**HCQO 2020-21 Primary Care Indicator Definitions**

Primary care indicator specifications included codes in ICD-9-CM and ICD-10-WHO. The AIHW mapped these to ICD-10-AM and/or ACHI codes as appropriate.

For each of the primary care indicators, the denominator required is the population count. The population used is the preliminary rebased estimated resident population as of 30 June in the relevant year. Refer to the ABS Australian Demographic Statistics series for further details about population estimation.

**Asthma hospital admission rate**

**OECD indicator name**: Asthma hospital admission.

**Coverage**: Population aged 15 and over (5 year age groups). All acute care hospitals, including public and private hospitals that provide inpatient care.

**Numerator**: All non-maternal/non-neonatal separations with a principal diagnosis code of asthma (Table 1) in a specified year.

**Exclusions:**

* Cases where the patient died in hospital during the admission.
* Cases resulting from a transfer from another acute care institution (transfers-in).
* Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field (Supplementary Table 2).
* Cases with MDC 15 or specified Newborn and other neonate codes in any field (Supplementary Table 3).
* Cases with cystic fibrosis and anomalies of the respiratory system diagnosis code in any field (Table 2).
* Cases that are same day/day only admissions.

**Denominator**: Population count.

**Table 1: ICD-10 (WHO and AM) diagnosis codes for asthma**

|  |  |
| --- | --- |
| Code | Description |
| J45.0 | Predominantly allergic asthma |
| J45.1 | Nonallergic asthma |
| J45.8  | Mixed asthma |
| J45.9 | Asthma, unspecified |
| J46 | Status asthmaticus |

**Table 2: Excluded ICD-10-AM diagnosis codes for cystic fibrosis and anomalies of the respiratory**

|  |  |
| --- | --- |
| Code | Description |
| E84.0 | Cystic fibrosis with pulmonary manifestations |
| E84.1 | Cystic fibrosis with intestinal manifestations |
| E84.8 | Cystic fibrosis with other manifestations |
| E84.9 | Cystic fibrosis, unspecified |
| P27.0 | Wilson-Mikity syndrome |
| P27.1 | Chronic neonatal lung disease (bronchopulmonary dysplasia originating in the perinatal period |
| P27.8 | Other chronic respiratory diseases originating in the perinatal period |
| P27.9 | Unspecified chronic respiratory disease originating in the perinatal period |
| Q25.4 | Other congenital malformations of aorta |
| Q31.1 | Congenital subglottic stenosis |
| Q31.2 | Laryngeal hypoplasia |
| Q31.3 | Laryngocele |
| Q31.5 | Congenital laryngomalacia |
| Q31.8 | Other congenital malformations of larynx |
| Q31.9 | Congenital malformation of larynx, unspecified |
| Q32.0 | Congenital tracheomalacia |
| Q32.1 | Other congenital malformations of trachea |
| Q32.2 | Congenital bronchomalacia |
| Q32.3 | Congenital stenosis of bronchus |
| Q32.4 | Other congenital malformations of bronchus |
| Q33.0 | Congenital cystic lung |
| Q33.1 | Accessory lobe of lung |
| Q33.2 | Sequestration of lung |
| Q33.3 | Agenesis of lung |
| Q33.4 | Congenital bronchiectasis |
| Q33.5 | Ectopic tissue in lung |
| Q33.6 | Hypoplasia and dysplasia of lung |
| Q33.8 | Other congenital malformations of lung |
| Q33.9 | Congenital malformation of lung, unspecified |
| Q34.0 | Anomaly of pleura |
| Q34.1 | Congenital cyst of mediastinum |
| Q34.8 | Other specified congenital malformations of respiratory system |
| Q34.9 | Congenital malformation of respiratory system, unspecified |
| Q39.0 | Atresia of oesophagus without fistula |
| Q39.1 | Atresia of oesophagus tracheo-oesophageal fistula |
| Q39.2 | Congenital tracheo-oesophageal fistula without atresia |
| Q39.3 | Congenital stenosis and stricture of oesophagus |
| Q39.4 | Congenital oesophageal web |
| Q39.8 | Other congenital malformations of oesophagus |
| Q89.3 | Situs inversus |

**Chronic obstructive pulmonary disease (COPD) hospital admission rate**

**OECD indicator name:** Chronic obstructive pulmonary disease hospital admission.

**Coverage**: Population aged 15 and older (5 year age groups). All acute care hospitals, including public and private hospitals that provide inpatient care.

**Numerator**: All non-maternal/non-neonatal separations with a principal diagnosis code of COPD (Table 3) in a specified year.

**Exclusions**:

* Cases where the patient died in hospital during the admission.
* Cases resulting from a transfer from another acute care institution (transfers-in).
* Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field (Supplementary Table 2).
* Cases with MDC 15 or specified Newborn and other neonate codes in any field (Supplementary Table 3).
* Cases that are same day/day only admissions.

