

Emergency department stay—emergency department ICD-10-AM (11th edn) principal diagnosis short list code ANN{.N[N]}

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Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Emergency department principal diagnosis short list code
METEOR identifier:	699598
Registration status:	Health! , Superseded 18/12/2019
Definition:	The diagnosis established at the conclusion of the patient's attendance in an emergency department to be mainly responsible for occasioning the attendance following consideration of clinical assessment, as represented by a code.
Data Element Concept:	Emergency department stay—principal diagnosis
Value Domain:	Emergency department ICD-10-AM (11th edn) principal diagnosis short list code ANN{.N[N]}

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	String	
Format:	ANN{.N[N]}	
Maximum character length:	6	
	Value	Meaning
Permissible values:	1	1

Collection and usage attributes

Guide for use:	A user guide for the ED ICD-10-AM (11th edn) Principal Diagnosis Short List can be found on The Independent Hospital Pricing Authority's website (IHPA 2019).
Comments:	The ICD-10-AM Emergency Department Principal Diagnosis Short List has been developed by the Independent Hospital Pricing Authority (IHPA) from the full version of ICD-10-AM. The short list was compiled using data analysis and clinical advice.

Source and reference attributes

Submitting organisation:	Prisoner Health Information Group (PHIG)
Reference documents:	IHPA 2019. Emergency department ICD-10-AM (11th edn) principal diagnosis short list. Sydney: IHPA. TBC

Data element attributes

Collection and usage attributes

Guide for use: An emergency department stay ends when either the patient is admitted, died or, if the patient is not to be admitted, when the patient is recorded as ready to leave the emergency department or when they are recorded as having left at their own risk.

The phrase 'at the conclusion' in the definition refers to evaluation of findings interpreted by the clinician available at the end of the emergency department stay. This may include information gained from the history of illness, any mental status evaluation, specialist consultations, physical examinations, diagnostic tests or procedures, surgical procedures and pathological or radiological examinations.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references: Supersedes [Emergency department stay—emergency department ICD-10-AM \(10th edn\) principal diagnosis short list code ANN{.N\[N\]}](#)
[Health!](#), Superseded 12/12/2018

Has been superseded by [Emergency department stay—principal diagnosis, Emergency Department \(ICD-10-AM 11th Edition\) Principal Diagnosis Short List code ANN{.N\[N\]}](#)
[Health!](#), Superseded 17/07/2020
[Tasmanian Health](#), Standard 25/05/2020

See also [Emergency department stay—additional diagnosis, code \(ICD-10-AM 11th edn\) ANN{.N\[N\]}](#)
[Health!](#), Superseded 20/10/2021

Implementation in Data Set Specifications: [Allied health non-admitted patient emergency department NBPDS](#)
[Health!](#), Standard 12/12/2018

[Non-admitted patient emergency department care NBEDS 2019–20](#)
[Health!](#), Retired 19/11/2019

Implementation start date: 01/07/2019
Implementation end date: 30/06/2020
Conditional obligation:

The reporting of this data element is conditional for those attendances where the value recorded for Non-admitted patient emergency department service episode—episode end status is reported as either:

Code 4 - Did not wait to be attended by a health care professional;
 Code 5 - Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed; or
 Code 7 - Dead on arrival, emergency department clinician certified the death of the patient or
 Code 8 - Registered, advised of another health care service, and left the emergency department without being attended by a health care professional.