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

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

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

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Additional diagnosis
METEOR identifier:	641014
Registration status:	Independent Hospital Pricing Authority, Recorded 04/08/2016 Health!, Superseded 25/01/2018 Tasmanian Health, Superseded 08/04/2019
Definition:	A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code.
Data Element Concept:	Episode of care—additional 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:

Record each additional diagnosis relevant to the episode of care in accordance with the ICD-10-AM Australian Coding Standards. Generally, external cause, place of occurrence and activity codes will be included in the string of additional diagnosis codes. In some data collections these codes may also be copied into specific fields.

The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status.

Additional diagnoses give information on the conditions that are significant in terms of treatment required, investigations needed and resources used during the episode of care. They are used for casemix analyses relating to severity of illness and for correct classification of patients into Australian Refined Diagnosis Related Groups (AR-DRGs).

Collection methods:

An additional diagnosis should be recorded and coded where appropriate upon separation of an episode of admitted patient care or the end of an episode of residential care or attendance at a health care establishment. The additional diagnosis is derived from and must be substantiated by clinical documentation.

Comments:

Additional diagnoses should be interpreted as conditions that affect patient management in terms of requiring any of the following:

- Commencement, alteration or adjustment of therapeutic treatment
- Diagnostic procedures
- Increased clinical care and/or monitoring

In accordance with the Australian Coding Standards, certain conditions that do not meet the above criteria may also be recorded as additional diagnoses.

Additional diagnoses are significant for the allocation of AR-DRGs. The allocation of a patient to major problem or complication and co-morbidity Diagnosis Related Groups is made on the basis of the presence of certain specified additional diagnoses. Additional diagnoses should be recorded when relevant to the patient's episode of care and not restricted by the number of fields on the morbidity form or computer screen.

External cause codes, although not diagnosis of condition codes, should be sequenced together with the additional diagnosis codes so that meaning is given to the data for use in injury surveillance and other monitoring activities.

Source and reference attributes

Origin:

Independent Hospital Pricing Authority

Australian Consortium for Classification Development

Relational attributes

Related metadata references:

Supersedes Episode of care—additional 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 06/07/2017

Has been superseded by Episode of care—additional 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
Conditional obligation:

This data element is only required to be reported for patients with an admitted or residential mental health episode of care.

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:

This data element is only to be reported if the episode of care results in more than one diagnosis code being allocated.

DSS specific information:

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.

Residential mental health care NMDS 2017–18
Health!, Superseded 25/01/2018
Implementation start date: 01/07/2017
Implementation end date: 30/06/2018

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

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 18–Selected potentially preventable hospitalisations, 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 - 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

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: 3b-Proportion of women who had an instrumental vaginal birth using forceps
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