

Appendix 2: Codes used to define mental health-related care and medications

With the exception of NCHMED, the health care data collections used in this report contain data on more than just mental health care, so a mental health-related subset of the data needed to be defined. For some data collections this was relatively simple. For NPHEd and PHEC data, mental health-related care was defined by hospital type (psychiatric hospital) or specialised unit flag (e.g. specialised psychiatric unit in acute care hospital). National Medical Labour Force Survey data were defined as mental health-related based on the profession of the medical practitioner (e.g. psychiatrist). For the CSDA Minimum Data Set data, mental health-related care was defined as services received by clients assessed (using a simple customised classification) as having psychiatric primary disability.

For other data collections, it was necessary to employ the classifications used in the collections for diagnoses, problems or disabilities to define mental health-related care. The principal and additional diagnosis data in the NHMD are coded using the ICD-10-AM classification, the BEACH data set uses ICPC-2 for coding RFEs and problems, and Details are provided below for each classification on which codes were used to define a mental health-related principal or additional diagnosis, a mental health-related problem or RFE, or mental health-related primary disability.

The definition of a mental health-related medication was based on the ATC classification for PBS data. Details are provided in Table A2.3.

National Hospital Morbidity Database

During the preparation of *Mental Health Services in Australia 1999–00*, attention was given to ensuring that the definition of a mental health-related diagnosis included all codes which were either clinically or statistically relevant to mental health.

A diagnosis was considered clinically relevant if:

- it is included in the *Mental and Behavioural Disorders* chapter of ICD-10-AM;
- it is included as a principal diagnosis defining AR-DRG version 4.1 Major Diagnostic Categories 19 (*Mental Diseases and Disorders*) and 20 (*Alcohol/drug use and alcohol/drug induced organic mental disorders*); or
- it otherwise appears to be specific for a mental health-related condition.

A diagnosis was defined as being statistically relevant if:

- during 1999–00 there were more than 20 separations with specialised psychiatric care for the principal diagnosis at the 3-character level of ICD-10-AM or more than 10 at the 4-character level; and
- over 50% of separations with the principal diagnosis included specialised psychiatric care.

This list was developed in consultation with the National Mental Health Working Group Information Strategy Committee. The agreed list of codes is in Table A2.1.

Bettering the Evaluation And Care of Health

For the purposes of this report, mental health-related RFEs and problems managed were defined as those included in the ICPC-2 *Psychological* chapter. Table A2.2 presents a list of the codes included in the ICPC-2 *Psychological* chapter and their description. The same set of codes was used for both RFEs and problems. Additional information on the BEACH survey can be obtained from *General Practice Activity in Australia 1999-00* (Britt et al. 2000).

Medicare and Pharmaceutical Benefits Scheme data

The codes used to define private psychiatrist services in the Medicare data are presented Table A2.3. Prescription data from the PBS are coded using the ATC classification. The codes used to define mental health-related medications are presented in Table A2.4.

Table A2.1: ICD-10-AM diagnosis codes used to define mental health-related hospital separations

ICD-10-AM codes	Description	Mental and behavioural disorders chapter	MDC 19 and 20	Other apparent clinical relevance	Statistical relevance ^(a)
F00–F03	Dementia	v			
F04–F09	Other organic mental disorders	v			
F10	Mental and behavioural disorders due to use of alcohol	v	v		
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	v	v		
F20–29	Schizophrenia, schizotypal and delusional disorders	v	v		
F30–F39	Mood (affective) disorders	v	v		
F40–F48	Neurotic, stress-related and somatoform disorders	v	v		
F50	Eating disorders	v	v		
F51–F52	Non-organic sleep disorders, sexual dysfunction, not caused by organic disorder or disease	v	v		
F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified	v			
F54	Psychological and behavioural factors associated with disorders or diseases classified elsewhere	v	v		
F55	Harmful use of non-dependence-producing substances	v	v		
F59	Unspecified behavioural syndromes associated with physiological disturbances and physical factors	v	v		
F60–F69	Disorders of adult personality and behaviour	v	v		
F70–F79	Mental retardation	v			
F80–F89	Disorders of psychological development	v	v		
F90–F98 (excluding F95)	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	v	v		
F95	Tic disorders	v			
F99	Mental disorder not otherwise specified	v	v		
G30.0	Alzheimer's disease with early onset				v
G30.1	Alzheimer's disease with late onset				v
G30.8	Other Alzheimer's disease				v
G47.0	Disorders initiating and maintaining sleep		v		
G47.1	Disorders excessive somnolence		v		
G47.2	Disorders of the sleep-wake schedule		v		
G47.8	Other sleep disorders		v		
G47.9	Sleep disorder, unspecified		v		
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium			v	

