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

Exported from METEOR (AIHW's Metadata Online Registry)

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

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Principal diagnosis
METEOR identifier:	640978
Registration status:	Independent Hospital Pricing Authority, Recorded 04/08/2016 Health!, Superseded 25/01/2018 Tasmanian Health, Superseded 08/04/2019
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 10th edn) ANN{.N[N]}

Value domain attributes

Representational attributes

Classification scheme:	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 10th 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 a principal diagnosis. Diagnosis codes which are morphology codes cannot be used as a 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:** | Australian Consortium for Classification Development |
| | National Data Standard for Injury Surveillance Advisory Group |

Relational attributes

Related metadata references:	Supersedes [Episode of care—principal diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]}](#)
	[Health!](#), Superseded 05/10/2016
	[Independent Hospital Pricing Authority](#), Standard 16/03/2016
	[Tasmanian Health](#), Superseded 10/07/2017
	Has been superseded by [Episode of care—principal diagnosis, code (ICD-10-AM 10th edn) ANN{.N[N]}](#)
	[Health!](#), Superseded 12/12/2018
	[Tasmanian Health](#), Superseded 08/04/2019

| **Implementation in Data Set Specifications:** | [Activity based funding: Mental health care NBEDS 2017-18](#) |
| | [Health!](#), Superseded 25/01/2018 |

Implementation start date: 01/07/2017
Implementation end date: 30/06/2018

[Admitted patient care NMDS 2017-18](#)
[Health!](#), Superseded 25/01/2018
Implementation start date: 01/07/2017
Implementation end date: 30/06/2018
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.

[Community mental health care NMDS 2017–18](#)
[Health!](#), Superseded 25/01/2018
Implementation start date: 01/07/2017
Implementation end date: 30/06/2018
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 2017–18](#)
[Health!](#), Superseded 25/01/2018
Implementation start date: 01/07/2017
Implementation end date: 30/06/2018
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 - 2017](#)
[Tasmanian Health](#), Superseded 10/01/2018
Implementation start date: 01/07/2017
Implementation end date: 30/06/2018

[Tasmanian Admitted Patient Data Set - 2018](#)
[Tasmanian Health](#), Superseded 12/04/2019
Implementation start date: 01/07/2018
Implementation end date: 30/06/2019

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

[Australian Health Performance Framework: PI 2.1.4–Selected potentially preventable hospitalisations, 2019](#)
[Health!](#), Standard 09/04/2020

[Australian Health Performance Framework: PI 2.2.1–Adverse events treated in hospitals, 2019](#)
[Health!](#), Standard 09/04/2020

[Australian Health Performance Framework: PI 2.2.1–Adverse events treated in hospitals, 2020](#)
[Health!](#), Standard 13/10/2021

[Australian Health Performance Framework: PI 2.2.3–Sentinel events, 2020](#)
[Health!](#), Qualified 16/02/2022

[Australian Health Performance Framework: PI 2.4.1–Unplanned hospital readmission rates, 2019](#)
    [Health!](#), Standard 09/04/2020

[Australian Health Performance Framework: PI 2.4.1–Unplanned hospital readmission rates, 2020](#)
    [Health!](#), Standard 13/10/2021

[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 3.1.1–Incidence of heart attacks (acute coronary events), 2020](#)
    [Health!](#), Standard 13/10/2021

[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, 2020](#)
    [Health!](#), Standard 13/03/2020

[National Healthcare Agreement: PI 09–Incidence of heart attacks (acute coronary events), 2020](#)
    [Health!](#), Standard 13/03/2020

[National Healthcare Agreement: PI 09–Incidence of heart attacks (acute coronary events), 2021](#)
    [Health!](#), Standard 16/09/2020

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

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

[National Healthcare Agreement: PI 27–Number of hospital patient days used by those eligible and waiting for residential aged care, 2020](#)
    [Health!](#), Standard 13/03/2020

[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 - 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 - 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 Health Performance Framework: PI 2.2.1–Adverse events treated in hospitals, 2019](#)
    [Health!](#), Standard 09/04/2020

[Australian Health Performance Framework: PI 2.2.1–Adverse events treated in hospitals, 2020](#)
    [Health!](#), Standard 13/10/2021

Used as Denominator

[Third and Fourth Degree Perineal Tears Clinical Care Standard: 3a-Proportion of women who had an instrumental vaginal birth using vacuum](#)
        Australian Commission on Safety and Quality in Health Care, Standard
        20/04/2021

[Third and Fourth Degree Perineal Tears Clinical Care Standard: 3c-Proportion of women who had a vacuum-assisted birth with episiotomy](#)
        Australian Commission on Safety and Quality in Health Care, Standard
        20/04/2021