

# Emergency department stay—additional diagnosis, code X[X(8)]

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# Emergency department stay—additional diagnosis, code X[X(8)]

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	ED additional diagnosis code
<b>METEOR identifier:</b>	497488
<b>Registration status:</b>	<a href="#">Health</a> , Superseded 13/11/2014 <a href="#">Independent Hospital Pricing Authority</a> , Standard 31/10/2012
<b>Definition:</b>	The condition or complaint coexisting with the <a href="#">emergency department</a> principal diagnosis during a patient's attendance to the emergency department, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Emergency department stay—additional diagnosis</a>
<b>Value Domain:</b>	<a href="#">Diagnosis code X[X(8)]</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Code
<b>Data type:</b>	String
<b>Format:</b>	X[X(8)]
<b>Maximum character length:</b>	9

## Collection and usage attributes

<b>Collection methods:</b>	<p>This value domain allows reporting of diagnosis using different code sets.</p> <p>The code set can be represented by the following:</p> <p>ICD-10-AM - 6th edition, 7th edition and 8th edition</p> <p>International Statistical Classification of Diseases and Related Health Problems - 10th Revision - Australian Modification. ICD-10-AM is a classification of diseases and health related problems. ICD-10-AM diagnoses codes contain three core character codes with some expansion to four and five character codes. The format for ICD-10-AM diagnoses codes is ANN{.N[N]}</p> <p>ICD-9-CM - 2nd edition</p> <p>International Classification of Diseases - 9th Revision - Clinical Modification. ICD-9-CM is a classification of diseases. ICD-9-CM diagnoses codes contain four character codes with some expansion to five character codes. The format for ICD-9-CM diagnoses codes is NNN.N[N]</p> <p>EDRS-SNOMED CT-AU</p> <p>Systematized Nomenclature of Medicine - Clinical Terms - Australian version (Emergency Department Reference Set). SNOMED CT-AU is a clinical terminology which uses a structured vocabulary to describe the care and treatment of patients. There is a subset for emergency department care. The format for EDRS-SNOMED CT-AU diagnoses codes is NNNNNN[NNN]</p>
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## Source and reference attributes

<b>Submitting organisation:</b>	Independent Hospital Pricing Authority
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# Data element attributes

## Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

## Relational attributes

**Related metadata references:** Supersedes [Emergency department stay—additional diagnosis, code X\(18\)](#)  
[Independent Hospital Pricing Authority](#), Superseded 31/10/2012  
Has been superseded by [Emergency department stay—additional diagnosis, code X\(X\(8\)\)](#)  
[Health](#), Superseded 05/10/2016  
See also [Emergency department stay—diagnosis classification type, code N.N](#)  
[Health](#), Superseded 13/11/2014  
[Independent Hospital Pricing Authority](#), Standard 31/10/2012

**Implementation in Data Set Specifications:** [Activity based funding: Emergency department care DSS 2013-2014](#)  
[Independent Hospital Pricing Authority](#), Superseded 01/03/2013  
**Implementation start date:** 01/07/2013  
**Implementation end date:** 30/06/2014  
**Conditional obligation:**  
Only required to be reported when at least one additional diagnosis is present for the emergency department stay.

[Non-admitted patient emergency department care DSS 2014-15](#)  
[Health](#), Superseded 04/02/2015  
**Implementation start date:** 01/07/2014  
**Implementation end date:** 30/06/2015  
**Conditional obligation:**

This data element is only required to be reported when at least one additional diagnosis is present for the emergency department stay.

[Non-admitted patient emergency department care NMDS 2013-14](#)  
[Health](#), Superseded 11/04/2014  
**Implementation start date:** 01/07/2013  
**Implementation end date:** 30/06/2014  
**Conditional obligation:**

This data element is only required to be reported when at least one additional diagnosis is present for the emergency department stay.

[Non-admitted patient emergency department care NMDS 2014-15](#)  
[Health](#), Superseded 13/11/2014  
**Implementation start date:** 01/07/2014  
**Implementation end date:** 30/06/2015  
**Conditional obligation:**

This data element is only required to be reported when at least one additional diagnosis is present for the emergency department stay.