

APPENDIX A

ICD-10-AM CODES GROUPINGS USED IN THIS PUBLICATION

The ICD-10-AM 1st edition, July 1998 (National Centre for Classification in Health (NCCH) 1998) disease groupings used in this publication are listed below. In the interest of brevity the chapter and subgrouping headings used in this publication are an abbreviated form of those used within the ICD-10-AM publications. To assist readers the disease groupings related to each is indicated.

DIAGNOSIS CODES

CHAPTER	NAME USED IN THIS PUBLICATION	ICD-10-AM CODES
I	Infectious and parasitic diseases	A00–B99
II	Neoplasms	C00–D48
III	Diseases of the blood and blood-forming organs and immune mechanism	D50–D89
IV	Endocrine, nutritional and metabolic diseases	E00–E90
V	Mental and behavioural disorders	F00–F99
VI	Nervous system diseases	G00–G99
VII	Diseases of eye and adnexa	H00–H59
VIII	Diseases of ear and mastoid	H60–H95
IX	Circulatory system diseases	I00–I99
X	Respiratory diseases	J00–J99
XI	Digestive diseases	K00–K93
XII	Diseases of the skin and subcutaneous tissue	L00–L99
XIII	Diseases of the musculoskeletal system and connective tissue	M00–M99
XIV	Genitourinary system diseases	N00–N99
XV	Pregnancy, childbirth and puerperium	O00–O99
XVI	Certain conditions originating in the perinatal period	P00–P96
XVII	Congenital anomalies	Q00–Q99
XVIII	Symptoms, signs not elsewhere classified	R00–R99
XIX	Injury, poisoning and certain other consequences of external causes	S00–T98
XXI	Factors influencing health status and contact with health services	Z00–Z99

DIAGNOSIS CODES *continued*

The following sub-chapter groupings were used.

CHAPTER	SUBCATEGORIES	ICD-10-AM CODES
Infectious and parasitic diseases		A00–B99
	Intestinal infectious diseases	A00–A09
	Other bacterial diseases	A30–A49
	Infections, sexual transmission	A50–A64
	Viral infections	A80–B19
	Other viral infections	B25–B34
	Other infectious diseases	B35–B99
	Remainder infectious and parasitic diseases	A15–A19, A20–A28, A65–A69, A70–A74, A75–A79, B20–B24
Endocrine, nutritional and metabolic diseases		E00–E90
	Diseases of the thyroid gland	E00–E07
	Diabetes mellitus	E10–E14
	Diabetes type 1	E10
	Diabetes type 2	E11
	Other diabetes	E12–E14
	Other metabolic or nutritional disorders	E15–E90
Mental and behavioural disorders		F00–F99
	Organic mental disorders	F00–F09
	Disorders, psychoactive substance use	F10–F19
	Schizophrenia	F20–F29
	Mood and neurotic disorders	F30–F48
	Other mental disorders	F50–F99
Circulatory system diseases		I00–I99
	Rheumatic disease	I00–I02, I05–I09
	Hypertensive disease	I10–I15
	Ischaemic heart diseases	I20–I25
	Other heart disease	I26–I28, I30–I52
	Cerebrovascular diseases	I60–I69
	Other diseases of the circulatory system	I70–I79, I80–I89, I95–I99
Respiratory diseases		J00–J99
	Acute upper respiratory infections	J00–J06
	Influenza and pneumonia	J10–J18
	Other acute lower respiratory infection	J20–J22
	Other diseases, upper respiratory tract	J30–J39
	Chronic lower respiratory diseases	J40–J47
	Other respiratory diseases	J60–J99