(continued)

Table A2.1 (continued): ICD-10-AM diagnosis codes used to define mental health-related hospital separations

ICD-10-AM codes	Description	Mental and behavioural disorders chapter	MDC 19 and 20	Other apparent clinical relevance	Statistical relevance ^(a)
R44.0	Auditory hallucinations		v		
R44.1	Visual hallucinations			v	
R44.2	Other hallucination		v		
R44.3	Hallucinations, unspecified		v		
R44.8	Other and unspecified symptoms and signs involving general sensations and perception		v		
R45.0	Nervousness		v		
R45.1	Restlessness and agitation		v		
R45.4	Irritability and anger		v		
R48.0	Dyslexia and alexia		v		
R48.1	Agnosia		v		
R48.2	Apraxia		v		
R48.8	Other and unspecified symbolic dysfunctions		v		
R68.1	Non-specific symptoms peculiar to infancy		v		
Z00.4	General psychiatric examination, not elsewhere classified			v	v
Z03.2	Observation for suspected mental and behavioural disorder			v	v
Z04.6	General psychiatric examination, requested by authority			v	v
Z09.3	Follow-up examination after psychotherapy			v	
Z13.3	Special screening examination for mental and behavioural disorders			v	
Z50.2	Alcohol rehabilitation			v	
Z50.3	Drug rehabilitation			v	
Z54.3	Convalescence following psychotherapy			v	
Z63.1	Problems relationship with parents & in-laws				v
Z63.8	Other specified problems related to primary support group				v
Z65.8	Other specified problems related to psychosocial circumstances			v	v
Z65.9	Problem related to unspecified psychosocial circumstances			v	
Z71.4	Counselling and surveillance for alcohol use disorder			v	v
Z71.5	Counselling and surveillance for drug use disorder			v	
Z73.4	Inadequate social skills, not elsewhere classified				v

(a) Diagnosis codes with more than 20 separations with specialised psychiatric care at the 3-character level of ICD-10-AM or more than 10 at the 4-character level and over 50% of separations included specialised psychiatric care.

Note: Abbreviation: MDC - Major Diagnostic Category.

Table A2.2: ICPC-2 codes used to define mental health-related reasons for encounter and problems managed by general practitioners for BEACH data

ICPC-2 codes	Description
P01	Feeling anxious/nervous/tense
P02	Acute stress reaction
P03	Feeling depressed
P04	Feeling/behaving irritable/angry
P05	Senility, feeling/behaving old
P06	Sleep disturbance
P07	Sexual desire reduced
P08	Sexual fulfilment reduced
P09	Concern about sexual preference
P10	Stammering, stuttering, tics
P11	Eating problems in children
P12	Bed-wetting, enuresis
P13	Encopresis/bowel training problem
P15	Chronic alcohol abuse
P16	Acute alcohol abuse
P17	Tobacco abuse
P18	Medication abuse
P19	Drug abuse
P20	Memory disturbance
P22	Child behaviour symptom/complaint
P23	Adolescent symptom/complaint
P24	Specific learning problem
P25	Phase of life problem in adult
P27	Fear of mental disorder
P28	Limited function/disability psychological
P29	Psychological symptom/complaint, other
P70	Dementia (including senile, Alzheimer's)
P71	Organic psychoses, other
P72	Schizophrenia
P73	Affective psychoses
P74	Anxiety disorder/anxiety state
P75	Somatisation disorder
P76	Depressive disorder
P77	Suicide/suicide attempt
P78	Neurasthenia
P79	Phobia, compulsive disorder
P80	Personality disorder
P81	Hyperkinetic disorder
P82	Post-traumatic stress disorder
P85	Mental retardation
P86	Anorexia nervosa, bulimia
P98	Psychoses not otherwise specified, other
P99	Psychological disorders, other

