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

Exported from METEOR (AIHW's Metadata Online Registry)
© Australian Institute of Health and Welfare 2024
This product, excluding the AlHW 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 AlHW 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—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Registration status: Health, Superseded 20/10/2021

Tasmanian Health, Superseded 17/10/2023

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

**METEOR** identifier: 699551

Registration status: Health, Superseded 20/10/2021

**Definition:** The ICD-10-AM (11th edn) code set representing diagnoses.

## 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:

### 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 Twelfth edition) ANN{.N[N]}

Health, Standard 20/10/2021

Tasmanian Health, Standard 17/10/2023

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 10.0) ANNA

Tasmanian Health, Superseded 16/10/2023

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 11.0) ANNA

Tasmanian Health, Standard 16/10/2023

See also Episode of care—additional diagnosis, code (ICD-10-AM 11th edn) ANN(.N[N])

Health, Superseded 20/10/2021

Tasmanian Health, Superseded 17/10/2023

**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, Superseded 10/11/2023

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

<u>Health</u>, 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

Health, Superseded 16/01/2020

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

Community mental health care NMDS 2020-21

<u>Health</u>, 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 Health, 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

Tasmanian Health, Superseded 22/11/2023

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

<u>Tasmanian Admitted Patient Data Set - 2021</u>
<u>Tasmanian Health</u>, Superseded 22/11/2023

Implementation start date: 01/07/2021 Implementation end date: 30/06/2022

# Implementation in Indicators:

<u>Australian Health Performance Framework: PI3.1.1–Incidence of heart attacks (acute coronary events), 2021</u>

Health, Standard 07/09/2023

<u>Australian Health Performance Framework: PI3.1.1–Incidence of heart attacks</u> (acute coronary events), 2021

Health, Standard 07/09/2023

Australian Health Performance Framework: PI 3.1.5—Hospitalisation for injury and poisoning, 2021

Health, Standard 07/09/2023

Australian Health Performance Framework: PI 3.1.5—Hospitalisation for injury and poisoning, 2022

Health, Qualified 09/04/2024

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