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

## Exported from METEOR (AIHW's Metadata Online Registry)

# 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:** | 680973 |
| **Registration status:** | Health!, Superseded 12/12/2018<br>Tasmanian Health, Superseded 08/04/2019 |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 attributes

## Identifying and definitional attributes

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| **Data element concept:** | Episode of care—additional diagnosis |
| **METEOR identifier:** | 356590 |
| **Registration status:** | Health!, Standard 05/02/2008<br>Independent Hospital Pricing Authority, Standard 16/03/2016<br>National Health Performance Authority (retired), Retired 01/07/2016<br>Tasmanian Health, Standard 02/09/2016 |
| **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. |
| **Object class:** | Episode of care |
| **Property:** | Additional diagnosis |

# Value domain attributes

## Identifying and definitional attributes

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| **Value domain:** | Diagnosis code (ICD-10-AM 10th edn) ANN{.N[N]} |
| **METEOR identifier:** | 640980 |
| **Registration status:** | Independent Hospital Pricing Authority, Recorded 04/08/2016<br>Tasmanian Health, Standard 06/07/2017<br>Health!, Superseded 12/12/2018 |
| **Definition:** | The ICD-10-AM (10th edition) code set representing diagnoses. |

## Representational attributes

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|---|---|
| **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 *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (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 10th edn) ANN{.N[N]}
Health!, Superseded 25/01/2018
Independent Hospital Pricing Authority, Recorded 04/08/2016
Tasmanian Health, Superseded 08/04/2019

Has been superseded by Episode of care—additional diagnosis, code (ICD-10-AM 11th edn) ANN{.N[N]}
Health!, Superseded 20/10/2021
Tasmanian Health, Standard 08/04/2019

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 9.0) ANNA
Tasmanian Health, Superseded 19/06/2020

See also 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 2018-19
Health!, Superseded 12/12/2018
***Implementation start date:*** 01/07/2018
***Implementation end date:*** 30/06/2019
***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 2018-19
Health!, Superseded 12/12/2018
***Implementation start date:*** 01/07/2018
***Implementation end date:*** 30/06/2019
***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 2018–19
Health!, Superseded 12/12/2018
***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, 2020
Health!, Standard 01/12/2020

Australian Health Performance Framework: PI 3.1.5–Hospitalisation for injury and poisoning, 2020
Health!, Standard 13/10/2021

Heavy menstrual bleeding clinical care standard indicators: 8-Hospital rate of hysterectomy per 100 episodes
Health!, Standard 17/10/2018

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, 2021
Health!, Standard 16/09/2020

National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2021
Health!, Standard 16/09/2020

National Healthcare Agreement: PI 27–Number of hospital patient days used by those eligible and waiting for residential aged care, 2021
Health!, Standard 16/09/2020

**Used as Denominator**

Heavy menstrual bleeding clinical care standard indicators: 8-Hospital rate of hysterectomy per 100 episodes
Health!, Standard 17/10/2018

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