

Episode of care—additional diagnosis, code (ICD-10-AM 11th edn) ANN{.N[N]}

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Episode of care—additional diagnosis, code (ICD-10-AM 11th edn) ANN{.N[N]}

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Additional diagnosis
METEOR identifier:	699606
Registration status:	Health , Superseded 20/10/2021 Tasmanian Health , Superseded 17/10/2023
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 11th edn) ANN{.N[N]}

Value domain attributes

Representational attributes

Classification scheme:	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 11th 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 <i>International statistical classification of diseases and related health problems, 10th revision, Australian modification</i> (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 significantly 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 <p>In accordance with the Australian Coding Standards, a condition may be documented by the treating clinician/team due to its 'clinical significance', however some conditions are not normally coded as additional diagnoses in certain circumstances.</p> <p>Additional diagnoses are significant for the allocation of AR-DRGs. The allocation of a 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:	Independent Hospital Pricing Authority
	Australian Consortium for Classification Development

Relational attributes

Related metadata references:	<p>Supersedes Episode of care—additional diagnosis, code (ICD-10-AM 10th edn) ANN{.N[N]}</p> <p>Health, Superseded 12/12/2018</p> <p>Tasmanian Health, Superseded 08/04/2019</p> <p>Has been superseded by Episode of care—additional diagnosis, code (ICD-10-AM Twelfth edition) ANN{.N[N]}</p> <p>Health, Standard 20/10/2021</p> <p>Tasmanian Health, Standard 10/11/2023</p> <p>Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 10.0) ANNA</p> <p>Tasmanian Health, Superseded 16/10/2023</p> <p>Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 11.0) ANNA</p> <p>Tasmanian Health, Standard 16/10/2023</p> <p>See also Episode of care—principal diagnosis, code (ICD-10-AM 11th edn) ANN{.N[N]}</p> <p>Health, Superseded 20/10/2021</p> <p>Tasmanian Health, Superseded 17/10/2023</p>
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Implementation in Data Set Specifications:	<p>Activity based funding: Mental health care NBEDS 2019-20</p> <p>Health, Superseded 17/01/2020</p> <p>Implementation start date: 01/07/2019</p> <p>Implementation end date: 30/06/2020</p> <p>Conditional obligation:</p>
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This data element is only required to be reported for patients with an admitted or residential mental health episode of care.

[Activity based funding: Mental health care NBEDS 2020-21](#)

[Health](#), Superseded 23/12/2020

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

Conditional obligation:

This data element is only required to be reported for patients with an admitted or

residential mental health episode of care.

[Activity based funding: Mental health care NBEDS 2021–22](#)

[Health](#), Superseded 17/12/2021

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

Conditional obligation:

This data element is only required to be reported for patients with an admitted or residential mental health episode of care.

[Admitted patient care clinical related data elements \(TDLU\) cluster](#)

[Tasmanian Health](#), Superseded 10/11/2023

[Admitted patient care NMDS 2019-20](#)

[Health](#), Superseded 18/12/2019

Implementation start date: 01/07/2019

Implementation end date: 30/06/2020

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 care NMDS 2020–21](#)

[Health](#), Superseded 05/02/2021

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

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 care NMDS 2021–22](#)

[Health](#), Superseded 20/10/2021

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

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.

[Allied health admitted patient care NBPDS](#)

[Health](#), Standard 12/12/2018

[Residential mental health care NMDS 2019–20](#)

[Health](#), Superseded 16/01/2020

Implementation start date: 01/07/2019

Implementation end date: 30/06/2020

[Residential mental health care NMDS 2020–21](#)

[Health](#), Superseded 20/01/2021

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

[Residential mental health care NMDS 2021–22](#)

[Health](#), Superseded 17/12/2021

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

[Tasmanian Admitted Patient Data Set - 2019](#)

[Tasmanian Health](#), Superseded 17/06/2020

Implementation start date: 01/07/2019

Implementation end date: 30/06/2020

[Tasmanian Admitted Patient Data Set - 2020](#)

[Tasmanian Health](#), Superseded 22/11/2023

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

[Tasmanian Admitted Patient Data Set - 2021](#)

[Tasmanian Health](#), Superseded 22/11/2023

Implementation start date: 01/07/2021

Implementation end date: 30/06/2022

Conditional obligation:

Required if episode of care meets the data elements criteria

**Implementation in
Indicators:**

[Australian Health Performance Framework: PI 3.1.5–Hospitalisation for injury and poisoning, 2021](#)

[Health](#), Standard 07/09/2023

[Australian Health Performance Framework: PI 3.1.5–Hospitalisation for injury and poisoning, 2022](#)

[Health](#), Qualified 09/04/2024

[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, 2022](#)

[Health](#), Standard 24/09/2021

[National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2022](#)

[Health](#), Standard 24/09/2021

[National Healthcare Agreement: PI 27–Number of hospital patient days used by those eligible and waiting for residential aged care, 2022](#)

[Health](#), Standard 24/09/2021