Independent Hospital Pricing Authority

Emergency Department ICD-10-AM (Ninth Edition) Principal Diagnosis Short List

Quick reference guide for principal diagnosis reporting

May 2017

IHPA

Emergency Department ICD-10-AM Principal Diagnosis Short List

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Abbreviations

DVT	Deep venous thrombosis
ED	Emergency Department
ED-ID	Emergency Department (short list) Identifier
IHPA	Independent Hospital Pricing Authority
ICD-9-CM	International Classification of Diseases – Ninth Revision – Clinical Modification
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems – Tenth Revision – Australian Modification
LVF	Left ventricular failure
NAPEDC NMDS	Non Admitted Patient Emergency Department Care National Minimum Data Set
NNDSS	National notifiable disease surveillance system
NSTEMI	Non transmural myocardial infarction
SNOMED CT	Systematized Nomenclature of Medicine – Clinical Terms
TBI	Traumatic brain injury
UDGs	Urgency Disposition Groups
URGs	Urgency Related Groups

Contents

Emergency Department ICD-10-AM (Ninth Edition) Principal Diagnosis Short List 1
Abbreviations 3

1. Purpose 5
1.1 Background 5
1.2 Development 5
1.3 Updating the short list 6

2. Guidelines 7
2.1 Selection of ED principal Diagnosis 7
2.1.1 ED principal diagnosis 7
2.1.2 ED principal diagnosis where a diagnosis is not established 7
2.1.3 Causes of injury 7
2.1.4 Comorbidities 7
2.1.5 Injuries 7
2.1.6 Poisoning by or exposure to drugs, medicaments and biological substances 8
2.1.7 Attempted suicide or self-injury (harm) 9
2.1.8 Neoplasms 9
2.2 Terms in the ED Short List 9
2.3 Included conditions 10
2.4 Abbreviations 11

1. Purpose

The Emergency Department (ED) International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification (ICD-10-AM) Principal Diagnosis Short List (the short list) is a list of codes and medical terms based on ICD-10-AM Ninth Edition that aims to provide a nationally consistent approach to principal diagnosis reporting in the ED.

A 'principal diagnosis' is reported for ED attendances within the Non Admitted Patient Emergency Department Care National Minimum Data Set (NAPEDC NMDS). The NAPEDC NMDS is a minimum set of data elements agreed for mandatory collection by all states and territories for ED reporting at a national level.

The ED principal diagnosis is currently defined as the diagnosis established at the conclusion of the patient's attendance in an ED to be mainly responsible for occasioning the attendance following consideration of clinical assessment, as represented by a code.[1] Comorbidities and causes of injuries are not intended to be captured as the principal diagnosis, and can be captured as secondary data items in other ED collections.

1.1 Background

In 2013 the Independent Hospital Pricing Authority (IHPA) initiated a review to assess long term options for classification of emergency care services for activity based funding in Australia. A major objective of the approach to classifying emergency care services in Australia was to drive efficiency and effectiveness of these services through pricing and funding in conjunction with the collection of underlying data that supports clinical care and other uses such as quality improvement, epidemiological monitoring and health services research.

The review recommended development of a new emergency care classification to replace the Urgency Related Groups (URGs) and Urgency Disposition Groups (UDGs) classifications, given the lack of support for the ongoing use of triage and a strong interest in moving to a more diagnosis based classification.

The short list is a key component of the new emergency care classification, replacing inconsistencies whereby states and territories have developed localised short lists and variously report principal diagnosis using Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT) and various editions of ICD-10-AM or the International Classification of Diseases – Ninth Revision – Clinical Modification (ICD-9-CM).

1.2 Development

The short list was developed in consultation with ED clinicians and jurisdictions and was subject to a public consultation.