DIAGNOSIS CODES *continued*

CHAPTER	SUBCATEGORIES	ICD-10-AM CODES
Digestive diseases		K00–K93
	Diseases of oral cavity, salivary glands, jaws	K00–K14
	Diseases of oesophagus, stomach, duodenum	K20–K31
	Diseases of appendix	K35–K38
	Hernia	K40–K46
	Noninfective enteritis, colitis	K50–K52
	Other diseases of intestines	K55–K63
	Diseases of peritoneum	K65–K67
	Diseases of the liver	K70–K77
	Disorders of gallbladder, biliary tract and pancreas	K80–K87
	Other diseases of the digestive system	K90–K93
Diseases of the skin and subcutaneous tissue		L00–L99
	Infections of skin and subcutaneous tissue	L00–L08
	Dermatitis and eczema	L20–L30
	Urticaria and erythema	L50–L54
	Other disorders of the skin	L10–L14, L40–L45, L55–L99
Diseases of the musculoskeletal system and connective tissue		M00–M99
	Arthropathies/connective tissue disorders	M00–M25, M30–M36
	Dorsopathies/soft tissue disorders	M40–M54, M60–M79
	Osteopathies and chondropathies	M80–M94
	Other musculoskeletal system/tissue disorders	M95–M99
Genitourinary system diseases		N00–N99
	Glomerular diseases	N00–N08
	Renal failure	N17–N19
	Other disorders of the genitourinary system	N10–N16, N20–N39, N99
	Disorders of the male genital organs	N40–N51
	Disorders of the breast	N60–N64
	Disorders of the female genital organs	N70–N98
Pregnancy, childbirth and puerperium		O00–O99
	Pregnancy with abortive outcome	O00–O08
	Duration of pregnancy, oedema, proteinuria, hypertensive disorders	O09–O16
	Other maternal disorders, related to pregnancy	O20–O29
	Maternal care—fetus, amniotic cavity and delivery	O30–O48
	Complications of labour and delivery	O60–O75
	Single delivery	O80–O82
	Complications related to puerperium	O85–O92
	Other obstetric conditions	O98–O99

DIAGNOSIS CODES *continued*

CHAPTER	SUBCATEGORIES	ICD-10-AM CODES
Injury, poisoning and certain other consequences of external causes		S00–T98
	Injuries	S00–T19
	Burns and frostbite	T20–T35
	Poisoning	T36–T50
	Toxic effects	T51–T65
	External causes, trauma	T66–T79, T89
	Complications not elsewhere classified	T80–T88
	Sequelae injuries, poisoning, external causes	T90–T98
Factors influencing health status and contact with health services		Z00–Z99
	Care involving dialysis	Z49

PROCEDURES

CHAPTER	NAME USED IN THIS PUBLICATION	ICD-10-AM BLOCKS
I	Operations on the nervous system	1–86
II	Operations on the endocrine system	110–129
III	Operations on the eye and adnexa	160–256
IV	Operations on the ear and mastoid process 300–333	
V	Operations on the nose, mouth, pharynx 370–422	
VI	Dental services	450–490
VII	Operations on the respiratory system	520–569
VIII	Operations on the cardiovascular system	600–767
IX	Operations on the blood and blood forming organs	800–817
X	Operations on the digestive system	850–1011
XI	Operations on the urinary system	1040–1128
XII	Operations on the male genital organs	1160–1203
XIII	Gynaecological procedures	1230–1299
XIV	Obstetric procedures	1330–1347
XV	Operations on the musculoskeletal system 1360–1579	
XVI	Dermatological and plastic procedures	1600–1718
XVII	Operations on the breast	1740–1759
XVIII	Chemotherapeutic and radiation oncology procedures	1780–1799
XIX	Miscellaneous procedures	1820–1899
XX	Imaging services	1940–2016
XXI	Allied health interventions	2050–2140

