IHACPA

Emergency Care ICD-10-AM Twelfth Edition Principal Diagnosis Short List

User guide

Emergency Care ICD-10-AM Twelfth Edition Principal Diagnosis Short List — April 2023

Abbreviations

AECC	Australian Emergency Care Classification
ABF	Activity based funding
ED	Emergency department
EPD-ID	Emergency Care Principal Diagnosis (Short List) Identifier
EPD Short List	Emergency Care International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification Principal Diagnosis Short List
ES	Emergency service
ESC NBEDS	Emergency service care national best endeavours data set
ICD-9-CM	International Classification of Diseases – Ninth Revision – Clinical Modification
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems – Tenth Revision – Australian Modification
IHACPA	Independent Health and Aged Care Pricing Authority
NAPEDC NMDS	Non-admitted patient emergency department care national minimum data set
NNDSS	National Notifiable Disease Surveillance System
SNOMED CT-AU EDRS	Systematized Nomenclature of Medicine – Clinical Terms – Australian version Emergency Department Reference Set

Contents

1. Introduction

The Emergency Care International Statistical Classification of Diseases and Related Health Problems - Tenth Revision - Australian Modification (ICD-10-AM) Principal Diagnosis Short List (the EPD Short List), formerly known as the Emergency Department ICD-10-AM Principal Diagnosis Short List, is a list of codes and medical terms based on ICD-10-AM Twelfth Edition that aims to provide a nationally consistent approach to principal diagnosis reporting in the emergency care setting.

A 'principal diagnosis' is reported for emergency department presentations within the Non-admitted patient emergency department care national minimum data set (NAPEDC NMDS) and for emergency service presentations within the Emergency service care national best endeavours data set (ESC NBEDS). The NAPEDC NMDS and ESC NBEDS are sets of data elements agreed for national reporting by all states and territories for emergency care episodes.

A principal diagnosis is currently defined as *the diagnosis established at the conclusion of the patient's attendance in an emergency department or service to be mainly responsible for occasioning the attendance following consideration of clinical assessment, as represented by a code*.[1,2]

Comorbidities and causes of injuries are not intended to be captured as the principal diagnosis and can be captured separately as additional diagnoses[3,4].

This document details the components and conventions of the EPD Short List and is aimed at jurisdictions, data managers and health information managers involved in emergency care data.

In addition to this document, a Principal Diagnosis Selection Guide has been developed for clinicians responsible for selecting the principal diagnosis. This guide is provided on the Independent Health and Aged Care Pricing Authority (IHACPA) website.

1.1 Background

In 2013, IHACPA initiated a review to assess long term options for classification of emergency care services for activity based funding (ABF) in Australia. A major objective of the approach was to drive efficiency and effectiveness of these services through pricing and funding in conjunction with the collection of data to support clinical care, quality improvement, epidemiological monitoring and health services research.

The review recommended development of the Australian Emergency Care Classification (AECC) to replace the Urgency Related Groups and Urgency Disposition Groups (UDG) classifications. The

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1   Australian Institute of Health and Welfare, METEOR metadata online registry (2022). Emergency department stay—principal diagnosis emergency care (ICD-10-AM Twelfth Edition) principal diagnosis short list code.

2   Australian Institute of Health and Welfare, METEOR metadata online registry (2022). Emergency service stay—principal diagnosis, emergency care (ICD-10-AM Twelfth Edition) principal diagnosis short list code.

3   Australian Institute of Health and Welfare, METEOR metadata online registry (2022). Emergency department stay – additional diagnosis, code (ICD-10-AM Twelfth Edition).

4 Australian Institute of Health and Welfare, METEOR metadata online registry (2022). Emergency service stay – additional diagnosis, code (ICD-10-AM Twelfth Edition).

AECC has been used for pricing emergency department episodes since 1 July 2021. Emergency services continue to use the UDG for pricing whilst emergency services activity data reporting continues to improve. The AECC has been developed to assign end classes using the EPD Short List as a key classification variable.

The EPD Short List improved inconsistencies in principal diagnosis reporting. Previously states and territories had developed localised short lists and varied reporting of principal diagnosis using Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT) and various editions of ICD-10-AM or the International Classification of Diseases – Ninth Revision – Clinical Modification (ICD-9-CM).

