Episode of care—principal diagnosis, code (ICD-10-AM 11th edn) ANN{.N[N]}

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Episode of care—principal diagnosis, code (ICD-10-AM 11th edn) ANN{.N[N]}

Identifying and definitional attributes

Metadata item type: Data Element

Short name: Principal diagnosis

METEOR identifier: 699609

Registration status: <u>Tasmanian Health</u>, Standard 08/04/2019

Health!, Superseded 20/10/2021

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 11th edn) ANN{.N[N]}

Value domain attributes

Representational attributes

Classification scheme: International Statistical Classification of Diseases and Related Health

Problems, Tenth Revision, Australian Modification 11th 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 the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (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 10th edn)

ANN(.N[N])

Health!, Superseded 12/12/2018

Tasmanian Health, Superseded 08/04/2019

Has been superseded by Episode of care—principal diagnosis, code (ICD-10-AM

12th edn) ANN{.N[N]}

Health!, Standard 20/10/2021

Is used in the formation of Episode of admitted patient care—diagnosis related

group, code (AR-DRG v 10.0) ANNA

Tasmanian Health, Standard 19/06/2020

See also 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

Implementation in Data Set Specifications:

Health!, Superseded 17/01/2020

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

Activity based funding: Mental health care NBEDS 2020-21

Health!, Superseded 23/12/2020 Implementation start date: 01/07/2020 Implementation end date: 30/06/2021

Activity based funding: Mental health care NBEDS 2021-22

<u>Health!</u>, Superseded 17/12/2021 *Implementation start date:* 01/07/2021 *Implementation end date:* 30/06/2022

Admitted patient care clinical related data elements (TDLU) cluster

Tasmanian Health, Standard 18/05/2021

Admitted patient care NMDS 2019-20

Health!, Superseded 18/12/2019

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

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 2020–21 Health!, Superseded 05/02/2021

Implementation start date: 01/07/2020 Implementation end date: 30/06/2021

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 2021–22

<u>Health!</u>, Superseded 20/10/2021 Implementation start date: 01/07/2021 Implementation end date: 30/06/2022

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.

Allied health admitted patient care NBPDS

Health!, Standard 12/12/2018

Community mental health care NMDS 2019-20

<u>Health!</u>, Superseded 16/01/2020 Implementation start date: 01/07/2019 Implementation end date: 30/06/2020

Community mental health care NMDS 2020-21

Health!, Superseded 20/01/2021 Implementation start date: 01/07/2020 Implementation end date: 30/06/2021

Community mental health care NMDS 2021–22

<u>Health!</u>, Superseded 17/12/2021 *Implementation start date*: 01/07/2021 *Implementation end date*: 30/06/2022

Residential mental health care NMDS 2019-20

<u>Health!</u>, Superseded 16/01/2020 *Implementation start date:* 01/07/2019 *Implementation end date:* 30/06/2020

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).

Residential mental health care NMDS 2020-21

Health!, Superseded 20/01/2021 Implementation start date: 01/07/2020 Implementation end date: 30/06/2021

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).

Residential mental health care NMDS 2021–22

Health!, Superseded 17/12/2021 Implementation start date: 01/07/2021 Implementation end date: 30/06/2022

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 - 2019

Tasmanian Health, Superseded 17/06/2020

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

Tasmanian Admitted Patient Data Set - 2020

<u>Tasmanian Health</u>, Standard 10/07/2020 *Implementation start date:* 01/07/2020 *Implementation end date:* 30/06/2021

Implementation in Indicators:

Used as Numerator

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, 2022

Health!, Standard 24/09/2021

National Healthcare Agreement: PI 09—Incidence of heart attacks (acute coronary events), 2022

Health!, Standard 24/09/2021

National Healthcare Agreement: PI 18—Selected potentially preventable hospitalisations, 2022

Health!, Standard 24/09/2021

National Healthcare Agreement: PI 27—Number of hospital patient days used by those eligible and waiting for residential aged care, 2022

Health!, Standard 24/09/2021