PROCEDURES *continued*

CHAPTER	SUBCATEGORIES	ICD-10-AM BLOCKS
	Operations on the digestive system	850–1011
	Operations on the large intestine	904–925
	Operations on the appendix	926–927
	Operations on the gallbladder/biliary tract	957–973
	Operations on the abdomen/peritoneum/omentum	983–1004
	Other operations on the digestive system	850–903, 928–956 974–982, 1005–1011
	Operations on the urinary system	1040–1128
	Operations on the kidney	1040–1063
	Operations on the ureter	1064–1087
	Operations on the bladder	1088–1110
	Operations on the urethra and other urinary system sites	1111–1128
	Obstetric procedures	1330–1347
	Antepartum procedures	1330–1332
	Procedures associated with labour	1333–1335
	Delivery procedures	1336–1340
	Procedures assisting delivery	1341–1343
	Postpartum procedures	1344–1347
	Operations on the musculoskeletal system	1360–1579
	Operations on the head	1360–1372
	Operations on the forearm	1421–1438
	Operations on the hand/wrist	1439–1475
	Operations on the knee joint/leg	1495–1525
	Operations on the ankle/foot	1526–1549
	Remainder of operations on the musculoskeletal system	1373–1420, 1476–1494
	Dermatological and plastic procedures	1600–1718
	Operations on the skin/subcutaneous tissue	1600–1660
	Other dermatological and plastic procedures	1661–1718
	Miscellaneous procedures	1820–1899
	Drug and alcohol interventions	1828
	Respiratory	1844–1849
	Haematology	1859–1861
	Gastroenterology	1862–1867
	Immunisation/injections	1880–1883
	Other miscellaneous procedures	1820–1827, 1829–1843 1850–1858, 1868–1879 1884–1899

DIAGNOSIS CODES *continued*

CHAPTER	SUBCATEGORIES	ICD-10-AM CODES
Imaging services		1940–2016
	Ultrasound scan	1940–1950
	Computerised tomography (CT) scan	1952–1966
	Radiography	1967–1988
	Nuclear medicine imaging	2000–2014
	Magnetic resonance imaging (MRI)	2015
	Other imaging services	1951, 1989–1999, 2016
EXTERNAL CAUSES		
XX External causes of morbidity and mortality		V01–Y98
	Transport accidents	V01–V99
	Accidental falls	W00–W19
	Exposure to inanimate mechanical forces	W20–W49
	Exposure to animate mechanical forces	W50–W64
	Exposure to electric current/smoke/animals/nature	W85–X39
	Accidental poisoning	X40–X49
	Other accidental exposures	X50–X59
	Intentional self-harm	X60–X84
	Assault	X85–Y09
	Complications of medical and surgical care	Y40–Y84
	Other external causes	W65–W84, Y10–Y36, Y85–Y98

APPENDIX B:

THE INTRODUCTION OF ICD-10-AM

Note: The following is based on text provided in Australian Institute of Health and Welfare 2000, *Australian Hospital Statistics 1998–99*, cat. no. HSE 11. AIHW, Canberra, pp. 224–231.

Introduction of ICD-10-AM

The previous edition of this publication, *Occasional Paper: Hospital Statistics, Aboriginal and Torres Strait Islander Australians 1997–98* (cat. no. 4711.0), presented information on diseases, procedures and external causes of injury and poisoning using *The Australian Version of the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)* (National Coding Centre 1996). This 1999–2000 edition of 4711.0 uses *The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification, first edition (ICD-10-AM)* (National Centre for Classification in Health (NCCH) 1998).

The ICD-10-AM classification was developed in Australia by the National Centre for Classification in Health. The disease and external cause classifications were based on the World Health Organization ICD-10, and the procedure classification was based on the procedure listing of the Medicare Benefits Schedule. Assistance provided by Australian clinicians and coders in this development ensured that the classification was current and appropriate for Australian clinical practice. It has been used by New South Wales, Victoria, the Australian Capital Territory and the Northern Territory since July 1998, and by the other States since July 1999.

Data for 1999–2000 were provided by all States and Territories using ICD-10-AM. The second edition of the classification was endorsed by the National Health Information Management Group for implementation nation-wide on 1 July 2000, and the third from 1 July 2002.

The ICD-10-AM classification

ICD-10-AM consists of:

- A disease classification based on World Health Organization's publication of ICD-10
- A new Australian classification of procedures based on the Medicare Benefits Schedule (MBS), sometimes referred to as MBS-Extended, or MBS-E
- Australian Coding Standards for the selection of disease and procedure codes.