1.2 Development

The EPD Short List was developed in consultation with ED clinicians and jurisdictions and was subject to a public consultation.

The guiding principles in developing the EPD Short List were:

- sufficient volume of attendances reported for a diagnosis to support the inclusion of a code
- consistent use of the diagnosis codes between jurisdictions
- comparability with ICD-10-AM diagnosis codes reported in the admitted setting
- exhaustive nature of the EPD Short List, with appropriate inclusion of residual diagnosis categories for conditions which do not have a specific code in the EPD Short List
- captures a clinical diagnosis rather than the cause of injury or a comorbidity, with external causes of morbidity and mortality codes (chapter 20) excluded from the EPD Short List.

The EPD Short List was developed using ICD-10-AM Ninth Edition and resulted in 1133 EPD Short List codes. The number of codes ensures it is clinically comprehensive and meaningful, but is balanced in order to be practical for clinicians to use effectively.

1.3 Updates to the EPD Short List

The EPD Short List has been updated to incorporate ICD-10-AM Tenth, Eleventh and Twelfth Editions. This enables emergency care data to be comparable with other patient data collections using ICD-10-AM to collect diagnosis information. A summary of the EPD Short List editions for each reporting period has been included in Table 1.

Table 1: EPD Short List editions by reporting period

Reporting period	ICD-10-AM Edition	EPD Short List Edition	Number of EPD Short List codes	Changes
2017–18*	Tenth Edition	Ninth Edition	1133	N/A
2018–19	Tenth Edition	Tenth Edition	1134	1 added code
2019–20	Eleventh Edition	Eleventh Edition	1136	2 added codes
2020–21	Eleventh Edition	Eleventh Edition	1137	1 added code
2021–22	Eleventh Edition	Eleventh Edition	1137	N/A
2022–23	Twelfth Edition	Eleventh Edition	1178	38 added codes and 1 removed code
2023–24	Twelfth Edition	Twelfth Edition	1186	12 added codes and 5 removed codes

*The EPD Short List was published but not a mandatory requirement for EPD principal diagnosis reporting.

Any enquiries related to the EPD Short List should be directed to: enquiries.ihacpa@ihacpa.gov.au.

1.4 Twelfth Edition

12 codes were added while 5 codes were removed to update the EPD Short List with ICD-10-AM Twelfth Edition content. Codes descriptors, terms and included conditions were also updated to align with the ICD-10-AM Twelfth Edition. Table 2 shows a summary of the changes to the EPD Short List for Twelfth Edition.

Table 2: Number of changes in the EPD Short List for Twelfth Edition

Type of change	Number of changes
Added short list codes	12
Removed short list codes	5
Change to included conditions	2
Total changes	9

Updates made to ICD-10-AM that had an impact on the EPD Short List components include the revised classification and standardisation of several concepts, including:

- behavioural and psychological symptoms of dementia
- coronavirus disease 2019
- male and female genitalia disorders/injuries
- mental health terminology
- sepsis
- placeholder codes to be activated for emergency use.

2. Components

2.1 EPD Short List file

The EPD Short List file is provided in spreadsheet format and contains several columns. These columns are described in Table 3.

Table 3: Columns in the EPD Short List file

Column	Column headings	Definition
A	EPD-ID	Unique identifier for each EPD Short List code
B	Disease/body system group	Disease/body system group for the code in column D for the purposes of aggregating of main disease/body system groups regardless of where they are categorised in ICD-10-AM
C	ICD-10-AM chapter	ICD-10-AM chapter number for the code in column D, for example *'6' indicates the code is found in Chapter 6 Diseases of the nervous system*
D	EPD Short List codes	ICD-10-AM code used to represent the EPD Short List concepts described in columns E, F and G
E	EPD Short List descriptor	ICD-10-AM full text descriptor for the EPD Short List code in column D
F	Term	Descriptive term for the EPD Short List code in column D
G	Included conditions	Concepts classifiable to the EPD Short List code in column D

2.2 EPD Short List mapping file

The mapping file maps the full set of codes from ICD-10-AM Twelfth Edition to the subset of codes used in the EPD Short List. The mapping file was used in the development of the EPD Short List to aggregate multiple codes to a single EPD Short List code and allows data to be tracked over time. The ability to link the full set of codes from ICD-10-AM means that other collections using ICD-10-AM to report diagnosis can compare.

