

# Episode of care—principal diagnosis, code (ICD-10-AM 4th edn) ANN{.N[N]}

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Principal diagnosis
<b>METEOR identifier:</b>	333836
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 07/12/2005</li></ul>
<b>Definition:</b>	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.
<b>Data Element Concept:</b>	<a href="#">Episode of care—principal diagnosis</a>

## Value domain attributes

## Representational attributes

<b>Classification scheme:</b>	<a href="#">International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 4th edition</a>
<b>Representation class:</b>	Code
<b>Data type:</b>	String
<b>Format:</b>	ANN{.N[N]}
<b>Maximum character length:</b>	6

## Data element attributes

## Collection and usage attributes

<b>Guide for use:</b>	<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, Version 4.</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>
<b>Collection methods:</b>	A principal diagnosis should be recorded and coded upon <a href="#">separation</a> , for each episode of patient care. The principal diagnosis is derived from and must be substantiated by clinical documentation.
<b>Comments:</b>	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

<b>Origin:</b>	Health Data Standards Committee National Centre for Classification in Health National Data Standard for Injury Surveillance Advisory Group
<b>Reference documents:</b>	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

<b>Related metadata references:</b>	Supersedes <a href="#">Episode of care—principal diagnosis, code (ICD-10-AM 3rd edn) ANN{.N[N]}</a> <ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 28/06/2004</li></ul> Has been superseded by <a href="#">Episode of care—principal diagnosis, code (ICD-10-AM 5th edn) ANN{.N[N]}</a> <ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 05/02/2008</li></ul>
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