

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

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Additional diagnosis
<b>METEOR identifier:</b>	699606
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 20/10/2021</li><li>• <a href="#">Tasmanian Health</a>, Standard 08/04/2019</li></ul>
<b>Definition:</b>	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.
<b>Data Element Concept:</b>	<a href="#">Episode of care—additional diagnosis</a>

## Value domain attributes

## Representational attributes

<b>Classification scheme:</b>	<a href="#">International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification 11th edition</a>
<b>Representation class:</b>	Code
<b>Data type:</b>	String
<b>Format:</b>	ANN{.N[N]}
<b>Maximum character length:</b>	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 *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (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 significantly affect patient management in terms of requiring any of the following:

- commencement, alteration or adjustment of therapeutic treatment
- diagnostic procedures
- increased clinical care

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.

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.

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:** Independent Hospital Pricing Authority  
Australian Consortium for Classification Development

## Relational attributes

**Related metadata references:** Is used in the formation of [Episode of admitted patient care—diagnosis related group, code \(AR-DRG v 10.0\) ANNA](#)

- [Tasmanian Health](#), Standard 19/06/2020

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

- [ACT Health \(retired\)](#), Candidate 09/08/2018
- [Health](#), Superseded 12/12/2018
- [Tasmanian Health](#), Superseded 08/04/2019

Has been superseded by [Episode of care—additional diagnosis, code \(ICD-10-AM 12th edn\) ANN{.N\[N\]}](#)

- [Health](#), Standard 20/10/2021

See also [Episode of care—principal diagnosis, code \(ICD-10-AM 11th edn\) ANN{.N\[N\]}](#)

- [Health](#), Superseded 20/10/2021
- [Tasmanian Health](#), Standard 08/04/2019

**Implementation in Data Set Specifications:** [Activity based funding: Mental health care NBEDS 2019-20Health](#), Superseded 17/01/2020

**Implementation start date:** 01/07/2019

**Implementation end date:** 30/06/2020

**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 2020–21Health](#), 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 2021–22Health](#), 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](#), Standard 18/05/2021

[Admitted patient care NMDS 2019-20Health](#), 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 2020–21Health](#), 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 2021–22Health](#), 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 NBPDSHealth](#), Standard 12/12/2018

[Residential mental health care NMDS 2019–20Health](#), Superseded 16/01/2020

**Implementation start date:** 01/07/2019

**Implementation end date:** 30/06/2020

[Residential mental health care NMDS 2020–21Health](#), Superseded 20/01/2021

**Implementation start date:** 01/07/2020

**Implementation end date:** 30/06/2021

[Residential mental health care NMDS 2021–22Health](#), Superseded 17/12/2021

**Implementation start date:** 01/07/2021

**Implementation end date:** 30/06/2022

[Tasmanian Admitted Patient Data Set - 2019Tasmanian Health](#), Superseded 17/06/2020

**Implementation start date:** 01/07/2019

**Implementation end date:** 30/06/2020

**Implementation in Indicators:**

**Used as Numerator** [Patient Data Set - 2020 Tasmanian Health](#), Standard 10/07/2020

[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](#)

~~Implementation start date: 01/07/2020~~ [hospital admissions, 2022 Health](#), Standard 24/09/2021

~~Implementation end date: 30/06/2021~~

[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