The EPD Short List mapping file is provided in spreadsheet format and contains several columns. These columns are described in Table 4.

Table 4: Columns in the EPD Short List mapping file

Column	Column headings	Definition
A	ICD-10-AM chapter	ICD-10-AM chapter number for the code in column B, for example *'2' indicates the code resides in Chapter 2 Neoplasms*
B	ICD-10-AM code	ICD-10-AM code
C	ICD-10-AM code descriptor	ICD-10-AM full text descriptor for the code in column B
D	Effective from	Date from which code in column B is effective, for example *1/07/1998 means the code was effective from ICD-10-AM First Edition*
E	Inactive from	Date from which code in column B is inactive, for example *1/7/2013 means the code was inactive (or not a valid code) from ICD-10-AM Eighth Edition*
F	Reactivated from	Date from which the code in column B is reactivated. Indicates codes which were inactivated in a previous edition but reactivated in a later edition
G	EPD Short List code	The EPD Short List code to which the ICD-10-AM code from column C maps
H	EPD Short List code descriptor	ICD-10-AM full text descriptor for the EPD Short List code in column H

State and territory health authorities have been provided with the EPD Short List mapping file under license agreement and are not available on IHACPA's website.

2.3 EPD Short List mapping file

The structural hierarchies file contain the structural hierarchies for codes in each ICD-10-AM chapter (anatomical/body system or disease). The hierarchies are a visual representation of the hierarchical structure of the EPD Short List displaying how codes are aggregated in each ICD-10-AM chapter.

NOTE: These files are a visual representation only. If diagnoses are collected using the full set of codes from ICD-10-AM, the EPD Short List mapping file (see Section 2.2 EPD Short List mapping file) should be used to convert these codes to EPD Short List codes.

2.4 Other associated resources

Some emergency department and emergency service information systems collect diagnosis information using the SNOMED CT – Australian version (SNOMED CT-AU) Emergency Department Reference Set (EDRS). Jurisdictions may access a mapping file from IHACPA that maps SNOMED CT -AU EDRS to ICD-10-AM, which can then be used to map to the EPD Short List with the mapping file outlined in Section 2.2 EPD Short List mapping file.

3. Specific guidelines

3.1 Conventions for terms in the EPD Short List

A number of conventions were applied to ICD-10-AM to enable the EPD Short List to be more applicable in an emergency care setting. Where possible, natural language is used for the terms in the EPD Short List (e.g. fracture of femur). Many of the EPD Short List terms remain as they are in ICD-10-AM for compatibility. However, some terms were modified for practicality and usability.

3.1.1 Clinical currency

Where the language of a term was considered out of date in ICD-10-AM it was either updated in the EPD Short List or the legacy terminology was included as a synonym in the parentheses or within the 'included conditions' (see Section 3.2 Included conditions) of the codes.

Example of EPD Short List convention	
ICD-10-AM =	E05.9 *Thyrotoxicosis unspecified*
EPD Short List =	E05.9 *Thyrotoxicosis (hyperthyroidism)*

3.1.2 Context

Where the ICD-10-AM code descriptor did not provide sufficient context on its own, the term was modified.

Example of EPD Short List convention	
ICD-10-AM =	T41.22 *Ketamine*
EPD Short List =	T41.22 *Poisoning or exposure to ketamine*

NB: Poisoning is the terminology used in ICD-10-AM and 'exposure' is more recent terminology.

If the existing ICD-10-AM code descriptor was sufficiently descriptive without the addition of qualifying context it was retained (usually where there are single concepts).

Example of EPD Short List convention	
ICD-10-AM =	G20 *Parkinson's disease*
EPD Short List =	G20 *Parkinson's disease* (remains unchanged)

3.1.3 Exclusivity/comprehensiveness

Throughout the EPD Short List, concepts usually categorised to 'other specified' and 'unspecified' categories in ICD-10-AM, were combined to represent residual categories.

The qualifier 'other' has been added to some terms using commas for comprehensiveness and to provide exclusivity.

Example of EPD Short List convention	
ICD-10-AM =	B37.9 *Candidiasis, unspecified site*
EPD Short List =	B37.9 *Candidiasis, other*

However, in general if the unspecified code from ICD-10-AM was included in the EPD Short List the term 'other' was not used. Therefore, terms without 'other' as a qualifier, generally reflect the single term for that condition or injury.