**Denominator**: Population count

**Table 3: ICD-10 (WHO and AM) diagnosis codes for COPD**

|  |  |
| --- | --- |
| **Code** | **Description** |
| J40 | Bronchitis(a) |
| J41 | Simple and mucopurulent chronic bronchitis |
| J42 | Unspecified chronic bronchitis |
| J43 | Emphysema |
| J44 | Other chronic obstructive pulmonary disease  |
| J47 | Bronchiectasis |

(a) Qualifies only if accompanied by secondary diagnosis of J41, J43, J44, J47.

**Congestive heart failure (CHF) hospital admission rate**

**OECD indicator name**: Congestive heart failure hospital admission.

**Coverage**: Population aged 15 and older (5 year age groups). All acute care hospitals, including public and private hospitals that provide inpatient care.

**Numerator**: All non-maternal/non-neonatal separations with principal diagnosis code of CHF (Table 4) in a specified year.

**Exclusions**:

* Cases where the patient died in hospital during the admission.
* Cases resulting from a transfer from another acute care institution (transfers-in).
* Cases with cardiac procedure codes in any field (Table 5).
* Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field (Supplementary Table 2).
* Cases with MDC 15 or specified Newborn and other neonate codes in any field (Supplementary Table 3).
* Cases that are same day/day only admissions.

**Denominator**: Population count.

**Table 4: ICD-10 (WHO and AM) diagnosis codes for CHF**

|  |  |
| --- | --- |
| **Code** | **Description** |
| I11.0 | Hypertensive heart disease with (congestive) heart failure |
| I13.0 | Hypertensive heart and renal disease with (congestive) heart failure |
| I13.2 | Hypertensive heart and renal disease with both (congestive) heart failure and renal failure |
| I50.0 | Congestive heart failure |
| I50.1 | Left ventricular failure |
| I50.9 | Heart failure, unspecified |

**Table 5: Excluded ACHI 10th edition cardiac procedure codes**

|  |  |
| --- | --- |
| **ACHI block** | **ACHI block** |
| 600 | Incision procedures on atrium | 636 | Incision procedures on pulmonary valve |
| 601 | Destruction procedures on atrium | 637 | Repair or replacement of pulmonary valve |
| 602 | Excision procedures on atrium | 638 | Other procedures on pulmonary valve |
| 603 | Repair procedures on atrium | 639 | Incision procedures on myocardium |
| 604 | Reconstruction procedures on atrium | 640 | Excision procedures on myocardium |
| 606 | Other procedures on atrium | 641 | Repair procedures on myocardium |
| 609 | Destruction procedures on ventricle | 644 | Other incision procedures on pericardium |
| 610 | Ventricular myectomy | 645 | Biopsy of pericardium |
| 611 | Excision of ventricular aneurysm | 646 | Other excision procedures on pericardium |
| 612 | Other excision procedures on ventricle | 647 | Insertion of temporary transvenous electrode for cardiac pacemaker or defibrillator |
| 613 | Baffle or conduit procedures | 648 | Insertion of permanent transvenous electrode for cardiac pacemaker or defibrillator |
| 614 | Other repair procedures on ventricle | 649 | Insertion of other electrode or patch for cardiac pacemaker or defibrillator |
| 615 | Other procedures on ventricle | 650 | Insertion of cardiac pacemaker generator |
| 616 | Excision procedures on septum | 653 | Insertion of cardiac defibrillator generator |
| 617 | Closure of atrial septal defect | 654 | Adjustment, replacement or removal of electrode for cardiac pacemaker or defibrillator |
| 618 | Closure of ventricular septal defect | 655 | Adjustment, replacement or removal of cardiac pacemaker generator |
| 619 | Other repair procedures on septum | 656 | Adjustment, replacement or removal of cardiac defibrillator generator |

*(continued)*

**Table 5 (continued): Excluded ACHI 10th edition cardiac procedure codes**

|  |  |
| --- | --- |
| **ACHI block** | **ACHI block** |
| 620 | Other procedures on septum | 660 | Transplantation of heart or lung |
| 621 | Incision procedures on aortic valve | 661 | Other repair procedures on other sites of heart |
| 622 | Repair of aortic valve | 662 | Reconstruction procedures on other sites of heart |
| 623 | Replacement of aortic valve | 666 | Other procedures on other sites of heart |
| 624 | Other procedures on aortic valve | 669 | Excision procedures on coronary arteries |
| 625 | Incision procedures on mitral valve | 670 | Transluminal coronary angioplasty |
| 626 | Repair of mitral valve | 671 | Transluminal coronary angioplasty with stenting |
| 627 | Mitral valve annuloplasty | 672 | Coronary artery bypass—saphenous vein graft |
| 628 | Replacement of mitral valve | 673 | Coronary artery bypass—other vein graft |
| 631 | Incision procedures on tricuspid valve | 676 | Coronary artery bypass—radial artery graft |
| 632 | Repair of tricuspid valve | 677 | Coronary artery bypass—epigastric artery graft |
| 633 | Tricuspid valve annuloplasty | 678 | Coronary artery bypass—other artery graft |
| 634 | Replacement of tricuspid valve | 679 | Coronary artery bypass—other graft |
| 635 | Other procedures on tricuspid valve | 681 | Other procedures on coronary arteries |

**Hypertension hospital admission rate**

**OECD indicator name**: Hypertension hospital admission.

**Coverage**: Population aged 15 and older (5 year age groups). All acute care hospitals, including public and private hospitals that provide inpatient care.

