



# 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, Canadian Edition (ICD-10-CA)* on a Discharge Abstract Database (DAD) abstract.

## What is a diagnosis type?

A diagnosis type is a code that is assigned to a diagnosis on a DAD record in the DAD.

QcÁáâ^}cá, ^•

A condition that is present on admission or that arises following admission

CEÁ& [ ] áâcá [ ] Ác@æcÁá [ ^• }qcÁ { ^cÁc@^Á&íac^íæá- [ íÁ•á\* }á, &æ} &^Á~cÁ! [ çáâ^•Áæáâcá [ ]æ|Áá^cæá|Á

The impact a condition has had on the patient's care

Öäæ\* } [ •á•Ác^ ] ^•ÁÇT DÉÁÇF DÉÁÇG DÉÁÇ Î DÉÁÇ Y DÉÁÇ ÝDÁæ } áÇÝDÁæ!^Á& [ ] •áâ^!^áÁ•á\* }á, &æ}cÁáâæ\* } [ •á•Á [ íÁ& [ [ íáâÁc^ ] ^•ÉÁ

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

CEÁ& [ ] áâcá [ ] Á { ~cÁ { ^cÁæcÁ|æ•cÁFÁ [-Ác@^•^ÁHÁ&íac^íæá- [ íÁ•á\* }á, &æ} &^Á- [ íÁ^ [ ~Ác [ Áæ••á\* } Áæáâæ\* } [ •á•Ác^ ] ^KÁ

1. Requires treatment beyond maintenance of the pre-existing condition
2. Increases the length of stay by at least 24 hours
3. Úä\* }á, &æ}c| ^Áæ ^&cÁc@^Ác!^æc { ^}cÁ!^&^áç^áÁ



# Job Aid

---



## 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 <b>Note:</b> 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 T~•cÁ { ^cÁæcÁ ^æ•cÁFÁ [-Ác@^ÁHÁ&!ác^!îæÁ- [ !Á•î* }â, &æ} &^
2	Post-admit comorbidity Diagnosis or condition that arose following admission T~•cÁ { ^cÁæcÁ ^æ•cÁFÁ [-Ác@^ÁHÁ&!ác^!îæÁ- [ !Á•î* }â, &æ} &^ <b>Note:</b> Q-ÁæÁ [ •cÉæâ { âcÁ& [ { !îâîâc^Á~æ â, ^•Áæ•Ác@^ÁTÜÖøÉÁ^ [ ~Á { ~•cÁ!^& [ !îâîcæ•Áâ [c@Ác@^ÁTÜÖøÁæ } âÁæ•ÁæÁâîæ* } [ •î•Á type (2).
3	Secondary diagnosis Diagnosis or condition for which a patient may or may not have received treatment Öîæ* } [ •î•Á [ !Á& [ ] âîcá [ ] Ác@æcÁâ [ ^• } qcÁ { ^cÁæcÁ ^æ•cÁFÁ [-Ác@^ÁHÁ&!ác^!îæÁ- [ !Á•î* }â, &æ} &^ May be assigned to provide detail or additional information for another ICD-10-CA code <b>Note:</b> You cannot assign a diagnosis type (3) to a newborn abstract (entry code N).
5	Admitting diagnosis (optional) É••î* } ^âÁ, @^} Ác@^Áæâ { âccá } *Áâîæ* } [ •î•Áââ ^!•Á-! [ { Ác@^ÁTÜÖø Use is determined at the jurisdictional or facility level
6	Proxy MRDx É••î* } ^âÁc [ ÁæâÁ^•î* } æc^âÁæ•c^!î•\Á& [ â^Áâ } ÁæÁâæ* *^!Á [ !Áæ•c^!î•\Á& [ ] ç^ } cá [ ] Á, @^} Ác@^Á& [ ] âîcá [ ] ÁcÁ!^ } !^•^ } c•Á-~  ,  •Á c@^Á!^~î!^ { ^ } c•Á•cæc^âîâ } Ác@^Áâ^, } âcá [ ] Á- [ !Áâîæ* } [ •î•Ác^ ] ^ÁçTDÁ • ÁTÜÖøÁ <b>Note:</b> Ý [ ~Á { ~•cÁ!^& [ !îâîcÁ } Ác@^Á•^& [ ] âÁî } ^Á [-Ác@^Áâîæ* } [ •î•Á, ^!âÁc [ Áâ } âî&æc^Ác@æcÁc@^Á { æ } â-^•cæcá [ ] Áâ•Ác@^Á& [ ] âîcá [ ] Á most responsible for the patient's stay.
7 and 8	<b>Do not use:</b> Restricted to the Canadian Institute for Health Information (CIHI).
9	Exter Tm6593<</H8..7nstitute for088Yr290 9 llowing admission