Readers should refer to the published classification (NCCH 1998) and its Implementation Kit (NCCH 1997) (which is the source of some of the information in this appendix) for detailed information about ICD-10-AM and its relationship with its predecessor, ICD-9-CM. However, the sections below summarise the main characteristics of the new classification and major differences between it and ICD-9-CM, to guide readers in interpretation of the data presented in this report. The following information relates to ICD-10-AM first edition.

The disease classification ICD-10-AM uses an alphanumeric coding scheme for diseases, comprising one alphabetic character generally followed by two, three or four numerals. The disease categories are grouped into 19 chapters (see appendix A), and the supplementary classifications in ICD-9-CM (external causes of morbidity and mortality, and factors influencing health status and contact with health services) also have chapter status in ICD-10-AM. The ICD-10-AM chapters generally have the same subject matter as in the chapters of ICD-9-CM. However, the order of the chapters was changed slightly and the ICD-9-CM chapter on 'Diseases of the nervous system and sense organs' was split into chapters on diseases of the nervous system, of the eye and adnexa and of the ear and mastoid processes. In addition, there has also been some relocation of diseases and conditions. Relevant post-procedural disorders have also been moved, from chapter 17 'Complications of surgical and medical care' in ICD-9-CM, to the end of each body system chapter in ICD-10-AM.

Other changes between ICD-9-CM and ICD-10-AM include the use of the term 'sequelae' rather than 'late effects', and a change of the axis for classifying injuries from type of injury (e.g. fractures) in ICD-9-CM to body site (e.g. head) in ICD-10-AM. Fifth characters for obstetric codes have also been discontinued. They were used in ICD-9-CM to distinguish between antepartum and postpartum conditions or complications pre and post delivery. These, and other changes, are provided in further detail in *Australian Hospital Statistics 1998–99* (AIHW 2000a).

The classifications for external causes of injury and poisoning The chapter classifying external causes of injury and poisoning (chapter XX) is part of the disease classification in ICD-10-AM. However, this chapter is used to classify and code external causes, rather than diagnoses, in the *National Hospital Morbidity Database* and in this report, so it is not included with the remainder of the ICD-10-AM disease classification in chapter 4 reporting diagnoses.

The ICD-10-AM external cause classification is largely similar to the ICD-9-CM external cause classification; however, the injured person's mode of transport, rather than the accident type, is used as the main axis for classification of land transport accidents.

The procedure classification The chapters of the procedure classification follow the ICD-10 body system structure closely. Within each chapter, a number of axes are used to arrange the procedure codes. The principal axis is defined by anatomical site and is structured with a 'proximal to distal' or 'head to toe' approach. For example, gynaecological procedures are sequenced: ovary, fallopian tubes, uterus, cervix, vagina and vulva. Under the secondary axis, the procedures are listed under the anatomical site (principal axis) from the least invasive procedures through to the most invasive. Some of the general categories of the secondary axis are: examination, excision, reduction, repair, reoperation. The tertiary axis includes details of the specific site, the specific procedure, the technology and techniques used.

The procedure classification
continued

The actual procedure codes exist at the tertiary axis level. They have as their basis the MBS item numbers (5-digit), and have a 2-digit extension to identify individual procedural concepts within the MBS item number. The procedure codes (which are not in numerical order in the classification) are grouped into blocks (one to four digits), that are numbered sequentially and allow location of the codes and aggregation of the data. Codes are usually therefore referred to with their block number, for example 48224-00 [1435] (Bone graft to radius or ulna, in Block 1435, Bone graft to forearm).

As the ICD-10-AM procedure classification is not based on the ICD-9-CM procedure classification, it cannot be easily compared with it. The chapter structure (see appendix A) is broadly similar; however, the ICD-9-CM chapter on operations on the nose, mouth and pharynx was split into chapters for procedures on the nose, mouth and pharynx, and for dental services in ICD-10-AM. In addition, there is a separate chapter for procedures on the breast, which were included with operations on skin and subcutaneous tissue in the ICD-9-CM chapter on operations on the integumentary system. Procedures grouped into the ICD-9-CM chapter on miscellaneous diagnostic and therapeutic procedures have been split into separate ICD-10-AM chapters for chemotherapeutic and radiation oncology, diagnostic imaging services, allied health interventions and miscellaneous procedures.

