Episode of care—additional diagnosis, code (ICD-10-AM 7th edn) ANN{.N[N]}

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Episode of care—additional diagnosis, code (ICD-10-AM 7th edn) ANN{.N[N]}

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Additional diagnosis
METEOR identifier:	391322
Registration status:	Health, Superseded 02/05/2013 National Health Performance Authority (retired), Retired 01/07/2016
Definition:	A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code.
Data Element Concept:	Episode of care—additional diagnosis
Value Domain:	Diagnosis code (ICD-10-AM 7th edn) ANN{.N[N]}

Value domain attributes

Representational attributes

Classification scheme:	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 7th 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:

Record each additional diagnosis relevant to the episode of care in accordance with the ICD-10-AM Australian Coding Standards. Generally, external cause, place of occurrence and activity codes will be included in the string of additional diagnosis codes. In some data collections these codes may also be copied into specific fields.

The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status.

Additional diagnoses give information on the conditions that are significant in terms of treatment required, investigations needed and resources used during the episode of care. They are used for casemix analyses relating to severity of illness and for correct classification of patients into Australian Refined Diagnosis Related Groups (AR-DRGs).

Collection methods:

An additional diagnosis should be recorded and coded where appropriate upon separation of an episode of admitted patient care or the end of an episode of residential care or attendance at a health care establishment. The additional diagnosis is derived from and must be substantiated by clinical documentation.

Comments: Additional diagnoses should be interpreted as conditions that affect patient management in terms of requiring any of the following:

- Commencement, alteration or adjustment of therapeutic treatment
- Diagnostic procedures
- Increased clinical care and/or monitoring

In accordance with the Australian Coding Standards, certain conditions that do not meet the above criteria may also be recorded as additional diagnoses.

Additional diagnoses are significant for the allocation of Australian Refined Diagnosis Related Groups. The allocation of patient 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.

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

Source and reference attributes

Origin: National Centre for Classification in Health

Relational attributes

Related metadata references:

Supersedes Episode of care—additional diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}
Health, Superseded 22/12/2009

Has been superseded by Episode of care—additional diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}
Health, Superseded 13/11/2014
Tasmanian Health, Superseded 02/09/2016

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 6.0x) ANNA
Tasmanian Health, Superseded 06/09/2016

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 6) ANNA
Health, Standard 30/06/2013

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 7.0) ANNA
Tasmanian Health, Standard 06/09/2016

Is used in the formation of Episode of admitted patient care—major diagnostic category, code (AR-DRG v 6) NN
Health, Standard 30/06/2013
Tasmanian Health, Superseded 07/09/2016

Is used in the formation of Episode of admitted patient care—major diagnostic category, code (AR-DRG v 8.0) NN
Tasmanian Health, Superseded 12/01/2018

Implementation in Data Set Specifications:

Admitted patient care NMDS 2010-11
Health, Superseded 18/01/2011
Implementation start date: 01/07/2010
Implementation end date: 30/06/2011
DSS specific information: An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Admitted patient care NMDS 2011-12
Health, Superseded 11/04/2012
Implementation start date: 01/07/2011
Implementation end date: 30/06/2012
DSS specific information: An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Admitted patient care NMDS 2012-13
Health, Superseded 02/05/2013
Implementation start date: 01/07/2012
Implementation end date: 30/06/2013
DSS specific information: An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Admitted patient mental health care NMDS 2010-11
Health, Superseded 18/01/2011
Implementation start date: 01/07/2010
Implementation end date: 30/06/2011
DSS specific information: An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Admitted patient mental health care NMDS 2011-12
Health, Superseded 07/12/2011
Implementation start date: 01/07/2011
Implementation end date: 30/06/2012
DSS specific information: An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Admitted patient mental health care NMDS 2012-13
Health, Superseded 02/05/2013
Implementation start date: 01/07/2012
Implementation end date: 30/06/2013
DSS specific information: An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Admitted patient palliative care NMDS 2010-11
Health, Superseded 21/12/2010
Implementation start date: 01/07/2010
Implementation end date: 30/06/2011
DSS specific information: An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Admitted patient palliative care NMDS 2011-12
Health, Superseded 07/03/2012
Implementation start date: 01/07/2011
Implementation end date: 30/06/2012
DSS specific information: An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Admitted patient palliative care NMDS 2012-13
Health, Superseded 02/05/2013
Implementation start date: 01/07/2012
Implementation end date: 30/06/2013
DSS specific information: An unlimited number of diagnosis and procedure codes should be able to be collected in hospital morbidity systems. Where this is not possible, a minimum of 20 codes should be able to be collected.

