

Episode of care—principal diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}

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Episode of care—principal diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Principal diagnosis
METEOR identifier:	361034
Registration status:	Health , Superseded 22/12/2009
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 attributes

Identifying and definitional attributes

Data element concept:	Episode of care—principal diagnosis
METEOR identifier:	269654
Registration status:	Health , Standard 01/03/2005 Independent Hospital Pricing Authority , Standard 16/03/2016 National Health Performance Authority (retired) , Retired 01/07/2016 Tasmanian Health , Standard 02/09/2016
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.
Context:	Health services
Object class:	Episode of care
Property:	Principal diagnosis

Value domain attributes

Identifying and definitional attributes

Value domain:	Diagnosis code (ICD-10-AM 6th edn) ANN{.N[N]}
METEOR identifier:	360929
Registration status:	Health , Superseded 22/12/2009
Definition:	The ICD-10-AM (6th edition) code set representing diagnoses.

Representational attributes

Classification scheme:	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 6th 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:	<p>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.</p> <p>As a minimum requirement the Principal diagnosis code must be a valid code from the current edition of ICD-10-AM.</p> <p>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 951Z, 955Z and 956Z in the Australian Refined Diagnosis Related Groups.</p> <p>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 principal diagnosis. Diagnosis codes which are morphology codes cannot be used as principal diagnosis.</p>
Collection methods:	A principal diagnosis should be recorded and coded upon separation , for each episode of patient care. 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:	Health Data Standards Committee National Centre for Classification in Health National Data Standard for Injury Surveillance Advisory Group
Reference documents:	Bramley M, Peasley K, Langtree L and Innes K 2002. The ICD-10-AM Mental Health Manual: an integrated classification and diagnostic tool for community-based mental health services. Sydney: National Centre for Classification in Health, University of Sydney

Relational attributes

Related metadata references:	<p>Supersedes Episode of care—principal diagnosis, code (ICD-10-AM 5th edn) ANN{.N[N]} Health, Superseded 05/02/2008</p> <p>Has been superseded by Episode of care—principal diagnosis, code (ICD-10-AM 7th edn) ANN{.N[N]} Health, Superseded 02/05/2013 National Health Performance Authority (retired), Retired 01/07/2016</p>
Implementation in Data Set Specifications:	<p>Acute coronary syndrome (clinical) DSS Health, Superseded 01/09/2012</p> <p>Admitted patient care NMDS 2008-09 Health, Superseded 04/02/2009</p> <p>Implementation start date: 01/07/2008 Implementation end date: 30/06/2009 DSS specific information:</p>

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 2009-10](#)

[Health](#), Superseded 22/12/2009

Implementation start date: 01/07/2009

Implementation end date: 30/06/2010

DSS specific information:

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 mental health care NMDS 2008-09](#)

[Health](#), Superseded 04/02/2009

Implementation start date: 01/07/2008

Implementation end date: 30/06/2009

DSS specific information: Effective for collection from 01/07/2006

[Admitted patient mental health care NMDS 2009-10](#)

[Health](#), Superseded 05/01/2010

Implementation start date: 01/07/2009

Implementation end date: 30/06/2010

DSS specific information: Effective for collection from 01/07/2006

[Admitted patient palliative care NMDS 2008-09](#)

[Health](#), Superseded 04/02/2009

Implementation start date: 01/07/2008

Implementation end date: 30/06/2009

[Admitted patient palliative care NMDS 2009-10](#)

[Health](#), Superseded 05/01/2010

Implementation start date: 01/07/2009

Implementation end date: 30/06/2010

[Community mental health care NMDS 2008-09](#)

[Health](#), Superseded 04/02/2009

Implementation start date: 01/07/2008

Implementation end date: 30/06/2009

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.

Effective for collection from 01/07/2006

[Community mental health care NMDS 2009-10](#)

[Health](#), Superseded 05/01/2010

Implementation start date: 01/07/2009

Implementation end date: 30/06/2010

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.

Effective for collection from 01/07/2006

[Residential mental health care NMDS 2008-09](#)

[Health](#), Superseded 04/02/2009

Implementation start date: 01/07/2008

Implementation end date: 30/06/2009

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 2009-10](#)

[Health](#), Superseded 05/01/2010

Implementation start date: 01/07/2009

Implementation end date: 30/06/2010

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).

Implementation in Indicators:

[National Healthcare Agreement: PB 07-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, 2011](#)

[Health](#), Superseded 30/10/2011

[National Healthcare Agreement: PB 07-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, 2012](#)

[Health](#), Superseded 25/06/2013

[National Healthcare Agreement: PI 04-Incidence of selected cancers, 2011](#)

[Health](#), Superseded 30/10/2011

[National Healthcare Agreement: PI 04-Incidence of selected cancers, 2012](#)

[Health](#), Superseded 25/06/2013

[National Healthcare Agreement: PI 22-Selected potentially preventable hospitalisations, 2011](#)

[Health](#), Superseded 31/10/2011

[National Healthcare Agreement: PI 22-Selected potentially preventable hospitalisations, 2011](#)

[Health](#), Superseded 31/10/2011

[National Healthcare Agreement: PI 22-Selected potentially preventable hospitalisations, 2012](#)

[Health](#), Superseded 25/06/2013

[National Healthcare Agreement: PI 41-Falls resulting in patient harm in hospitals, 2011](#)

[Health](#), Superseded 31/10/2011

[National Healthcare Agreement: PI 41-Falls resulting in patient harm in hospitals, 2012](#)

[Health](#), Retired 25/06/2013

[National Healthcare Agreement: PI 42-Intentional self-harm in hospitals, 2011](#)

[Health](#), Superseded 31/10/2011

[National Healthcare Agreement: PI 42-Intentional self-harm in hospitals, 2012](#)

[Health](#), Retired 25/06/2013

[National Healthcare Agreement: PI 43-Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2011](#)

[Health](#), Superseded 31/10/2011

[National Healthcare Agreement: PI 43-Unplanned/unexpected readmissions within 28 days of selected surgical episodes of care, 2012](#)

[Health](#), Superseded 25/06/2013

[National Healthcare Agreement: PI 57-Hospital patient days used by those eligible and waiting for residential aged care, 2011](#)

[Health](#), Superseded 31/10/2011

[National Healthcare Agreement: PI 57-Hospital patient days used by those eligible and waiting for residential aged care, 2012](#)

[Health](#), Superseded 25/06/2013

[National Healthcare Agreement: PI 62-Hospitalisation for injury and poisoning, 2011](#)

[Health](#), Superseded 31/10/2011

[National Healthcare Agreement: PI 62-Hospitalisation for injury and poisoning, 2012](#)

[Health](#), Retired 25/06/2013

[National Indigenous Reform Agreement: PI 11-Child under 5 hospitalisation rates by principal diagnosis, 2011](#)

[Indigenous](#), Superseded 01/07/2012

[National Indigenous Reform Agreement: PI 11-Child under 5 hospitalisation rates by principal diagnosis, 2012](#)

[Indigenous](#), Superseded 13/06/2013

Used as Disaggregation

[National Indigenous Reform Agreement: PI 03-Hospitalisation rates by principal diagnosis, 2011](#)

[Indigenous](#), Superseded 01/07/2012

[National Indigenous Reform Agreement: PI 03-Hospitalisation rates by principal diagnosis, 2012](#)

[Indigenous](#), Superseded 13/06/2013