

# Indicator Library

## Diagnosis type definitions

The following are the diagnosis types and definitions used in the DAD-HMDB.

Value	Description	Definition
<b>M</b>	Most Responsible Diagnosis (MRDx)	A Diagnosis Type (M) is the one diagnosis or condition that can be described as being most responsible for the patient's stay in a facility. If there is more than one such condition, the one held most responsible for the greatest portion of the length of stay or greatest use of resources (e.g., operating room time or investigative technology) is selected.
<b>1</b>	Pre-Admit Comorbidity	A Diagnosis Type (1) is a condition that existed prior to admission, has been assigned an ICD-10-CA code and satisfies the requirements for determining comorbidity.
<b>2</b>	Post-Admit Comorbidity	A Diagnosis Type (2) is a condition that arises post-admission, has been assigned an ICD-10-CA code and satisfies the requirements for determining comorbidity.
<b>3</b>	Secondary Diagnosis	A Diagnosis Type (3) is a secondary diagnosis or condition for which a patient may or may not have received treatment, has been assigned an ICD-10-CA code and does not satisfy the requirements for determining comorbidity.
<b>C</b>	Quebec-specific value	For data year 2006–2007 onward, Diagnosis Type (C) has been assigned to Quebec records for diagnoses where CIHI cannot distinguish pre-admit comorbidities (Diagnosis Type 1s) from those that are most likely secondary diagnoses (Diagnosis Type 3s).
<b>W, X, Y</b>	Service Transfer Diagnosis	These are ICD-10-CA codes associated with the first, second or third service transfer, respectively.
<b>4</b>	Morphology Code	Diagnosis Type (4) morphology codes are derived from ICD-O ( <i>International Classification of Diseases — Oncology</i> ) codes describing the type and behaviour of a neoplasm.
<b>5</b>	Admitting Diagnosis	Diagnosis Type (5) can be used to code the admitting diagnosis when it differs from the most responsible diagnosis code.
<b>6</b>	Proxy Most Responsible Diagnosis (MRDx)	Diagnosis Type (6) is assigned to a designated asterisk code in a dagger/asterisk convention when the condition it represents fulfills the requirements stated in the definition for Diagnosis Type (M). In morbidity coding, asterisk codes are manifestations of an underlying condition and, according to World Health Organization (WHO) rules, must be sequenced following the code for the underlying cause. The underlying cause codes are identified with a dagger symbol in the ICD-10-CA classification.



## How To

Value	Description	Definition
9	External Cause of Injury Code	A Diagnosis Type (9) is assigned to an external cause of injury code (Chapter XX: External Causes of Morbidity and Mortality), place of occurrence code (U98.– <i>Place of occurrence</i> ) or activity code (U99.– <i>Activity</i> ).
0	Newborn	Diagnosis Type (0) is restricted to newborn codes only (Admit Category N).