1A00 Cholera

Cholera is a potentially epidemic and life-threatening infection of the intestine, characterised by extreme watery (secretory) diarrhoea often accompanied by vomiting, with rapid depletion of body fluids and salt that may result in hypovolemic shock and acidosis. Cholera outbreaks are caused by toxigenic strains of Vibrio cholerae serogroups O1 and O139. Serogroup O1 has two biovars; classical and eltor. Vibrio cholerae O1, biovar cholerae is classical type. Vibrio cholerae O1, biovar eltor is eltor type.

Inclusions: cholera syndrome

1A01 Intestinal infection due to other Vibrio

1A02 Intestinal infections due to Shigella

A disease caused by an infection with the gram-negative bacteria genus Shigella. This disease is characterised by an acute onset of small volume diarrhoea, accompanied by fever and nausea. This disease may also present with toxaemia, vomiting, cramps, and tenesmus. Transmission is by ingestion of contaminated food, or direct contact. Confirmation is by identification of Shigella in a faecal sample.

Coded Elsewhere: Sepsis due to shigella with septic shock (1C41)

1A03 Intestinal infections due to Escherichia coli

Any condition of the gastrointestinal system, caused by an infection with the gram-negative bacteria Escherichia coli.

1A03.0 Enteropathogenic Escherichia coli infection

An infection of the gastrointestinal system, caused by the gram-negative bacteria Escherichia coli. It is characterised by acute, profuse, watery diarrhoea. Transmission is by the faecal-oral route from contaminated food, water, or fomites. Confirmation is by identification of enteropathogenic Escherichia coli (EPEC) in a faecal sample.

1A03.1 Enterotoxigenic Escherichia coli infection

A condition of the gastrointestinal system, caused by an infection with the gram-negative bacteria Escherichia coli. This condition is characterised by acute, watery diarrhoea due to toxins released from the bacteria. Transmission is by the faecal-oral route from ingestion of contaminated food, water, or fomites. Confirmation is by identification of the Escherichia coli in faecal sample.

1A03.2 Enteroinvasive Escherichia coli infection

A condition of the gastrointestinal system, caused by an infection with the gram-negative bacteria Escherichia coli. This condition is characterised by acute and profuse diarrhoea (that may be haemorrhagic), fever, and abdominal cramps. Transmission is by the faecal-oral route from ingestion of contaminated food or water. Confirmation is by identification of the Escherichia coli in a faecal sample.

1A03.3 Enterohaemorrhagic Escherichia coli infection

1A03.Y Intestinal infections due to other specified Escherichia coli

1A03.Z Intestinal infections due to Escherichia coli, unspecified

1A04 Intestinal infections due to Clostridioides difficile

A disease of the colon, caused by an infection with the gram-positive bacteria Clostridioides difficile (formerly known as Clostridium difficile). This disease is characterised by colitis, diarrhoea, abdominal pain, and fever. Transmission is commonly by direct or indirect contact, or from a disturbance of the normal bacterial flora of the colon. Confirmation is by identification of Clostridioides difficile in a faecal sample.

Exclusions: Necrotising enterocolitis of newborn (KB88)

1A05 Intestinal infections due to Yersinia enterocolitica

A disease of the intestinal tract, caused by an infection with the gram-negative bacteria Yersinia enterocolitica. This disease commonly presents with a fever, diarrhoea, or abdominal pain. This disease may also lead to a systemic infection. Transmission is by the faecal-oral route from the ingestion of contaminated food or water, or direct contact with infected individuals or animal. Confirmation is by identification of Yersinia enterocolitica in a faecal sample.

Exclusions: Extraintestinal yersiniosis (1B9A)

Coded Elsewhere: Postinfectious arthropathy in enteritis due to Yersinia enterocolitica (1A05)

1A06 Gastroenteritis due to Campylobacter

1A07 Typhoid fever

A condition caused by an infection with the gram-negative bacteria Salmonella typhi. This condition is characterised by an acute sustained fever. This condition may present with weakness, stomach pains, headache, loss of appetite, or flat, rose-coloured spots. Transmission is by the faecal-oral route from the ingestion of contaminated food or water. Confirmation is by identification of Salmonella typhi in a faecal or blood sample.

1A07.0 Typhoid peritonitis

1A07.Y Other specified typhoid fever

1A07.Z Typhoid fever, unspecified

1A08 Paratyphoid fever

A condition caused by an infection with the gram-negative bacteria Salmonella paratyphi. This condition is characterised by an acute sustained fever. The individual may feel weak, have stomach pains, headache, loss of appetite, or a rash of flat, rose-coloured spots. Transmission is by ingestion of contaminated food or water. Confirmation is by identification of Salmonella paratyphi in a faecal or blood sample.

