INDEPENDENT HOSPITAL PRICING AUTHORITY

AUSTRALIAN CODING STANDARDS FOR ICD-10-AM AND ACHI

THE INTERNATIONAL STATISTICAL CLASSIFICATION
OF DISEASES AND RELATED HEALTH PROBLEMS,
TENTH REVISION, AUSTRALIAN MODIFICATION

THE AUSTRALIAN CLASSIFICATION OF HEALTH INTERVENTIONS

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GENERAL STANDARDS FOR DISEASES

Please refer to the Glossary to assist with applying these guidelines.

0001 PRINCIPAL DIAGNOSIS

The principal diagnosis is defined as:

"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" (AIHW 2021e).

The phrase **after study** in the definition means evaluation of findings to establish the condition that was chiefly responsible for occasioning the episode of care. Findings evaluated may include information gained from the history of illness, any mental status evaluation, specialist consultations, physical examination, diagnostic tests or procedures, any surgical procedures, and any pathological or radiological examination. The condition established after study may or may not confirm the admitting diagnosis.

EXAMPLE 1:

Diagnoses as listed on the front sheet:
Diabetes mellitus
Coronary artery disease
Myocardial infarction

History of present illness:
Patient experienced severe chest pain on the morning of admission and was transported by ambulance to hospital and admitted to the coronary care unit.

In this example, the information from the clinical record indicates that myocardial infarction is the principal diagnosis.

The circumstances of inpatient admission will always govern the selection of principal diagnosis. In determining principal diagnosis, the coding directives in the ICD-10-AM manuals take precedence over all other guidelines (see ICD-10-AM Tabular List: *Conventions used in the ICD-10-AM Tabular List* and ICD-10-AM Alphabetic Index: *Conventions of the ICD-10-AM Alphabetic Index*).

The importance of consistent, complete documentation in the clinical record cannot be overemphasised. Without such documentation the application of all coding guidelines is a difficult, if not impossible, task.

Following are some general rules about principal diagnosis selection, some of which may be addressed in other chapters of this document (see also ACS 0050 *Unacceptable principal diagnosis codes*).

PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

For guidelines regarding assignment of principal diagnosis in delivery episodes of care, see ACS 1500 *Diagnosis sequencing in obstetric episodes of care*.

See also ACS 1521 *Conditions and injuries in pregnancy* and ACS 1548 *Puerperal/postpartum condition or complication*.

AETIOLOGY AND MANIFESTATION CONVENTION (THE 'DAGGER AND ASTERISK' SYSTEM)

Sequence the aetiology and manifestation (dagger and asterisk) codes according to the principal diagnosis definition. While dagger and asterisk pairs are always shown with the aetiology code sequenced first in the ICD-10-AM Alphabetic Index, either code can be assigned as the principal diagnosis. Assign code combinations as specified in the ICD-10-AM Alphabetic Index, or as per the discrete code ranges listed in the Tabular List (see also ICD-10-AM Tabular List: *Conventions used in the ICD-10-AM Tabular List/Aetiology and manifestation convention (the 'dagger and asterisk' system)*).

PROBLEMS AND UNDERLYING CONDITIONS

1. Coding the underlying condition as the principal diagnosis

When a patient presents with a problem, and during the episode of care the underlying condition is identified, then the underlying condition is assigned as the principal diagnosis code and the problem should not be coded.

EXAMPLE 2:
Patient presents with seizures. The patient had not previously been treated for seizures. Computerised tomography (CT) scan revealed a large brain tumour.
Principal diagnosis: Brain tumour
Additional diagnosis: Nil

2. Coding the problem as the principal diagnosis

If a patient presents with a problem, and the underlying condition is known at the time of admission, and only the problem is being treated, then the problem should be assigned as the principal diagnosis code. The underlying condition should be sequenced as an additional diagnosis code.

