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

Exported from METEOR (AIHW's Metadata Online Registry)

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

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Principal diagnosis—episode of care
METEOR identifier:	514273
Registration status:	Health, Superseded 13/11/2014 Tasmanian Health, Standard 02/09/2016
Definition:	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.
Data Element Concept:	Episode of care—principal 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:	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. As a minimum requirement the Principal diagnosis code must be a valid code from the current edition of ICD-10-AM. 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 an error DRG in the Australian Refined Diagnosis Related Groups. 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.
Collection methods:	A principal diagnosis should be recorded and coded upon **separation**, for each episode of admitted patient care or episode of residential care or attendance at a health care establishment. The principal diagnosis is derived from and must be substantiated by clinical documentation.
Comments:	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

Origin: National Centre for Classification in Health

National Data Standard for Injury Surveillance Advisory Group

Relational attributes

Related metadata references:

Supersedes [Episode of care—principal diagnosis, code (ICD-10-AM 7th edn) ANN{.N[N]}](#)
[Health,](#) Superseded 02/05/2013
[National Health Performance Authority (retired),](#) Retired 01/07/2016

Has been superseded by [Episode of care—principal 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 10/07/2017

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

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

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

Implementation in Data Set Specifications:

[Acute coronary syndrome (clinical) NBPDS 2013-](#)
[Health,](#) Standard 02/05/2013
Implementation start date: 01/07/2013

[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:

The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories.

Where the principal diagnosis is recorded prior to discharge (as in the annual census of public psychiatric hospital patients), it is the current provisional principal diagnosis. Only use the admission diagnosis when no other diagnostic information is available. The current provisional diagnosis may be the same as the admission diagnosis.

[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:

The principal diagnosis is a major determinant in the classification of Australian Refined Diagnosis Related Groups and Major Diagnostic Categories.

Where the principal diagnosis is recorded prior to discharge (as in the annual census of public psychiatric hospital patients), it is the current provisional principal diagnosis. Only use the admission diagnosis when no other diagnostic information is available. The current provisional diagnosis may be the same as the admission diagnosis.

[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: Effective for collection from 01/07/2006

[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: Effective for collection from 01/07/2006

[Admitted patient palliative care NMDS 2013-14](#)
[Health](#), Superseded 15/10/2014
Implementation start date: 01/07/2013
Implementation end date: 30/06/2014

[Admitted patient palliative care NMDS 2014-15](#)
[Health](#), Superseded 04/02/2015
Implementation start date: 01/07/2014
Implementation end date: 30/06/2015

[Community mental health care NMDS 2013-14](#)
[Health](#), Superseded 07/03/2014
Implementation start date: 01/07/2013
Implementation end date: 30/06/2014
DSS specific information: Codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services, published by the National Centre for Classification in Health.

[Community mental health care NMDS 2014-15](#)
[Health](#), Superseded 13/11/2014
Implementation start date: 01/07/2014
Implementation end date: 30/06/2015
DSS specific information: Codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services, published by the National Centre for Classification in Health.

[Community mental health care NMDS 2015-16](#)
[Health](#), Superseded 04/09/2015
Implementation start date: 01/07/2015
Implementation end date: 30/06/2016
DSS specific information: Codes can be used either from ICD-10-AM or from 'The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services', published by the National Centre for Classification in Health.

[Residential mental health care NMDS 2013-14](#)
[Health](#), Superseded 07/03/2014
Implementation start date: 01/07/2013
Implementation end date: 30/06/2014
DSS specific information:

Codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services, published by the National Centre for Classification in Health 2002.

The principal diagnosis should be recorded and coded upon the end of an episode of residential care (i.e. annually for continuing residential care).

[Residential mental health care NMDS 2014-15](#)
[Health](#), Superseded 13/11/2014
Implementation start date: 01/07/2014
Implementation end date: 30/06/2015
DSS specific information:

Codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services, published by the National Centre for Classification in Health 2002.

The principal diagnosis should be recorded and coded upon the end of an episode of residential care (i.e. annually for continuing residential care).

[Residential mental health care NMDS 2015-16](#)
    [Health,](#) Superseded 04/09/2015
Implementation start date: 01/07/2015
Implementation end date: 30/06/2016
DSS specific information:

Codes can be used from ICD-10-AM or from The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services, published by the National Centre for Classification in Health 2002.

The principal diagnosis should be recorded and coded upon the end of an episode of residential care (i.e. annually for continuing residential care).

Implementation in Indicators:

Used as Numerator

[Australian Atlas of Healthcare Variation: Number of potentially preventable hospitalisations - heart failure, per 100,000 people, 2014-15](#)
    [Australian Commission on Safety and Quality in Health Care,](#) Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of potentially preventable hospitalisations - kidney and urinary tract infections per 100,000 people, 2014-15](#)
    [Australian Commission on Safety and Quality in Health Care,](#) Standard 07/06/2017

[Australian Atlas of Healthcare Variation 2018: Number of thyroidectomy hospitalisations per 100,000 people aged 18 years and over, 2014-15 to 2016-17](#)
    [Australian Commission on Safety and Quality in Health Care,](#) Qualified 13/12/2018

