Additional diagnosis - ICD-9-CM code

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at http://meteor.aihw.gov.au

Identifying and Definitional Attributes

Data Dictionary: NHDD

Knowledgebase ID: 000005 Version number: 3

Metadata type: DATA ELEMENT

Registration NHIMG Admin status: SUPERSEDED

Authority: Effective date: 30-JUN-99

Definition: Diagnoses or conditions that affect a person's care in terms of

requiring:

therapeutic treatment;clinical evaluation;diagnostic procedure;

- extended length of hospital stay; or

- increased nursing care and/or monitoring.

Additional diagnoses include:

- co-morbid conditions, that is, co-existing conditions; and/or

- complications, that is, conditions that arose during the episode of

care.

Context: Institutional health care: additional diagnoses give information on

factors which result in increased length of stay, more intensive treatment or the use of greater resources. They are required for casemix analyses relating to severity of illness and for correct classification of patients into Australian National Diagnosis Related

Groups.

Relational and Representational Attributes

Datatype: Alphanumeric

Representational CODE

form:

Representation ANN.NN

layout:

Minimum Size: 3 Maximum Size: 6

Guide For Use: Record all additional diagnoses made during the episode of care.

The classification is revised annually by the National Center for Health Statistics (USA) and the National Coding Centre (Australia). An Australian edition of ICD-9-CM was published by the National Coding Centre in early 1995 and implemented in July 1995.

Although this data element has been superseded by Additional diagnosis - ICD-10-AM code, Version 4, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998.

Collection Methods: .

Related metadata: supplements the data element Principal diagnosis version 1

supplements the data element Principal diagnosis - ICD-9-CM code

version 2

supersedes previous data element Additional diagnoses version 2 is used in the derivation of Diagnosis related group version 1 has been superseded by Additional diagnosis version 4

Administrative Attributes

Source Document: Australian Version of the International Classification of Diseases,

9th Revision, Clinical Modification, published by the National

Centre for Classification in Health (1996) Sydney.

Source Organisation: National Coding Centre (Australia)

Comments: Additional diagnoses are significant for the allocation of Australian National Diagnosis Related Groups. The allocation of patients 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.

This item is updated annually according to advice received from the National Centre for Classification in Health, and is consistent with the National Coding Standards.

External cause codes, although not a diagnosis or condition code, should be sequenced together with the additional diagnoses codes so that meaning is given to the data for use in injury surveillance and other monitoring activities.

Data Element Links

Information Model Entities linked to this Data Element NHIM Physical wellbeing Data Agreements which include this Data Element

NMDS - Admitted patient mental health From 01-Jul-97 to 30-Jun-99 care