of heart attacks (acute coronary events), 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

[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

[National Healthcare Agreement: PI 27–Number of hospital patient days used by those eligible and waiting for residential aged care, 2018](#)
        Health!, Superseded 19/06/2019

[National Healthcare Agreement: PI 27–Number of hospital patient days used by those eligible and waiting for residential aged care, 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 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 - chronic obstructive pulmonary disease (COPD) 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 - chronic obstructive pulmonary disease (COPD) 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 - diabetes complications 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 - diabetes complications 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 potentially preventable hospitalisations - kidney and urinary tract infections 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 - kidney and urinary tract infections 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

Used as Disaggregation

[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

[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