**Numerator**: All non-maternal/non-neonatal separations with a principal diagnosis code of hypertension (Table 6) in a specified year.

**Exclusions**:

* Cases where the patient died in hospital during the admission.
* Cases resulting from a transfer from another acute care institution (transfers-in).
* Cases with cardiac procedure codes in any field (Table 3.2).
* Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field (Supplementary Table 2).
* Cases with MDC 15 or specified Newborn and other neonate codes in any field (Supplementary Table 3).
* Cases that are same day/day only admissions.

**Denominator**: Population count

**Table 6: ICD-10 (WHO and AM) diagnosis codes for hypertension**

|  |  |
| --- | --- |
| **Code** | **Description** |
| I10 | Essential (primary) hypertension |
| I11.9 | Hypertensive heart disease without (congestive) heart failure |
| I12.9 | Hypertensive renal disease without renal failure |
| I13.9 | Hypertensive heart and renal disease, unspecified |

**Diabetes hospital admission rate**

**OECD indicator name**: Diabetes hospital admission.

**Coverage**: Population aged 15 and older (5 year age groups). All acute care hospitals, including public and private hospitals that provide inpatient care.

**Numerator**: All non-maternal/non-neonatal separations with a principal diagnosis code of diabetes (Table 7) in a specified year.

**Exclusions:**

* Cases where the patient died in hospital during the admission.
* Cases resulting from a transfer from another acute care institution (transfers-in).
* Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field (Supplementary Table 2).
* Cases with MDC 15 or specified Newborn and other neonate codes in any field (Supplementary Table 3).
* Cases that are same day/day only admissions.

**Denominator**: Population count

**Table 7: ICD-10-AM diagnosis codes for diabetes**

|  |  |
| --- | --- |
| **Code** | **Description** |
| E10 | Type 1 diabetes mellitus  |
| E11 | Type 2 diabetes mellitus |
| E13 | Other specified diabetes mellitus |
| E14 | Unspecified diabetes mellitus |

**Diabetes lower extremity amputation rate, using unlinked data**

**OECD indicator name**: Diabetes lower extremity amputation.

**Coverage**: Population aged 15 and older. All acute care hospitals, including public and private hospitals that provide inpatient care.

**Numerator**: All non-maternal/non-neonatal separations with a procedure code of major lower extremity amputation in any field (Table 8) and a diagnosis code of diabetes in any field (Table 5) in a specified year.

**Exclusions:**

* Cases resulting from a transfer from another acute care institution (transfers-in).
* Cases with MDC 14 or specified pregnancy, childbirth, and puerperium codes in any field (Supplementary Table 2).
* Cases with MDC 15 or specified Newborn and other neonate codes (Supplementary Table 3).
* Cases with trauma diagnosis code in any field (Table 9).
* Cases with tumour-related peripheral amputation code (ICD-10-AM and ICD-10-WHO C40.2 and C40.3) in any field.
* Cases that are same day/day only admissions.

**Denominator 1**: Population count

**Denominator 2**: Estimated population with diabetes

Countries were requested to provide the diabetes prevalence (%) estimates for each age cohort. The population with diabetes will be calculated by applying the estimated proportion (%) of the general population in each age cohort that has diabetes.

**Table 8: ACHI 10th edition major lower extremity amputation procedure codes**

|  |  |
| --- | --- |
| **Code** | **Description** |
| 44361–00 | Disarticulation through ankle |
| 44361–01 | Amputation of ankle through malleoli of tibia and fibula |
| 44367–02 | Amputation below knee |
| 44367–01 | Disarticulation at knee |
| 44367–00 | Amputation above knee |
| 44370–00 | Amputation at hip |
| 44373–00 | Hindquarter amputation |

**Table 9: Excluded ICD-10-AM diagnosis codes for trauma**

|  |  |
| --- | --- |
| **Code** | **Description** |
| C40.2 | Long bones of lower limb |
| C40.3 | Short bones of lower limb |
| S78.0 | Traumatic amputation at hip joint |
| S78.1 | Traumatic amputation at level between hip and knee |
| S78.9 | Traumatic amputation of hip and thigh, level unspecified |

*(continued)*

**Table 9 (continued): Excluded ICD-10-AM diagnosis codes for trauma**

|  |  |
| --- | --- |
| **Code** | **Description** |
| S88.0 | Traumatic amputation at knee level |
| S88.1 | Traumatic amputation at level between knee and ankle |
| S88.9 | Traumatic amputation of lower leg, level unspecified |
| S98.0 | Traumatic amputation of foot at ankle level |
| S98.1 | Traumatic amputation of one toe |
| S98.2 | Traumatic amputation of two or more toes |
| S98.3 | Traumatic amputation of other parts of foot |
| S98.4 | Traumatic amputation of foot, level unspecified |
| T05.3 | Traumatic amputation of both feet |
| T05.4 | Traumatic amputation of one foot and other leg [any level, except foot] |
| T05.5 | Traumatic amputation of both legs [any level] |
| T13.6 | Traumatic amputation of lower limb, level unspecified |