Example of EPD Short List convention	
ICD-10-AM =	E03.9 *Hypothyroidism, unspecified*
EPD Short List =	E03.9 *Hypothyroidism*

Or they reflect where an unspecified ICD-10-AM code has been used in the EPD Short List.

Example of EPD Short List convention	
ICD-10-AM =	H43.9 *Disorder of vitreous body, unspecified*
EPD Short List =	H43.9 *Vitreous body disorder*

The qualifier 'except' is used in some instances to indicate a code is incorrect in certain contexts.

Example of EPD Short List convention – "jaundice of the newborn"	
ICD-10-AM =	P59.9 *Neonatal jaundice, unspecified* R17.0 *Hyperbilirubinaemia with jaundice, not elsewhere*
EPD Short List =	P59.9 *Jaundice in newborn* R17.0 *Jaundice (except in newborn)*

In some instances, the qualifier 'includes' is used in the term to indicate that the term is inclusive of a particular condition.

Example of EPD Short List convention	
ICD-10-AM =	B89 *Unspecified parasitic disease*
EPD Short List =	B89 *Parasitic disease, other (includes head lice)*

3.1.4 Aggregation of concepts

In some instances where multiple concepts have been combined (aggregated) to one code in the EPD Short List (or where ICD-10-AM already classifies multiple concepts to one code) the term has been modified to reflect common aggregated conditions.

Example of EPD Short List convention	
ICD-10-AM =	I38 *Endocarditis, valve unspecified*
EPD Short List =	I38 *Endocarditis, valve insufficiency, or stenosis*
ICD-10-AM =	A09.9 *Gastroenteritis and colitis of unspecified origin*
EPD Short List =	A09.9 *Colitis, gastroenteritis, diarrhoea, not known if bacterial, protozoal or viral*

Notably the aggregation of concepts in some instances has resulted in a change of term meaning, compared to the mapped ICD-10-AM category.

3.1.5 ICD-10-AM convention for code descriptors

Where an ICD-10-AM convention was not intuitive it was modified, for example, the ICD-10-AM uses the preposition 'and' to indicate an 'and/or' relationship between medical concepts, meaning that both concepts are not required to meet the inclusion criteria for that category. In the EPD Short List 'and' was usually replaced with 'or' if both concepts were not required to meet the scope of the term.

3.1.6 General arrangement of terms in the EPD Short List

Terms in the EPD Short List have been arranged by a particular convention to enable ease of navigation. These conventions are shown in Table 5.

Table 5: Arrangement of terms in the EPD Short List

Arrangement of EPD Short List terms	Examples
Disease, severity	*Gastritis, acute*
Disease, severity, synonyms or exclusions	*Cholelithiasis, acute (without calculus)*
Disease site, type, severity	*Liver failure, acute*
Disease, type, qualifier	*Cyst, pilonidal with abscess*

If it was not logical to follow the above arrangement, terms were listed using the known disease or condition group (including known abbreviations).

3.1.7 Neoplasms

Neoplasms are another example where multiple concepts have been aggregated and consequently the EPD Short List terms were combined using a standard order of 'neoplasm, behaviours, morphology and site.'

3.1.8 Injuries

Type of injury (e.g. fracture, dislocation) has been used as the 'lead' or 'first' word in the terms for injuries, followed by site and severity (if included), which is consistent with the general arrangement of terms in the EPD Short List.

Prepositions link the injury type and site (e.g. fracture of femur), with commas separating additional qualifying information where it exists.

The residual (unspecified) block code in each anatomical section of the injuries section begins with 'Injury of…'.

Multiple injuries and suspected injuries are dealt with within the terminology for the code or added to the 'included conditions' for particular codes as per the examples in Table 6.

