Job Aid | February 2022

Assigning Diagnosis Types to DAD Abstracts

You must apply a diagnosis type to every code from the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada* (ICD-10-CA) on a Discharge Abstract Database (DAD) abstract.

What is a diagnosis type?

It is an alpha or numeric character used to describe the significance of a diagnosis or condition for a patient record in the DAD.

It identifies

- A condition that's present on admission or that arises following admission
- A condition that doesn't meet the criteria for significance but provides additional detail
- The impact a condition has had on the patient's care

Diagnosis types (M), (1), (2), (6), (W), (X) and (Y) are considered significant diagnosis or comorbid types.

A comorbidity is a condition that co-exists with the most responsible diagnosis (MRDx) at the time of admission or that develops subsequently and meets at least 1 of 3 **criteria for significance**.

A condition must meet at least 1 of these 3 criteria for significance for you to assign a diagnosis type:

1. Requires treatment beyond maintenance of the pre-existing condition
2. Increases the length of stay by at least 24 hours
3. Significantly affects the treatment received

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How to determine if a diagnosis is significant

Was there a consultation to assess a previously undiagnosed condition?

(The consultation doesn't have to be a formal consultation report/form. It may be documentation of a review and assessment of the condition in the progress notes.)

- Yes → Assign a significant diagnosis type.
- No ↓

Was a new or amended course of treatment recommended and instituted for a previously diagnosed condition?

(A change in medication dosage alone doesn't denote significance.)

- Yes → Assign a significant diagnosis type.
- No ↓

Was a mandatory diagnostic or therapeutic intervention performed?

- Yes → Assign a significant diagnosis type.
- No ↓

Did the condition increase the length of stay by more than 24 hours?

- Yes → Assign a significant diagnosis type.
- No ↓

Is there a coding standard that provides direction on diagnosis typing for this condition?

- Yes → Review the coding standard for direction.
- No ↓

Do not assign a significant diagnosis type.

(Review Appendix F to determine if you should assign a mandatory type (3).)

Notes

Appendix F refers to Appendix F: References to mandatory diagnosis type (3)/other problem in directive statements in the *Canadian Coding Standards for ICD-10-CA and CCI*.

Documented evidence of a diagnostic investigation or an assessment, a confirmed diagnosis and a proposed treatment plan that is not implemented per the patient's decision to refuse treatment or due to a contraindication do not preclude assignment of a significant diagnosis type.

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List of diagnosis types

Code	What it represents
M	MRDx • Diagnosis or condition that can be described as being most responsible for the patient's stay in hospital **Note:** You can only assign type (M) to one ICD-10-CA code in a DAD abstract.
1	Pre-admit comorbidity • Diagnosis or condition that existed prior to admission • Must meet at least 1 of the 3 criteria for significance
2	Post-admit comorbidity • Diagnosis or condition that arose following admission • Must meet at least 1 of the 3 criteria for significance **Note:** If a post-admit comorbidity qualifies as the MRDx, you must record it as both the MRDx and as a diagnosis type (2).
3	Secondary diagnosis • Diagnosis or condition for which a patient may or may not have received treatment • Diagnosis or condition that doesn't meet at least 1 of the 3 criteria for significance • May be assigned to provide detail or additional information for another ICD-10-CA code **Note:** You cannot assign a diagnosis type (3) to a newborn abstract (entry code — N).
5	Admitting diagnosis (optional) • Assigned when the admitting diagnosis differs from the MRDx • Use is determined at the jurisdictional or facility level
6	Proxy MRDx • Assigned to a designated asterisk code in a dagger or asterisk convention when the condition it represents fulfils the requirements stated in the definition for diagnosis type (M) — MRDx **Note:** You must record it in the second line of the diagnosis field to indicate that the manifestation is the condition most responsible for the patient's stay.
7 and 8	**Do not use:** Restricted to the Canadian Institute for Health Information (CIHI).
9	External cause of injury • External cause of injury code (see Chapter XX– *External causes of morbidity and mortality*) – Mandatory for use with codes in the range S00 to T98 *Injury, poisoning and certain other consequences of external causes* • Place of occurrence code (U98.– *Place of occurrence*) – Mandatory for use with codes in the range W00 to Y34, with the exception of Y06 *Neglect and abandonment* and Y07 *Other maltreatment* • Activity code (U99.– *Activity*) – Optional to assign

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Code	What it represents
0	Restricted to newborn codes only (admit category N) **Healthy infant:** When you assign the MRDx a code from category Z38 *Liveborn infants according to place of birth*, you must assign diagnosis type (0) to all other diagnosis codes on the newborn abstract. **Unhealthy infant:** When you assign a code as the MRDx from the range P00 to P96 or any other code from another chapter in the ICD-10-CA manual indicating a significant condition (i.e., any condition that meets the criteria for significance), you must assign a diagnosis type (0) to Z38.–. • Use diagnosis type (0) to record any additional insignificant conditions that do not affect the newborn's treatment or length of stay and do not meet at least 1 of the 3 criteria for significance. • For additional conditions that meet the criteria for significance, assign a diagnosis type (1), (2), (W), (X) or (Y), as indicated by the chart documentation.
W, X, Y	Service transfers • W, X and Y service transfer diagnoses are associated with the first, second or third service transfer, respectively. • Mandatory for patients with alternate level of care in all provinces and territories • Optional in all other circumstances — use is determined at the jurisdictional or facility level. (See the *DAD Abstracting Manual* for additional information and provincial and territorial variations.) **Notes:** When you record a diagnosis with a service transfer diagnosis type (W, X, or Y), it's equivalent to a diagnosis type (1). Don't repeat the service transfer diagnosis code (Group 10 Field 02) on the abstract as a diagnosis type (1). In facilities that choose to capture service transfer diagnoses, when you record a diagnosis as a diagnosis type (2) and it also qualifies as a service transfer diagnosis type (W), (X) or (Y), you must record the condition twice: first, mandatory, as a diagnosis type (2) and second, optional, as a service transfer diagnosis type (W), (X) or (Y).

Note
CIHI recommends that jurisdictions or facilities make any decision regarding optional code assignment based on data needs and in consultation with stakeholders responsible for overseeing coding and data quality.

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Appendix

Text alternative for figure

When there is a consultation to assess a previously undiagnosed condition, assign a significant diagnosis type. The consultation doesn't have to be a formal consultation report or form. It may be documentation of a review and assessment of the condition in the progress note.

When a new or amended course of treatment is recommended and instituted for a previously diagnosed condition, assign a significant diagnosis type. A change in medication dosage alone doesn't denote significance.

When a mandatory diagnostic or therapeutic intervention is performed, assign a significant diagnosis type.

When the condition increases the length of stay by more than 24 hours, assign a significant diagnosis type.

When there is a coding standard that provides direction on diagnosis typing for a condition, review the coding standard for direction.

When none of the above apply, do not assign a significant diagnosis type. Review Appendix F to determine if you should assign a mandatory type (3).

Notes

Appendix F refers to Appendix F: References to mandatory diagnosis type (3)/other problem in directive statements in the *Canadian Coding Standards for ICD-10-CA and CCI*.

Documented evidence of a diagnostic investigation or an assessment, a confirmed diagnosis and a proposed treatment plan that is not implemented per the patient's decision to refuse treatment or due to a contraindication do not preclude assignment of a significant diagnosis type.

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