[Australian Atlas of Healthcare Variation: Number of potentially preventable hospitalisations - cellulitis, per 100,000 people, 2014-15](#)
    [Australian Commission on Safety and Quality in Health Care,](#) Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of acute myocardial infarction hospitalisations 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 acute myocardial infarction hospitalisations with coronary angiography 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

[Australian Atlas of Healthcare Variation: Number of atrial fibrillation (principal 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

[Australian Atlas of Healthcare Variation: Number of cervical loop excision or cervical loop ablation hospitalisations per 100,000 women, aged 15 years and over, 2012-13 to 2014-15](#)
    [Australian Commission on Safety and Quality in Health Care,](#) Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of cervical loop excision or cervical loop ablation hospitalisations per 100,000 women, aged 15 years and over, 2012-13 to 2014-15](#)
    [Australian Commission on Safety and Quality in Health Care,](#) Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of endometrial ablation hospitalisations per 100,000 women, aged 15 years and over, 2012-13 to 2014-15](#)
    [Australian Commission on Safety and Quality in Health Care,](#) Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of endometrial ablation hospitalisations per 100,000 women, aged 15 years and over, 2012-13 to 2014-15](#)
Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of hysterectomy hospitalisations per 100,000 women, aged 15 years and over, 2014-15](#)
Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of lumbar spinal decompression (excluding lumbar spinal fusion) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15](#)
Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of lumbar spinal decompression (excluding lumbar spinal fusion) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15](#)
Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of lumbar spinal fusion (excluding lumbar spinal decompression) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15](#)
Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of lumbar spinal fusion (excluding lumbar spinal decompression) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15](#)
Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of lumbar spinal fusion hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15](#)
Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of lumbar spinal fusion hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15](#)
Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of potentially preventable hospitalisations - chronic obstructive pulmonary disease, per 100,000 people, 2014–15](#)
Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017

[Australian Atlas of Healthcare Variation: Number of potentially preventable hospitalisations - diabetes complications, per 100,000 people, 2014–15](#)
Australian Commission on Safety and Quality in Health Care, Standard 07/06/2017

[Indigenous Better Cardiac Care measure: 3.1-Hospitalised ST-segment-elevation myocardial infarction events treated by percutaneous coronary intervention, 2016](#)
Health, Standard 17/08/2017

[Indigenous Better Cardiac Care measure: 3.3-Hospitalised acute coronary syndrome events that included diagnostic angiography or definitive revascularisation procedures, 2016](#)
Health, Standard 17/08/2017

[Indigenous Better Cardiac Care measure: 3.5-Hospitalised acute myocardial infarction events that ended with death of the patient, 2016](#)
Health, Standard 17/08/2017

[Indigenous Better Cardiac Care measure: 6.1-Rates of hospitalisation for cardiac conditions, 2016](#)
Health, Standard 17/08/2017

[Indigenous Better Cardiac Care measure: 6.2-Mortality due to cardiac conditions, 2016](#)
Health, Standard 17/08/2017

[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 09–Incidence of heart attacks (acute coronary events), 2016](#)
[Health](#), Superseded 31/01/2017

[National Healthcare Agreement: PI 09–Incidence of heart attacks (acute coronary events), 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 23–Unplanned hospital readmission rates, 2016](#)
[Health](#), Superseded 31/01/2017

[National Healthcare Agreement: PI 23–Unplanned hospital readmission rates, 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 lumbar spinal decompression (excluding lumbar spinal fusion) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

[Number of lumbar spinal decompression (excluding lumbar spinal fusion) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

[Number of lumbar spinal fusion (excluding lumbar spinal decompression) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

[Number of lumbar spinal fusion (excluding lumbar spinal decompression) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

[Number of lumbar spinal fusion (with or without lumbar spinal decompression) hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)
Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

[Number of lumbar spinal fusion (with or without lumbar spinal decompression)](#)

[hospitalisations per 100,000 people, aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)
    Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

[Number of potentially preventable hospitalisations - cellulitis 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

[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

[Number of potentially preventable hospitalisations - diabetes complications 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

[Number of potentially preventable hospitalisations - heart failure 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

[Number of potentially preventable hospitalisations - kidney and urinary tract infections 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

Used as Disaggregation

[Australian Atlas of Healthcare Variation 2018: Number of thyroidectomy hospitalisations per 100,000 people aged 18 years and over, 2014-15 to 2016-17](#)
    Australian Commission on Safety and Quality in Health Care, Qualified 13/12/2018

[Number of lumbar spinal decompression (excluding lumbar spinal fusion) hospitalisations per 100,000 people aged 18 years and over, 2012-13 to 2014-15 and 2015-16 to 2017-18](#)
    Australian Commission on Safety and Quality in Health Care, Standard 27/04/2021

Used as Denominator

[Indigenous Better Cardiac Care measure: 3.1-Hospitalised ST-segment-elevation myocardial infarction events treated by percutaneous coronary intervention, 2016](#)
    Health, Standard 17/08/2017

[Indigenous Better Cardiac Care measure: 3.3-Hospitalised acute coronary syndrome events that included diagnostic angiography or definitive revascularisation procedures, 2016](#)
    Health, Standard 17/08/2017

[Indigenous Better Cardiac Care measure: 3.5-Hospitalised acute myocardial infarction events that ended with death of the patient, 2016](#)
    Health, Standard 17/08/2017