Table 6: Examples of suspected and multiple injuries in the EPD Short List

EPD Short List code and term	Included conditions
Code: S00.00 Term: Superficial injury of scalp	Abrasion, blister, insect bite, superficial foreign body (splinter), contusion or soft tissue injury to scalp; **multiple superficial injuries of scalp**
Code: S09.9 Term: Injury, unspecified or suspected of head	Injury of head with unspecified or undifferentiated diagnosis; **suspected** injury to the head or clinical diagnosis only (includes suspected TBI)
Code: S99.9 Term: Injury, unspecified or suspected of ankle or foot	Injury of ankle or foot with unspecified or undifferentiated diagnosis; **suspected** injury to the ankle or foot or clinical diagnosis only
Code: T07 Term: Injury, multiple in significant multi-trauma	**Multiple**, major trauma involving several anatomical regions and injury, where the severity is not captured by using a single principal diagnosis

3.1.9 Poisoning by or exposure to drugs, medicaments and biological substances

Poisoning by or exposure to drugs, medicaments and biological substances include poisoning/exposure irrespective of whether it is accidental or intentional, as specified in the 'included conditions'. Therefore, an overdose of a drug, such as gamma hydroxybutyrate, is assigned EPD Short List code 'T41.21 *Poisoning or exposure to gamma hydroxybutyrate (GHB)*' and a funnel web spider bite is assigned 'T63.3 *Poisoning or exposure to spider venom*', see Table 7 for these and other examples.

Table 7: Examples of poisoning/exposure to drugs, medicaments and biological substances in the EPD Short List

EPD Short List code and term	Included conditions
Code: T41.21 Term: Poisoning or exposure to gamma hydroxybutyrate (GHB)	Poisoning/exposure (includes overdose, accidental or intentional or toxic effect) from gamma hydroxybutyrate (GHB)
Code: T47.9 Term: Poisoning or exposure to agent primarily affecting the gastrointestinal system (GIT)	Poisoning/exposure (includes overdose, accidental or intentional or toxic effect) from histamine H2-receptor antagonists, other antacids and anti-gastric-secretion drugs, stimulant laxatives, saline and osmotic laxatives, other laxatives, intestinal atonia drugs, digestants, antidiarrhoeal drugs
Code: S59.9 Term: Poisoning or exposure to other gases, fumes and vapours (includes smoke inhalation)	Poisoning/inhalation (includes overdose, accidental or intentional or toxic effect) from halogen derivatives of aliphatic and aromatic hydrocarbons, corrosive substances, soaps and detergents, metals, other inorganic substances (includes arsenic, phosphorous, manganese, hydrogen cyanide); inhalation injury from smoke; anaphylaxis from industrial chemicals
Code: T63.3 Term: Poisoning or exposure to spider venom	Poisoning from funnel web spider, red back spider, mouse spider, trap door spiders, white-tailed spiders, Australian tarantulas, recluse spider, huntsman, common garden orb weaver spider; anaphylaxis or anaphylactic shock from spider venom

3.2 Included conditions

Included conditions are terms for concepts that are classifiable to the EPD Short List code. They detail other diseases/conditions or synonymous terms that are categorised to a single EPD Short List code. This feature of the EPD Short List was used because multiple conditions are often classified to a single code in ICD-10-AM and further aggregation of concepts was required to ensure the EPD Short List was an exhaustive subset of ICD-10-AM.

The scope of concepts detailed in the 'included conditions' are a guide to whether a particular condition has been included in an EPD Short List code. Table 8 demonstrates several examples of where the 'included conditions' may be useful in determining whether the EPD Short List code is the accurate selection for a given condition.

Table 8: Examples of included conditions in the EPD Short List

EPD Short List code and term	Included conditions
Code: F10.9 Term: Mental and behavioural disorders due to alcohol (except intoxication, withdrawal or poisoning)	Harmful use of alcohol (except intoxication, dependence, withdrawal or poisoning); alcohol induced psychotic disorder, amnesic syndrome, residual and late onset psychotic disorder
Code: G47.30 Term: Sleep apnoea	Breathing related sleep disorder (includes central sleep apnoea syndrome, obstructive sleep apnoea and hypopnoea syndrome, sleep hyperventilation syndrome)
Code: I87.9 Term: Vein disorder, other	Portal vein thrombosis; sublingual varices; scrotal varices; pelvic varices; vulval varices; gastric varices; varices of other sites; postthrombotic syndrome; compression of vein; venous insufficiency, chronic or peripheral
Code: N80.9 Term: Endometriosis	Endometriosis of uterus, fallopian tube, pelvic peritoneum (includes broad ligament), rectovaginal septum and vagina, intestine
Code: I50.1 Term: Left ventricular failure (LVF)	Pulmonary oedema with heart failure or condition; cardiac asthma; oedema of lung; pulmonary oedema with heart disease

Included conditions predominantly follow the ICD-10-AM named categories for consistency with the mapping to ICD-10-AM. Semicolons are used in the 'Included Conditions' column to distinguish the ICD-10-AM concepts that have been aggregated to a single EPD Short List code. Table 9 demonstrates an EPD Short List code that has aggregated several ICD-10-AM categories.