The guiding principles in developing the short list of codes were:

- sufficient volume of attendances reported for a diagnosis to support the inclusion of a code

1 Australian Institute of Health and Welfare, METeOR metadata online registry (2014). Emergency department stay, principal diagnosis, code X[X(8)]. Retrieved 6 March 2017 from http://meteor.aihw.gov.au/content/index.phtml/itemId/497490

- consistent use of the diagnosis codes between jurisdictions
- comparability with ICD-10-AM diagnosis codes reported in the admitted setting
- exhaustive nature of the short list, with appropriate inclusion of residual diagnosis categories for conditions which do not have a specific code in the short list
- captures a clinical diagnosis rather than the cause of injury or a comorbidity, with external causes of morbidity and mortality codes (chapter 20) excluded from the short list.

The final short list comprises 1133 codes ensuring a sufficient number of codes to be clinically comprehensive and meaningful, but practical for clinicians to manage and use effectively.

This document is a quick reference guide primarily for use by clinicians in the selection of the ED principal diagnosis code. There is also a comprehensive User guide for use by jurisdictions and data managers that provides additional detail as to the components and conventions used in the development of the short list.

1.3 Updating the short list

The short list was developed using ICD-10-AM Ninth Edition, however, will be updated for compatibility with ICD-10-AM Tenth Edition.

Further updates to the short list will be made in conjunction with new editions of ICD-10-AM where there will also be an opportunity for jurisdictions and other stakeholders to provide feedback and input into subsequent versions.

Any enquiries related to the short list should be directed to (enquiries.ihpa@health.gov.au).

2. Guidelines

2.1 Selection of ED principal Diagnosis

2.1.1 ED principal diagnosis

The ED principal diagnosis is currently defined as the diagnosis established at the conclusion of the patient's attendance in an ED to be mainly responsible for occasioning the attendance following consideration of clinical assessment, as represented by a code.[2]

2.1.2 ED principal diagnosis where a diagnosis is not established

For ED attendances where a diagnosis is not established i.e. a diagnosis is 'ruled out' or suspected but not confirmed assign a short list code in accordance with the presenting sign or symptom i.e. the symptom/presenting problem is considered to be the ED principal diagnosis. There is an exception for certain ED short list codes, such as those for injuries, where 'suspected' may be specified within the code term or its 'included conditions.' See **Injuries** below.

2.1.3 Causes of injury

Causes of injury are not intended to be captured as the principal diagnosis, and can be captured as secondary data items in other ED collections.

2.1.4 Comorbidities

Comorbidities are not intended to be captured as the principal diagnosis, and can be captured as secondary data items in other ED collections.

2.1.5 Injuries

Type of injury (e.g. fracture, dislocation) has been used as the 'lead' or 'first' word in the terms for injuries, followed by site and severity (if included).

Prepositions link the injury type and site (e.g. fracture of femur), with commas separating additional qualifying information where it exists.

Multiple injuries and suspected injuries are dealt with within the terminology for the code or added to the 'included conditions' for particular codes as per the examples in **Table 1**.

2 Australian Institute of Health and Welfare, METeOR metadata online registry (2014). Emergency department stay, principal diagnosis, code X[X(8)]. Retrieved 6 March 2017 from http://meteor.aihw.gov.au/content/index.phtml/itemId/497490

Table 1 – Examples of suspected and multiple injuries in the short list

Short list code and term	Included Conditions
S00.00 Superficial injury of scalp	Abrasion, blister, insect bite, superficial foreign body (splinter), contusion or soft tissue injury to scalp; **multiple superficial injuries of scalp**
S09.9 Injury, unspecified or suspected of head	Injury of head with unspecified or undifferentiated diagnosis; **suspected** injury to the head or clinical diagnosis only (includes suspected TBI)
S99.9 Injury, unspecified or suspected of ankle or foot	Injury of ankle or foot with unspecified or undifferentiated diagnosis; **suspected** injury to the ankle or foot or clinical diagnosis only
T07 Injury, **multiple in significant multi-trauma**	**Multiple**, major trauma involving several anatomical regions and injury, where the severity is not captured by using a single principal diagnosis

2.1.6 Poisoning by or exposure to drugs, medicaments and biological substances

Poisoning by or exposure to drugs, medicaments and biological substances include poisoning/exposure irrespective of whether it is accidental or intentional, as specified in the 'included conditions'. Therefore an overdose of a drug, such as GHB, is assigned short list code T42.21 Poisoning or exposure to gamma hydroxybutyrate (GHB) and a funnel web spider bite is assigned T63.3 Poisoning or exposure to spider venom, see **Table 2** for these and other examples.

