

## VMDB Master Diagnosis List

The master list is a collection of diagnoses submitted from various institutions that may be utilized in an electronic health record. The diagnoses are mapped to SNOMED CT codes so diagnoses and patient encounter data may be meaningfully shared. The mapped list will help to insure that VMDB collects consistent data that is of high quality.

Historically the list was suggested by Dr. Allen Hahn, Professor Emeritus of Veterinary Medicine at the University of Missouri. Kathleen Ellis, RN, RHIT, developed the correct codes for the system and currently maintains the list for the Veterinary Medical DataBases (VMDB). The tables contain a unique list of diagnoses from participating partners.

### Ownership

The VMDB SNOMED CT Master List is the intellectual property of the Association of Veterinary Medical Data Program Participants, Inc. (A-VMDB-P). The list may not be used or redistributed without the written permission of the A-VMDB-P.

A-VMDB-P is not responsible for accuracy of the list if it is changed by a user. Diagnoses may be reworded by the user as long as it does not change the meaning of the intended diagnosis.

### Usage Guidelines

1. *Diagnoses* should not be changed. However, if a partner wishes to reword the diagnosis it must have the same meaning as the intended diagnosis, and must have the same meaning as the SNOMED CT coding.
  - a. Example: Myocardial Infarct is the same as Heart Attack
  - b. Example: Melanoma Muzzle may **not** be the same as Malignant Melanoma Muzzle
2. The *SNOMED CT coding* should not be changed unless added in error or an improved coding term is added to the terminology by VMDB. This will be done at VMDB.
3. Please do not send duplicate diagnoses within a unique visit, i.e. a duplicate concept ID. This may skew queries especially where counts by diagnoses are performed.
  - a. Example: A partner may have a diagnosis listed for both Warts and for Papilloma on the diagnosis list, but these may have the same coding.
4. The partner's diagnosis ID number that is assigned internally to the diagnosis text should **always** be associated with that diagnosis. It could be retired along with the diagnosis text but the ID number should **never be reused**.
  - a. The ID# should be transmitted to VMDB with the routine data submissions. This ID# may be used to make corrections to a diagnosis by VMDB when necessary.
    - i. Example: for Missouri, the internal diagnosis ID# 3222 is for Uveal Cyst. The internal ID# for this diagnosis may be different for other institutions, but the SNOMED CT code still stays the same.
    - ii. If the coding for Missouri's ID# 3222 is in error, VMDB may correct it using their ID# so that records do not need to be corrected and resent by Missouri.
    - iii. Sometimes more generalized concept IDs are used for a diagnosis while waiting for a more specific SNOMED ID for the term.
      1. VMDB would be able to update the partner's diagnosis in the database without compromising all records where the more generalized concept ID was used correctly

5. It is recommended to electronically load the diagnosis list within the electronic health record where feasible.
  - a. to maintain data integrity and ensure the list matches the Master List
  - b. manually adding SNOMED CT concepts is labor intensive and prone to human error
  
- 6.

#### Transmission to VMDB

1. When transmitting SNOMED CT diagnoses, coding must keep the order in which it is mapped. The lead code must always be from the SNOMED CT hierarchy "CLINICAL FINDINGS" and occasionally from the 'Event' category.. (see the General Guidelines for further information on SNOMED CT coding convention <http://www.vmdb.org/Guidelines/Contents.htm>).  
For example:
  - a. Folliculitis – Staphylococcal is:  
  
399324007 bacterial folliculitis (disorder)  
246075003 causative agent (attribute)  
65119002 Genus Staphylococcus (organism)  
  
NOT: Causative Agent, Genus Staphylococcus, Bacterial Folliculitis
  
2. When SNOMED CT coding is changed due to error or updates, or visit and signalment information is changed, the visit encounter should be resubmitted to VMDB (except as discussed above under Usage Guidelines, #4).
  
3. Flag a diagnosis as Initial or Recheck and send this designate in the transmission file.
  - a. This may require some orientation with the clinicians involved in choosing the diagnosis
  - b. See the Recheck Guidelines:
  - c. <http://www.vmdb.org/Guidelines/Contents.htm>
  
4. See [http://www.vmdb.org/Transmission information/vmdb transmission file guide.htm](http://www.vmdb.org/Transmission%20information/vmdb%20transmission%20file%20guide.htm) for field definition details.
  
5. See [http://www.vmdb.org/vmdbrules\\_snomed.html](http://www.vmdb.org/vmdbrules_snomed.html) for Submission Rules using SNOMED CT.