In addition, the different structure of ICD-10-AM (compared with ICD-9-CM) has meant that some procedures are categorised within a different body system in the new classification and so appear to have 'moved' chapters. For example, some procedures for excision of skin or skin lesions were classified with the area of the body under 'of the skin' in ICD-9-CM, but all these procedures are located together in the ICD-10-AM chapter XVI (Dermatological and plastic procedures). These and other examples of 'movements' (other than the chapter changes mentioned above) are detailed further in *Australian Hospital Statistics 1998-99 (AIHW 2000a)*.

APPENDIX C:

JURISDICTIONAL ASSESSMENTS OF THE QUALITY OF INDIGENOUS IDENTIFICATION IN HOSPITAL SEPARATION RECORDS

Note: The following is based on text provided in Australian Institute of Health and Welfare 2001, *Australian Hospital Statistics 1999–00*, (cat. no. HSE 14.) AIHW, Canberra, pp. 79–80.

The variation in the number of Aboriginal and Torres Strait Islander separations per 1,000 Aboriginal and Torres Strait Islander persons among the States and Territories suggests that there was variation in the proportion of Aboriginal and Torres Strait Islander persons who identified as such in hospital separation records and/or in the total population.

The quality of the data provided for Aboriginal and Torres Strait Islander status in 1999–2000, although better than previous years, is still in need of improvement, being considered acceptable for only the Northern Territory and South Australia.

For 1999–2000, the New South Wales Health Department reports that its data were in need of improvement. To address this issue, the Department implemented a range of strategies which include the ongoing distribution of better practice guidelines, and principles for correctly recording Aboriginal and Torres Strait Islander status. In addition, its Aboriginal Health Information Strategy Unit continues to conduct a training program for frontline staff which targets staff who collect patient information. It also trains staff as facilitators across all Area Health Services.

The Victorian Department of Human Services reports that its 1999–2000 data were in need of improvement. The National Health Data Dictionary question on Aboriginal and Torres Strait Islander status is a mandatory data field for admission to all hospitals. However, the question is not always asked and it is sometimes possible for systems to default to 'no'. Hospitals are encouraged to assess the quality of their data internally, but this is not mandatory and not all hospitals do so.

Queensland Health reports that its 1999–2000 data were regarded as being in need of improvement. The Department is conducting a program of audits and is working to improve overall Aboriginal and Torres Strait Islander identification in all mainstream administrative data collections.

The Health Department of Western Australia regards its 1999–2000 Aboriginal and Torres Strait Islander status data as requiring improvement. This view is supported by findings of a recent project undertaken to assess the quality of identification of Aboriginal and Torres Strait Islander patients in Western Australian hospital data (Young 2001). The project involved surveys in rural and metropolitan hospitals using the methodology developed in 1998 by the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (a collaborative work

program of the Australian Bureau of Statistics and the Australian Institute of Health and Welfare).

The South Australian Department of Human Services regards its 1999–2000 Aboriginal and Torres Strait Islander status data as being of acceptable quality. The Department conducts training courses in data collection every year and these reinforce the need to comply with National Health Data Dictionary standards for Aboriginal and Torres Strait Islander identification. A 30% loading for casemix payments is applied to Aboriginal and Torres Strait Islander separations in South Australia, and this acts as an incentive for improved identification.

The Tasmanian Department of Human Services reports that its 1999–2000 data were much improved since 1998–99, but still in need of improvement. An outposted Australian Bureau of Statistics staff member has been working with the Department to improve the data quality throughout the State. The number of patients not responding to the Aboriginal and Torres Strait Islander question is low.

The Australian Capital Territory Department of Health and Community Care considers that its 1999–2000 data were in need of improvement. During 2000 the Department conducted training for both the Canberra Hospital and Calvary Hospital staff. Aboriginal Liaison Officers were employed and Aboriginal and Torres Strait Islander status is a funding component in contracts with the hospitals. Identification has improved for 2000–01, and further work continues on improving results.

