

Additional diagnosis (SDX)

A condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility (NHDC 1998). Also known as Secondary diagnosis.

Adjacent Diagnosis Related Group (ADRG)

One or more DRGs generally defined by the same diagnosis or procedure code list. DRGs within adjacent DRGs have differing levels of resource consumption, and are partitioned on the basis of several factors, including complicating diagnoses/procedures, age, and/or the patient clinical complexity level (PCCL).

Admission date (ADT)

Date on which an admitted patient commences an episode of care.

Admission weight (AdmWt)

The weight on admission to hospital, for infants aged less than one year.

Admitted patient

An admitted patient is a patient who undergoes a hospital's formal admission process as either an overnight stay patient or a same-day patient.

Australian National Diagnosis Related Groups (AN-DRG)

Australia's first national DRG classification system, jointly developed by 3M and the Commonwealth. Between 1992 and 1996, versions 1.0, 2.0, 2.1, 3.0 and 3.1 were released.

Australian Refined Diagnosis Related Groups (AR-DRG)

Australia's second national DRG classification system, developed by the Commonwealth. Since 1997, versions 3.2, 4.0 and 4.1 have been released.

Backward maps

In the context of AR-DRG v4.1, backward maps link ICD-10-AM codes to ICD-9-CM codes on the basis of clinical and coding meaning.

Casemix

Casemix may be defined as an information tool involving the use of scientific methods to build and make use of classifications of patient care episodes. (Eagar, K. & Hindle, D. 1994, *The Australian Casemix Dictionary*, National Casemix Education Series No. 9, Department of Human Services & Health, Canberra). The term may be taken to refer to both (i) the number and types of patients treated, and (ii) the mix of bundles of treatments, procedures and so on provided to patients. In general, it is the use of resources in treating patients which is the key to understanding casemix as a measure of hospital output and activities.

CC exclusion list

The CC status of a diagnosis code can change according to the principal diagnosis and other additional diagnoses for the record and other factors. The CC exclusion list itemises, for each CC code, other diagnoses that would preclude the code from being treated as a CC.

Complication

A morbid process or event occurring during a disease which is not an essential part of the disease, although it may result from it or from independent causes (Stedman T.L. 1990, *Medical Dictionary*, 25th edn, Williams & Wilkins, Baltimore).

Complication and/or comorbidity (CC)

CC codes are additional diagnoses that are likely to result in significantly greater resource consumption.

Comorbidity

A concomitant but unrelated pathologic or disease process; usually used in epidemiology to indicate the coexistence of two or more disease processes (Stedman T.L. 1990, *Medical Dictionary*, 25th edn, Williams & Wilkins, Baltimore).

Complication and comorbidity level (CCL)

CCLs are severity weights given to ALL additional diagnoses. They range in value from 0 to 4 for surgical and neonate episodes, and from 0 to 3 for medical episodes, and have been

developed through a combination of medical judgement and statistical analysis. That is, 1 = a minor CC; 2 = a moderate CC; 3 = a major CC; and 4 = a catastrophic CC.

Diagnosis Related Group (DRG)

A patient classification scheme that provides a clinically meaningful way of relating the number and types of patients treated in a hospital to the resources required by the hospital.

DRG cost weight

A measure of the relative cost of a DRG. Usually the average cost across all DRGs is chosen as the reference value, and given a weight of 1.

Error DRG

Hospital records that contain clinically atypical or invalid information are assigned to one of seven 'Error' DRGs in AR-DRG v4.1: 901Z *Extensive O.R. Procedure Unrelated to Principal Diagnosis*; 902Z *Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis*; 903Z *Prostatic O.R. Procedure Unrelated to Principal Diagnosis*; 960Z *Ungroupable*; 961Z *Unacceptable Principal Diagnosis*; 962Z *Unacceptable Obstetric Diagnosis Combination*; and 963Z *Neonatal Diagnosis Not Consistent W Age/Weight*.

Forward maps

In the context of AR-DRG v4.1, forward maps link ICD-9-CM codes to ICD-10-AM codes on the basis of clinical and coding meaning.

Functions

These consist of logic and codes used by several Major Diagnostic Categories (MDCs) or adjacent DRGs within a MDC. In AR-DRG v4.1 there are five functions: Hours of mechanical ventilation; Major problem; Multi major problems; Pacemaker; and Unrelated operating room procedures. The Major problem and Multi major problems functions are limited to MDC 15, but the other three functions feature in a number of MDCs.

Grouper

The grouper is specially designed computer software that assigns hospital episodes to MDCs and DRGs.

ICD-9-CM

International Classification of Diseases, 9th Revision, Clinical Modification.

ICD-10-AM

International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification.

Length of stay (LOS)

The length of stay of a patient is calculated by subtracting the date the patient is admitted from the date of separation. All leave days, including the day the patient went on leave, are excluded from the calculation. A same-day patient is allocated a length of stay of one day (NHDC 1998).

Major Diagnostic Category (MDC)

The MDC is a category generally based on a single body system or aetiology that is associated with a particular medical speciality. However, records assigned to MDCs 01, 15, 18 and 21 may have principal diagnoses associated with other categories. In AR-DRG version 4 classification system there are 23 MDCs.

Mental health legal status (MHLS)

An indication that a person was treated on an involuntary basis under the relevant State or Territory mental health legislation, at some point during the hospital stay. Involuntary patients are persons who are detained under mental health legislation for the purpose of assessment or provision of appropriate treatment or care (NHDC 1998).

Non-operating room (NonOR) procedures

Procedures considered significant by the classification for some MDCs. However, it is to be noted that procedures identified as NonOR for purposes of AR-DRG v4.1 may take place in operating rooms.

Not elsewhere classifiable (NEC)

An abbreviation used in an ICD-9-CM or ICD-10-AM code description, which indicates that a more specific category is not provided in the Tabular List of ICD codes and no amount of additional information will alter the code.

Not otherwise specified (NOS)

An abbreviation used in an ICD-9-CM or ICD-10-AM code description, which indicates that there is a lack of sufficient detail in the statement of the diagnosis or procedure for its assignment to a more specific subdivision.

Operating room (OR) procedures

Procedures considered significant throughout the DRG classification.

Outlier

Generally, an unusual case. In the DRG context, an admitted patient who stays much longer (day outlier) or who costs much more (cost outlier) than the average for the DRG to which the episode belongs (Eagar, K. & Hindle, D. 1994, *The Australian Casemix Dictionary*, National Casemix Education Series No. 9, Department of Human Services & Health, Canberra).

Patient clinical complexity level (PCCL)

This is a measure of the cumulative effect of a patient's CCs, and is calculated for each episode. The calculation is complex and has been designed to prevent similar conditions from being counted more than once.

Principal diagnosis (PDX)

The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at the health care facility) (NHDC 1998).

Same-day admission

An admission where the patient is admitted and separated on the same date.

Separation

The process by which an admitted patient completes an episode of care.

Surgical, other and medical partitions

MDCs are sub-divided into a maximum of three separate partitions, for surgical, other and medical DRGs. The presence or absence of OR and NonOR procedures is generally responsible for the assignment of a record to one or other of these partitions.

Trimming

The process of removal of unusual cases prior to production of statistics. For example, analysis of trimmed DRG data would involve prior removal of (say) patients who were in hospital for unusually short or long periods (Eagar, K. & Hindle, D. 1994, *The Australian Casemix Dictionary*, National Casemix Education Series No. 9, Department of Human Services & Health, Canberra).