Code	What it represents
0	<p>Restricted to newborn codes only (admit category N)</p> <p><b>Healthy infant:</b> When you assign the MRDx a code from category <i>Z30</i> <b>newborn infants according to place of birth</b>, you must assign diagnosis type (0) to all other diagnosis codes on the newborn abstract.</p> <p><b>Unhealthy infant:</b> When you assign a code as the MRDx from the range P00 to P96 or any other code from another</p> <p>W•^Áááæ* } [•áÁc^ ] ^ÁÇÉDÁc [ Á! ^ &amp; [ ! áÁæ } ^ Áæáááá [ } æ  Áá } •á* } á, &amp;æ } cÁ&amp; [ ] ááá [ ] ÁÇÉÉÉÁæ } ^ Á&amp; [ ] ááá [ ] Ác@æcÁ { ^ Ác•Ác@^ Á&amp; ! ác^ ! áæÁ- [ ! Á •á* } á, &amp;æ } &amp; ^ DÉÁ ^ [ ~ Á { ~ •cÁæ••á* } ÁæÁááæ* } [ •á•Ác^ ] ^ ÁÇÉDÁc [ ÁZHI È . È</p> <p>W•^Áááæ* } [•áÁc^ ] ^ ÁÇÉDÁc [ Á! ^ &amp; [ ! áÁæ } ^ Áæáááá [ } æ  Áá } •á* } á, &amp;æ } cÁ&amp; [ ] ááá [ ] •Ác@æcÁ [ Á ] [ cÁæ ^ ÁcÁc@^ Á ] ^ , à [ ! ] q•Ác! ^ æc { ^ } cÁ [ ! Á! ^ ] *cÁ [ -Á•cæ ^ Áæ } áÁá [ Á ] [ cÁ { ^ ÁcÁæcÁ! ^ æ•cÁFÁ [ -Ác@^ ÁHÁ&amp; ! ác^ ! áæÁ- [ ! Á•á* } á, &amp;æ } &amp; ^ É</p> <p>Ø [ ! Áæáááá [ ] æ  Á&amp; [ ] ááá [ ] •Ác@æcÁ { ^ ÁcÁc@^ Á&amp; ! ác^ ! áæÁ- [ ! Á•á* } á, &amp;æ } &amp; ^ É Áæ••á* } ÁæÁááæ* } [ •á•Ác^ ] ^ ÁÇÉDÁc G D É Á Ç Y D É Á Ç Y D Á [ ! ÁÇ Y D É Á</p> <p>as indicated by the chart documentation.</p>
W, X, Y	<p>Service transfers</p> <p>YÉÁYÁæ } áÁYÁ•^! Çá&amp;^ Ác! æ } •-^! Áááæ* } [ •^ Áæ! ^ Áæ•• [ &amp; áæc^ áÁ , ác@Ác@^ Á , !•cÉÁ•^ &amp; [ ] áÁ [ ! Ác@á! áÁ•^! Çá&amp;^ Ác! æ } •-^! ÉÁ! Á• ] ^ &amp; cÁÇ^! ^ ÉÁ</p> <p>Mandatory for patients with alternate level of care in all provinces and territories</p> <p>Optional in all other circumstances use is determined at the jurisdictional or facility level. <del>See</del> <b>Abstracting Manual</b> for additional information and provincial and territorial variations.)</p> <p><b>Notes:</b> 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)</p> <p>In facilities that choose to capture service transfer diagnoses, when you record a diagnosis as a diagnosis type (2)</p> <p>áçÁæ! • [ Á ~ æ  á, ^ Áæ•ÁæÁ•^! Çá&amp;^ Ác! æ } •-^! Áááæ* } [ •á•Ác^ ] ^ ÁÇ Y D É Á Ç Y D Á [ ! ÁÇ Y D É Á ^ [ ~ Á { ~ •cÁ! ^ &amp; [ ! áÁc@^ Á&amp; [ ] ááá [ ] Ác , á&amp;^ ÁÁ , !•cÉÁ { æ } áæc [ ! ^ ÉÁ</p> <p>as a diagnosis type (2) and second, optional, as a service transfer diagnosis type (W), (X) or (Y).</p>

**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.



# Appendix