The Northern Territory's Department of Health and Community Services reports that the quality of its 1999–2000 Aboriginal and Torres Strait Islander status data is considered to be acceptable. The Department now retains historical reporting of Indigenous status and is soon to embark on a project where individual client systems will receive a report of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another. System owners will follow up on these clients. For patients with multiple episodes in any one financial year, all management and statistical reporting for that financial year, is based on the identification of a person's Indigenous status at the most recent episode recorded in that year.

APPENDIX D:

NATIONAL HEALTH DATA DICTIONARY, VERSION 8.0 — INDIGENOUS STATUS DATA ELEMENT

NATIONAL HEALTH DATA DICTIONARY — INDIGENOUS STATUS DATA ELEMENT

The *National Health Data Dictionary, Version 8.0, 1999* (AIHW 1999a) contains an Indigenous data element that includes a discussion of the data domain and data collection methods. This data element forms the basis of the data in the National Hospital Morbidity Database (NHMD). An abbreviated version of the data element is given below, illustrating how the data dictionary description is based on the ABS standard and is consistent with, and mappable to, ABS codes. This has been superseded by version 3.0 of the Indigenous status data element since July 2000, presented in subsequent editions of the *National Health Data Dictionary* (AIHW 2000b).

Indigenous status

Definition

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

Data domain

- 1 Indigenous — Aboriginal but not Torres Strait Islander origin
- 2 Indigenous — Torres Strait Islander but not Aboriginal origin
- 3 Indigenous — Aboriginal and Torres Strait Islander origin
- 4 Not Indigenous — Neither Aboriginal nor Torres Strait Islander origin
- 9 Not stated (not for use in primary data collection)

Guide for use

There are three components to the definition:

- descent
- self-identification
- community acceptance

It is not possible to collect the three components of the definition in a single question. The Australian Bureau of Statistics (ABS) proposes that the focus of a single question should be self-identification based on descent, the first component of the definition. The ABS therefore proposes the use of the following alternative questions, depending on whether the person is present or not.

When the person is present,

‘Are you of Aboriginal or Torres Strait Islander origin?’; or

where the person is not present and someone who knows the person well responds for them,

‘Is the person of Aboriginal or Torres Strait Islander origin?’

Indigenous status *continued* The ABS recommends collection of response in tick boxes, e.g.;

- No*
- Yes, Aboriginal*
- Yes, Torres Strait Islander*

Persons of both Aboriginal and Torres Strait Islander origin will mark 'Yes' to both questions enabling the responses to be coded.

Self reporting of descent is not equivalent to self reporting of identity but because of the absence of a second 'identity' question some respondents will interpret the 'origin' question to mean both descent and identification. What identification in the context of the variable Indigenous status should measure is an individual's self assessed historical and cultural affiliation.

The code in the not stated classification is for use in administrative collections when transferring data from data sets where the item has not been collected. It is not to be used in primary collections.

APPENDIX E:

LIST OF REFERENCES

- Aboriginal and Torres Strait Islander Health and Welfare Information Unit 1999, *Assessing the quality of identification of Aboriginal and Torres Strait Islander people in hospital data*, Australian Health Ministers' Advisory Council, Australian Institute of Health and Welfare and Australian Bureau of Statistics, Canberra.
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- Young, MJ 2001, *Assessing the quality of identification of Aboriginal and Torres Strait Islander people in Western Australian hospital data 2000*, Health Department of Western Australia, Perth, Health Information Centre Occasional Paper 13, ISSN 1329 7252.

Abbreviations and Symbols

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Minister's Advisory Council
AIHW	Australian Institute of Health and Welfare
ASR	age-standardised rates
ATSIHWIU	Aboriginal and Torres Strait Islander Health and Welfare Information Unit
ICD-9-CM	The Australian version of the International Classification of Diseases, 9th Revision, Clinical Modification
ICD-10-AM	The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
NHDD	National Health Data Dictionary
NHMD	National Hospital Morbidity Database
NCCH	National Centre for Classification in Health
—	nil or rounded to zero (including null cells)
. .	not applicable