Table 2 – Examples of poisoning/exposure to drugs, medicaments and biological substances in the short list

Short list code and term	Included Conditions
T42.21 Poisoning or exposure to gamma hydroxybutyrate (GHB)	Poisoning/exposure (includes overdose, accidental or intentional or toxic effect) from gamma hydroxybutyrate (GHB)
T47.9 Poisoning or exposure to agent primarily affecting the gastrointestinal system (GIT)	Poisoning/exposure (includes overdose, accidental or intentional or toxic effect) from histamine H2-receptor antagonists, other antacids and anti-gastric-secretion drugs, stimulant laxatives, saline and osmotic laxatives, other laxatives, intestinal atonia drugs, digestants, antidiarrhoeal drugs
T59.9 Poisoning or exposure to other gases, fumes and vapours (includes smoke inhalation)	Poisoning/inhalation (includes overdose, accidental or intentional or toxic effect) from halogen derivatives of aliphatic and aromatic hydrocarbons, corrosive substances, soaps and detergents, metals, other inorganic substances (includes arsenic, phosphorous, manganese, hydrogen cyanide); inhalation injury from smoke; anaphylaxis from insutril chemicals
T63.3 Poisoning or exposure to spider venom	Poisoning from funnel web spider, red back spider, mouse spider, trap door spiders, white-tailed spiders, Australian tarantulas, recluse spider, huntsman, common garden orb

Short list code and term	Included Conditions
	weaver spider; anaphylaxis from spider venom

2.1.7 Attempted suicide or self-injury (harm)

For attempted suicide with injury assign:

- an appropriate injury/poisoning code.

For attempted suicide without injury assign:

- an appropriate code for the underlying mental or behavioural disorder, if known, or
- R45.81 *Suicidal ideation (except with underlying mental or behavioural disorder)*, as per **Table 3**.

Table 3 – Attempted suicide without injury in the short list

Short list code and term	Included Conditions
R45.81 Suicidal ideation (except with underlying mental or behavioural disorder)	Attempted suicide without injury

For attempted self-injury (harm) assign:

- R45.89 *Attempted self-injury (harm) and other symptoms involving emotional state*, as follows, as per **Table 4.**

Table 4 – Attempted self-injury (harm) in the short list

Short list code and term	Included Conditions
R45.89 Attempted self-injury (harm) or symptoms involving emotional state, other	Threatened self-injury/cutting; nervousness; restlessness and agitation; unhappiness; demoralisation and apathy; irritability and anger; hostility; physical violence; state of emotional shock and stress

2.1.8 Neoplasms

A standard order of 'neoplasm, behaviours, morphology and site is used to list neoplasms.'

Example

Neoplasm, benign, of … site

Neoplasm, malignant, primary site of ….

Neoplasm, malignant, secondary site of …

Neoplasm, unknown whether malignant or benign of

2.2 Terms in the ED Short List

Where possible, natural language is used for the terms in the short list (e.g. fracture of femur). Many of the short list terms remain as they are in ICD-10-AM for compatibility. However, some terms were modified for currency.

Where the language of a term was considered out of date in ICD-10-AM it was either updated in the short list or the legacy terminology was included as a synonym in parentheses or within the 'included conditions' (**see 2.3**) of the codes.