Table 9: Examples of the use of semicolons in the Included Conditions column

EPD Short List code and term	Included conditions
Code: R47.8 Term: Symptoms of speech (and voice) disturbance, other (dysarthria)	Impairment or absence of speech and voice disturbance; **[R47.1]** dysarthria, anarthria; **[R48.0]** dyslexia, alexia; **[R48.1]** agnosia, **[R49.1]** aphonia; **[R49.2]** hypernasality, hyponasality, **[R48.8]** auditory amnesia; **[R47.8]** other and unspecified speech disturbance; **[R49.8]** other and unspecified voice disturbance **[NOTE: Codes have been inserted for demonstration purposes and do not appear in the EPD Short List]**

Two primary conventions are used:

- If a four character ICD-10-AM code was included in the EPD Short List, the remaining four character codes (within the same three character category in ICD-10-AM) were named in the included terms in the residual category.

- If only three character categories were named in the term set, (predominantly the .9 categories), the three character categories in ICD-10-AM were included in the block residual codes.

Example of EPD Short List convention

Phlebitis and thrombophlebitis of femoral vein; phlebitis and thrombophlebitis of lower extremities not specified as superficial or deep.

Irritant contact dermatitis due to detergents, oils and greases, solvents, cosmetics, drugs in contact with skin.

Lower case is used to present all included terms except pronouns and proper names of infectious agents (which are italicised in lower case) as per Table 10.

Table 10: Examples of the use of italics for infectious agents in the EPD Short List

EPD Short List code and term	Included conditions
Code: B95.3 Term: Pneumococcal disease[NNDSS] (*Streptococcus pneumoniae*)	Notifiable from laboratory definitive evidence of *Streptococcus pneumoniae*

Several inclusions have been added to the injury terms in the EPD Short List to provide detail about trauma in scope of each term (see Section 3.1.8 Injuries).

3.3 Dagger and asterisk codes

Mapping of the aetiology and manifestation (dagger and asterisk) codes in ICD-10-AM was undertaken with preference given to the manifestation of a disease (asterisk code) if that disease was the principal reason for the attendance.

Example of EPD Short List convention

K77* *Liver disorders in diseases classified elsewhere* is represented as *Disorders of the liver caused by other diseases* where the liver disorder is the principal reason for the attendance.

3.4 General formatting

3.4.1 Abbreviations

Abbreviations have been included in the EPD Short List where these are common in clinical use. They are placed at the end of the Term in parentheses as can be seen from the examples in Table 11.

Table 11: Examples of the use of abbreviations in the EPD Short List

EPD Short List code and term	Included conditions
Code: I21.4 Term: Myocardial infarction, subendocardial, acute (NSTEMI)	Non transmural myocardial infarction (NSTEMI)
Code: I80.20 Term: Phlebitis or thrombophlebitis of deep vessels, lower extremities (deep venous thrombosis [DVT])	Endophlebitis, inflammation of vein, periphlebitis or suppurative phlebitis of deep vessels

National Notifiable Disease Surveillance System (NNDSS) reportable conditions are flagged with NNDSS in superscript next to the disease as per Table 12.

Table 12: Examples of the use of superscript to denote NNDSS reportable conditions in the EPD Short List

EPD Short List code and term	Included conditions
Code: A83.4 Term: Encephalitis, Australian [NNDSS] (Murray Valley)	Notifiable from laboratory definitive evidence of Murray Valley encephalitis virus and clinical evidence of non-encephalitic disease, encephalitic disease or asymptomatic disease
Code: I80.20 Term: Phlebitis or thrombophlebitis of deep vessels, lower extremities (deep venous thrombosis [DVT])	Endophlebitis, inflammation of vein, periphlebitis or suppurative phlebitis of deep vessels; including iliac, popliteal and tibial veins

3.4.2 Parentheses

Parentheses were used to incorporate synonyms, included conditions and excluded conditions as noted above.

