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

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meteor@aihw.gov.au.

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# 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Health!, Superseded 05/10/2016

Tasmanian Health, Superseded 10/07/2017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

 $\label{eq:defined} \mbox{DRG in the Australian Refined Diagnosis Related Groups}.$ 

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 <u>separation</u>, 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:

Implementation in Data Set 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

<u>Health!</u>, Superseded 19/11/2015 *Implementation start date:* 01/07/2015 *Implementation end date:* 30/06/2016

# Admitted patient palliative care NMDS 2015-16

<u>Health!</u>, 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

<u>Health!</u>, 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

<u>Australian Commission on Safety and Quality in Health Care</u>, 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

<u>Australian Commission on Safety and Quality in Health Care</u>, 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

<u>Australian Commission on Safety and Quality in Health Care</u>, 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

<u>Australian Commission on Safety and Quality in Health Care</u>, 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

<u>Australian Commission on Safety and Quality in Health Care</u>, 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

<u>Australian Commission on Safety and Quality in Health Care</u>, Standard 27/04/2021

Number of potentially preventable hospitalisations - cellulitis per 100,000 people of all ages, 2014-15 to 2017-18

<u>Australian Commission on Safety and Quality in Health Care</u>, 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

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

<u>Australian Commission on Safety and Quality in Health Care</u>, Standard 27/04/2021

Number of potentially preventable hospitalisations - diabetes complications per 100,000 people of all ages, 2014-15 to 2017-18

<u>Australian Commission on Safety and Quality in Health Care</u>, 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

<u>Australian Commission on Safety and Quality in Health Care</u>, 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

<u>Australian Commission on Safety and Quality in Health Care</u>, 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

<u>Australian Commission on Safety and Quality in Health Care</u>, Standard 27/04/2021