Table A2.3: Medicare Benefit Schedule codes used to define private psychiatrist services

Code	Description
300	An attendance of not more than 15 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year.
302	An attendance of more than 15 minutes duration but not more than 30 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year
304	An attendance of more than 30 minutes duration but not more than 45 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year.
306	An attendance of more than 45 minutes duration but not more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year.
308	An attendance of more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year.
310	An attendance of not more than 15 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year.
312	An attendance of more than 15 minutes duration but not more than 30 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year.
314	An attendance of more than 30 minutes duration but not more than 45 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year.
316	An attendance of more than 45 minutes duration but not more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year.
318	An attendance of more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year.
319	An attendance of more than 45 minutes duration at consulting rooms, where the patient has: (a) been diagnosed as suffering severe personality disorder, anorexia nervosa, bulimia nervosa, dysthymic disorder, substance-related disorder, somatoform disorder or a pervasive development disorder; and (b) for persons 18 years and over, been rated with a level of functional impairment within the range 1 to 50 according to the Global Assessment of Functioning Scale - where that attendance and any other attendance to which items 300 to 308 apply do not exceed 160 attendances in a calendar year.
320	An attendance of not more than 15 minutes duration at hospital.
322	An attendance of more than 15 minutes duration but not more than 30 minutes duration at hospital.
324	An attendance of more than 30 minutes duration but not more than 45 minutes duration at hospital.
326	An attendance of more than 45 minutes duration but not more than 75 minutes duration at hospital.
328	An attendance of more than 75 minutes duration at hospital.
330	An attendance of not more than 15 minutes duration where that attendance is at a place other than consulting rooms or hospital.
332	An attendance of more than 15 minutes duration but not more than 30 minutes duration where that attendance is at a place other than consulting rooms or hospital.
334	An attendance of more than 30 minutes duration but not more than 45 minutes duration where that attendance is at a place other than consulting rooms or hospital.

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Table A2.3 (continued): Medicare Benefit Schedule codes used to define private psychiatrist services

Code	Description
336	An attendance of more than 45 minutes duration but not more than 75 minutes duration where that attendance is at a place other than consulting rooms or hospital.
338	An attendance of more than 75 minutes duration where that attendance is at a place other than consulting rooms or hospital.
342	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hours duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a group of 2 to 9 unrelated patients or a family group of more than 3 patients, each of whom is referred to the consultant physician by a medical practitioner each patient.
344	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hours duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a family group of 3 patients, each of whom is referred to the consultant physician by a medical practitioner each patient.
346	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hours duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a family group of 2 patients, each of whom is referred to the consultant physician by a medical practitioner each patient.
348	An interview of a person other than the patient of not less than 20 minutes duration but less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient.
350	An interview of a person other than the patient of not less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient.
352	An interview of a person other than the patient of not less than 20 minutes duration, in the course of continuing management of a patient - payable not more than 4 times in any 12 month period.
14224	Electroconvulsive therapy, with or without the use of stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation.

Table A2.4: Anatomical Therapeutic Chemical codes used to define mental health-related medication in PBS data

ATC code	Description
N05	Psycholeptics
N05A	Antipsychotics
N05B	Anxiolytics
N05C	Hypnotics & sedatives
N06	Psychoanaleptics
N06A	Antidepressants