

Episode of care—additional diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}

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Episode of care—additional diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Additional diagnosis
METEOR identifier:	514271
Registration status:	Health , Superseded 13/11/2014 Tasmanian Health , Superseded 02/09/2016
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 8th edn) ANN{.N[N]}

Value domain attributes

Representational attributes

Classification scheme:	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 8th 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:	<p>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.</p> <p>The diagnosis can include a disease, condition, injury, poisoning, sign, symptom, abnormal finding, complaint, or other factor influencing health status.</p> <p>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).</p>
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:	<p>Additional diagnoses should be interpreted as conditions that affect patient management in terms of requiring any of the following:</p> <ul style="list-style-type: none"> • Commencement, alteration or adjustment of therapeutic treatment • Diagnostic procedures • Increased clinical care and/or monitoring <p>In accordance with the Australian Coding Standards, certain conditions that do not meet the above criteria may also be recorded as additional diagnoses.</p> <p>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.</p> <p>External cause codes, although not diagnosis or 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.</p>
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Source and reference attributes

Origin:	National Centre for Classification in Health
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Relational attributes

Related metadata references:	<p>Supersedes Episode of care—additional diagnosis, code (ICD-10-AM 7th edn) ANN{.N[N]} Health, Superseded 02/05/2013 National Health Performance Authority (retired), Retired 01/07/2016</p> <p>Has been superseded by Episode of care—additional diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]} Health, Superseded 05/10/2016 Independent Hospital Pricing Authority, Standard 16/03/2016 Tasmanian Health, Superseded 06/07/2017</p> <p>Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 7) ANNA Health, Recorded 23/09/2014</p> <p>Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 7.0) ANNA Tasmanian Health, Superseded 06/09/2016</p> <p>Is used in the formation of Episode of admitted patient care—major diagnostic category, code (AR-DRG v 7) NN Health, Recorded 23/09/2014</p>
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Implementation in Data Set Specifications:

[Admitted patient care NMDS 2013-14](#)

[Health](#), Superseded 11/04/2014

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

Conditional obligation: 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 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 to be reported if the episode of care results in more than one diagnosis code being allocated.

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 2013-14](#)

[Health](#), Superseded 15/10/2014

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

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 2014-15](#)

[Health](#), Superseded 04/02/2015

Implementation start date: 01/07/2014

Implementation end date: 30/06/2015

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 2013-14](#)

[Health](#), Superseded 15/10/2014

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

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 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 to be reported if the episode of care results in more than one diagnosis code being allocated.

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 2013-14](#)

[Health](#), Superseded 07/03/2014

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

[Residential mental health care NMDS 2014-15](#)

[Health](#), Superseded 13/11/2014

Implementation start date: 01/07/2014

Implementation end date: 30/06/2015

[Residential mental health care NMDS 2015-16](#)

[Health](#), Superseded 04/09/2015

Implementation start date: 01/07/2015

Implementation end date: 30/06/2016

**Implementation in
Indicators:**

Used as Numerator

[Australian Atlas of Healthcare Variation: Number of acute myocardial infarction hospitalisations with percutaneous coronary interventions and/or coronary artery bypass graft per 100,000 people, 35-84 years, 2014-15](#)

[Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017](#)

[Australian Atlas of Healthcare Variation: Number of atrial fibrillation \(any diagnosis\) hospitalisations per 100,000 people, 35 years and over, 2014-15](#)

[Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017](#)

[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, 2016](#)

[Health, Superseded 31/01/2017](#)

[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, 2017](#)

[Health, Superseded 30/01/2018](#)

[National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2016](#)

[Health, Superseded 31/01/2017](#)

[National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2017](#)

[Health, Superseded 30/01/2018](#)

[National Healthcare Agreement: PI 27–Number of hospital patient days used by those eligible and waiting for residential aged care, 2016](#)

[Health, Superseded 31/01/2017](#)

[National Healthcare Agreement: PI 27–Number of hospital patient days used by those eligible and waiting for residential aged care, 2017](#)

[Health, Superseded 30/01/2018](#)

[Number of potentially preventable hospitalisations - chronic obstructive pulmonary disease \(COPD\) per 100,000 people of all ages, 2014-15 to 2017-18](#)

[Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021](#)