Example

The term for A08.1 *Acute gastroenteropathy due to Norwalk agent* has been modified to ***Noroviral enteritis*** in keeping with updated terminology

The term for E05.9 *Thyrotoxicosis unspecified* has been modified to *Thyrotoxicosis (hyperthyroidism)*.

Generally terms are arranged as per **Table 5**.

Table 5 – General arrangement of terms in the short list

Arrangement of terms	Examples
Disease, severity	*Gastritis, acute*
Disease, severity, synonyms or exclusions	*Cholelithiasis, acute (without calculus)*
Disease site, type, severity	*Liver failure, acute*
Disease, type, qualifier	*Cyst, pilonidal with abscess*

Except where it was not logical to follow the above arrangement, where terms have been listed using the known disease or condition group (including known acronyms).

Example

Carpel tunnel syndrome was used instead of *Syndrome, carpel tunnel*

Crohn's disease was used instead of *Disease, Crohn's*

2.3 Included conditions

Included conditions are terms classifiable to the short list code. They detail other diseases/conditions or synonymous terms that are categorised to a single short list code. This is because multiple conditions are often classified to a single code in ICD-10-AM and further aggregation of codes and concepts was required to create the short list subset of ICD-10-AM.

Therefore, it may be necessary to check the scope of terms detailed in the 'included conditions' and whether a particular condition has been included in order to select the correct short list code. See **Table 6**.

Table 6 - Examples of included conditions in the short list

Short list code and term	Included Conditions
F10.9 Mental and behavioural disorders due to alcohol (except intoxication, withdrawal or poisoning)	Harmful use of alcohol (except poisoning); alcohol induced dependence syndrome, chronic alcoholism and dipsomania; alcohol induced psychotic disorder, amnesic syndrome, residual and late onset psychotic disorder
G47.30 Sleep apnoea	Breathing related sleep disorder (includes central sleep apnoea syndrome, obstructive sleep apnoea and hypopnoea syndrome, sleep hyperventilation syndrome)
I87.9 Vein disorder, other	Portal vein thrombosis; sublingual varices; scrotal varices; pelvic varices; vulval varices; gastric varices; varices of other sites; postthrombotic syndrome; compression of vein; venous

Short list code and term	Included Conditions
	insufficiency, chronic or peripheral
N80.9 Endometriosis	Endometriosis of uterus, fallopian tube, pelvic peritoneum (includes broad ligament), rectovaginal septum and vagina, intestine
I50.1 Left ventricular failure (LVF)	Pulmonary oedema with heart failure or condition; cardiac asthma; oedema of lung; pulmonary oedema with heart disease

2.4 Abbreviations

Abbreviations have been included in the short list where these are common as per **Table 7**.

Table 7 - Examples of use of abbreviations in the short list

Short list code and term	Included Conditions
121.4 Myocardial infarction, subendocardial, acute (NSTEMI)	Non transmural myocardial infarction (NSTEMI)
I80.2 Phlebitis or thrombophlebitis of deep vessels, lower extremities (deep venous thrombosis) (DVT)	Endophlebitis, inflammation of vein, periphlebitis or suppurative phlebitis of deep vessels

National notifiable disease surveillance system (NNDSS) reportable conditions are flagged with NNDSS in superscript next to the disease term. They are also detailed in the 'included conditions' (not in superscript) to indicate a separately listed nationally notifiable disease as per **Table 8**.

Table 8 - Examples of NNDSS reportable conditions in the short list

Short list code and term	Included Conditions
A83.4 Encephalitis, Australian (Murray Valley)[NNDSS]	Notifiable from laboratory definitive evidence of Murray Valley encephalitis virus and clinical evidence of non-encephalitic disease, encephalitic disease or asymptomatic disease
A87.9 Meningitis, viral	Infection from enterovirus or adenovirus affecting meninges (includes lymphocytic choriomeningitis); infectious mononucelosis, rubella, varicella (chickenpox), mumps, poliomyelitis, rubella (measles) as the cause of meningitis are listed separately as notifiable diseases (NNDSS)

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