3.4.3 Commas

Commas were used to separate qualifying information where the use of natural language (preposition) was not logical.

4. Utility

4.1 Designed as a terminology

The design of the terms in the EPD Short List incorporates the clinical comprehensiveness of ICD-10-AM while introducing features that allow it to be used as a standalone terminology. Table 13 demonstrates an easier way to navigate the EPD Short List when sorted alphabetically.

Table 13: Cardiovascular diseases in the EPD Short List in different orders

EPD Short List Alphabetical order	ICD-10-AM Hierarchical order
Angina pectoris, stable or unspecified	Rheumatic fever, acute, without heart involvement (I00)
Angina pectoris, unstable	Rheumatic heart disease (I09.9)
Atrial fibrillation or atrial flutter	Hypertension, essential, primary (high blood pressure) (I10)
Atrioventricular block, complete	Hypertensive heart or kidney disease (I13.9)
Bradycardia	Hypertension, secondary (I15.9)
Cardiac arrest	Angina pectoris, unstable (I20.0)
Cardiac arrhythmia, other	Angina pectoris, stable or unspecified (I20.9)
Cardiomyopathy	Myocardial infarction, transmural, acute (STEMI) (I21.3)
Conduction disorder	Myocardial infarction, subendocardial, acute (NSTEMI) (I21.4)
Congestive cardiac failure (CCF)	Myocardial infarction, acute, other (I21.9)
Embolism, pulmonary	Ischaemic heart disease, acute (I24.9)
Endocarditis, acute (except valve disorders)	Ischaemic heart disease, chronic (atherosclerotic) (I25.9)
Endocarditis, valve insufficiency, or stenosis	Embolism, pulmonary (I26.9)
Hypertension, essential, primary (high blood pressure	Pulmonary vessel disease, other (I28.9)
Hypertension, secondary	Pericarditis, acute (I30.9)
Hypertensive heart or kidney disease	Pericardial effusion, noninflammatory (I31.3)
Ischaemic heart disease, acute	Pericardial disease, other (I31.9)
Ischaemic heart disease, chronic (atherosclerotic)	Endocarditis, acute (except valve disorders) (I33.9)
Myocardial infarction, acute, other	Endocarditis, valve insufficiency, or stenosis (I38)
Myocardial infarction, subendocardial, acute (NSTEMI)	Myocarditis, acute (I40.9)
Myocardial infarction, transmural, acute (STEMI)	Cardiomyopathy (I42.9)
Myocarditis, acute	Atrioventricular block, complete (I44.2)
Pain in chest on breathing	Conduction disorder (I45.9)
Pain in chest, other	Cardiac arrest (I46.9)
Palpitations	Tachycardia, supraventricular (I47.1)
Pericardial disease, other	Tachycardia, ventricular (I47.2)
Pericardial effusion, noninflammatory	Tachycardia, paroxysmal other (I47.9)
Pericarditis, acute	Atrial fibrillation or atrial flutter (I48.9)
Pulmonary vessel disease, other	Ventricular fibrillation or flutter (I49.0)
Rheumatic fever, acute, without heart involvement	Sick sinus syndrome (I49.5)
Rheumatic heart disease	Cardiac arrhythmia, other (I49.9)
Sick sinus syndrome	Congestive cardiac failure (CCF) (I50.0)
Tachycardia	Tachycardia (R00.0)
Tachycardia, paroxysmal other	
Tachycardia, supraventricular	
Tachycardia, ventricular	

EPD Short List Alphabetical order	ICD-10-AM Hierarchical order
Ventricular fibrillation or flutter	Bradycardia (R00.1)
	Palpitations (R00.2)
	Pain in chest on breathing (R07.1)
	Pain in chest, other (R07.4)

This utility can be seen when comparing the cardiovascular diseases of the EPD Short List terms in hierarchical order of the ICD-10-AM classification, versus in alphabetical order.

4.2 Unique identifiers

Each EPD Short List code has a unique identifier associated with that term, an EPD-ID. This ID remains static across the editions of the EPD Short List and assists with data comparisons.

The EPD-ID also enables the EPD Short List to be implemented as a terminology in electronic health information systems as each term has an identifier and a description.

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