EXAMPLE 3:
A patient is admitted for treatment of recurrent seizures caused by a brain tumour diagnosed three months previously.
Principal diagnosis: Seizures
Additional diagnosis: Brain tumour

EXAMPLE 4:
Patient is admitted for drainage of ascites due to known underlying liver disease.
Principal diagnosis: Ascites
Additional diagnosis: Liver disease
Procedure: Drainage of ascites

CODES FOR SYMPTOMS, SIGNS AND ILL-DEFINED CONDITIONS

Codes for symptoms, signs and ill-defined conditions from Chapter 18 *Symptoms signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99),* are not to be used as principal diagnosis when a related definitive diagnosis has been established (see also *Note* at the beginning of Chapter 18 and ACS 0012 *Suspected conditions*).

ACUTE ON CHRONIC CONDITIONS

If a condition is described as both acute (subacute) and chronic **and separate subterms exist in the Alphabetic Index at the same indentation level**, code both and sequence the acute (subacute) code first.

EXAMPLE 5:
Admission for acute on chronic pancreatitis.
Principal diagnosis: Acute pancreatitis, unspecified
Additional diagnosis: Other chronic pancreatitis

This criterion **should not be used** when:

a. ICD-10-AM has an instruction to the contrary. For example:
When coding acute on chronic myeloid leukaemia, the Tabular List clearly directs the coder to use the 'chronic' code, C92.1 *Chronic myeloid leukaemia [CML], BCR/ABL-positive* only.

b. ICD-10-AM indicates that only one code is required. For example:
When coding acute on chronic bronchiolitis, the index indicates that the **acute** condition need not be separately coded as it is in parentheses after the lead term, (ie a nonessential modifier):

> **Bronchiolitis (acute) (infective) (subacute)** J21.9
> **-** chronic (fibrosing) J44.8

TWO OR MORE INTERRELATED CONDITIONS, EACH POTENTIALLY MEETING THE DEFINITION FOR PRINCIPAL DIAGNOSIS

When there are two or more interrelated conditions (such as diseases in the same ICD-10-AM chapter or manifestations characteristically associated with a certain disease) potentially meeting the definition of principal diagnosis, the clinician should be asked to indicate which diagnosis best meets the principal diagnosis definition.

If no further information is available, code as the principal diagnosis the first mentioned diagnosis (WHO 2016).

TWO OR MORE DIAGNOSES THAT EQUALLY MEET THE DEFINITION FOR PRINCIPAL DIAGNOSIS

When two or more diagnoses equally meet the criteria for principal diagnosis as determined by the circumstances of admission, diagnostic work-up and/or therapy provided, and the Alphabetic Index, Tabular List or the standard does not provide sequencing direction, the clinician should be asked to indicate which diagnosis best meets the principal diagnosis definition.

If no further information is available, code as the principal diagnosis the first mentioned diagnosis (WHO 2016).

EXAMPLE 6:

Elderly patient admitted with multiple problems – discharged four weeks later.

Diagnoses:	Procedures:
Congestive cardiac failure	Debridement of ulcers
Chronic leg ulcers	Daily dressings to ulcers
Chronic airway limitation	
Diabetes mellitus	

As a number of conditions could have been sequenced as the principal diagnosis, the clinician should indicate which diagnosis best meets the principal diagnosis definition. If no further information is available, code congestive cardiac failure as the principal diagnosis because this is the first mentioned diagnosis.

ORIGINAL TREATMENT PLAN NOT CARRIED OUT

Sequence as the principal diagnosis the condition which after study occasioned the admission to the hospital, even though treatment may not have been carried out due to unforeseen circumstances (see ACS 0011 *Intervention cancelled or not performed*).

RESIDUAL CONDITION OR NATURE OF SEQUELA

The residual condition or nature of the sequela is sequenced first, followed by the sequela code for the cause of the residual condition, except in a few instances where the Alphabetic Index directs otherwise (see also ACS 0008 *Sequelae* and ACS 1912 *Sequelae of injuries, poisoning, toxic effects and other external causes*).

Note: For more information regarding principal diagnosis selection in specific cases, refer to the following general rules and chapter specific rules. In particular, obstetric admissions, admissions for pharmacotherapy, radiotherapy and dialysis have special guidelines for principal diagnosis selection.