Residential mental health care NMDS 2010-11
Health, Superseded 21/12/2010
Implementation start date: 01/07/2010
Implementation end date: 30/06/2011

Residential mental health care NMDS 2011-12
Health, Superseded 07/03/2012
Implementation start date: 01/07/2011
Implementation end date: 30/06/2012

Residential mental health care NMDS 2012-13
Health, Superseded 06/09/2013
Implementation start date: 01/07/2012
Implementation end date: 30/06/2013

Implementation in **Used as Numerator**

Indicators:

3.5 Number of hysterectomy and endometrial ablation admissions to hospital per 100,000 women, 2012-13
   Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016
   National Health Performance Authority (retired), Retired 01/07/2016

3.8 Number of hip fracture admissions to hospital per 100,000 people aged 65 years and over, 2012–13
   Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016
   National Health Performance Authority (retired), Retired 01/07/2016

3.9 Average length of stay for hip fracture patients aged 65 years and over, major and large public hospitals, 2012–13
   Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016
   National Health Performance Authority (retired), Retired 01/07/2016

6.6 Number of asthma and COPD admissions to hospital per 100,000 people aged 45 years and over, 2012–13
   Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016
   National Health Performance Authority (retired), Retired 01/07/2016

6.8 Number of diabetes-related lower limb amputation admissions to hospital per 100,000 people aged 18 years and over, 2012–13
   Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016
   National Health Performance Authority (retired), Retired 01/07/2016

6.9 Average length of stay for stroke patients aged 65 years and over, major and large public hospitals, 2012–13
   Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016
   National Health Performance Authority (retired), Retired 01/07/2016

National Health Performance Authority, Healthy Communities: Number of selected potentially avoidable hospitalisations per 100,000 people, 2011–12
   National Health Performance Authority (retired), Retired 01/07/2016

National Healthcare Agreement: P04-Incidence of selected cancers, 2010
   Health, Superseded 08/06/2011

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, 2013
   Health, Superseded 30/04/2014

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, 2014
   Health, Superseded 14/01/2015

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, 2015
   Health, Superseded 08/07/2016

National Healthcare Agreement: PB g-Better health: the rate of Staphylococcus aureus (including MRSA) bacteraemia is no more than 2.0 per 10,000 occupied bed days for acute care public hospitals by 2011–12 in each state and territory, 2014
   Health, Superseded 14/01/2015

National Healthcare Agreement: PI 02-Incidence of selected cancers, 2014
   Health, Superseded 14/01/2015

National Healthcare Agreement: PI 02–Incidence of selected cancers, 2016
   Health, Superseded 31/01/2017

National Healthcare Agreement: PI 02–Incidence of selected cancers, 2017
   Health, Superseded 30/01/2018

National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2013
Health, Superseded 30/04/2014

National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2014
Health, Superseded 14/01/2015

National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2015
Health, Superseded 08/07/2016

National Healthcare Agreement: PI 27-Number of hospital patient days used by those eligible and waiting for residential aged care, 2013
Health, Superseded 30/04/2014

National Healthcare Agreement: PI 27-Number of hospital patient days used by those eligible and waiting for residential aged care, 2014
Health, Superseded 14/01/2015

National Healthcare Agreement: PI 27-Number of hospital patient days used by those eligible and waiting for residential aged care, 2015
Health, Superseded 08/07/2016

Used as Denominator

3.9 Average length of stay for hip fracture patients aged 65 years and over, major and large public hospitals, 2012–13
Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016
National Health Performance Authority (retired), Retired 01/07/2016

6.9 Average length of stay for stroke patients aged 65 years and over, major and large public hospitals, 2012–13
Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016
National Health Performance Authority (retired), Retired 01/07/2016