1A09 Infections due to other Salmonella

Coding Note: Infection or foodborne intoxication due to any Salmonella species other than S. typhi and S. paratyphi

1A09.0 Salmonella enteritis

This refers to inflammation of the small intestine due to infection with bacteria of the genus Salmonella, a member of the family Enterobacteriaceae. Bacteria of the genus Salmonella are rod-shaped, Gram-negative, non-spore-forming and predominantly motile.

1A09.Y Infections due to other Salmonella in other organs

Coding Note: Infection or foodborne intoxication due to any Salmonella species other than S. typhi and S. paratyphi

1A09.Z Salmonella infection, unspecified

Coding Note: Infection or foodborne intoxication due to any Salmonella species other than S. typhi and S. paratyphi

1A0Y Other specified bacterial intestinal infections

1A0Z Bacterial intestinal infections, unspecified

Bacterial foodborne intoxications (1A10‑1A1Z)

Any condition caused by an intoxication due to a bacterial toxin. Intoxication is by ingestion of contaminated food.

Exclusions: salmonella foodborne intoxication and infection (1A09)

Listeriosis (1C1A)

Harmful effects of or exposure to noxious substances, Substances chiefly nonmedicinal as to source, Other noxious substances eaten as food (NE61)

Ichthyotoxism not specified as bacterial (NE61)

1A10 Foodborne staphylococcal intoxication

1A11 Botulism

A disease caused by an infection with the gram-positive bacteria Clostridium botulinum. This disease commonly presents with abdominal pain, vomiting, acute paralysis, blurred vision, diplopia, and may be fatal. Transmission is by ingestion of contaminated food, direct contact, or from accidental overdose. Confirmation is by identification of Clostridium botulinum in a faecal or food sample.

1A11.0 Foodborne intoxication by botulinum toxin

1A11.1 Other forms of botulism

1A11.Z Botulism, unspecified

1A12 Foodborne Clostridium perfringens intoxication

Inclusions: enteritis necroticans

foodborne Clostridium welchii intoxication

1A13 Foodborne Bacillus cereus intoxication

1A1Y Other specified bacterial foodborne intoxications

1A1Z Bacterial foodborne intoxications, unspecified

Viral intestinal infections (1A20‑1A2Z)

Any condition of the intestines, caused by an infection with a viral source.

Exclusions: influenza with involvement of gastrointestinal tract (1E32)

Coded Elsewhere: Herpes simplex virus duodenitis (1F00.Y)

Human immunodeficiency virus disease enteritis (1C62.2)

1A20 Enteritis due to Adenovirus

A disease of the intestinal tract, caused by an infection with adenovirus. This disease is characterised by a fever, diarrhoea, or vomiting. Transmission is by the faecal-oral route.

1A21 Gastroenteritis due to Astrovirus

1A22 Gastroenteritis due to Rotavirus

A disease of the gastrointestinal tract, caused by an infection with rotavirus. This disease is characterised by acute onset of vomiting, non-haemorrhagic diarrhoea, and abdominal pain. Transmission is by ingestion of contaminated food or water, direct contact, or through fomites. Confirmation is by identification of rotavirus.

1A23 Enteritis due to Norovirus

A disease of the gastrointestinal tract, caused by an infection with norovirus. This disease is characterised by acute onset of vomiting, non-haemorrhagic diarrhoea, and abdominal pain. Transmission is by ingestion of contaminated food or water, direct contact, or through fomites. Confirmation is by identification of norovirus.

1A24 Intestinal infections due to Cytomegalovirus

A condition of the intestinal tract, caused by an infection with cytomegalovirus. The condition is characterised by diarrhoea, fever, abdominal pain, or haematochezia. Transmission is by direct contact with infected body fluids.

1A2Y Other specified viral intestinal infections

1A2Z Viral intestinal infections, unspecified

Protozoal intestinal infections (1A30‑1A3Z)

Any condition of the intestines, caused by an infection with a protozoal parasitic source.

1A30 Infections due to Balantidium coli

Any condition caused by an infection with the protozoan parasite Balantidium coli.

1A31 Giardiasis

A condition caused by an infection with the protozoan parasite Giardia. This condition is characterised by gastroenteritis, or may be asymptomatic. Transmission is by the faecal-oral route from the ingestion of contaminated food or water. Confirmation is by identification of Giardia in a faecal sample.

1A32 Cryptosporidiosis

Any condition caused by an infection with the protozoan parasite Cryptosporidium.

1A33 Cystoisosporiasis

A disease caused by the protozoan parasite Cystoisospora belli. This disease is characterised by watery diarrhoea, fever, abdominal pain, nausea, or malaise. Transmission is by the faecal-oral route, commonly through the ingestion of contaminated food or water. Confirmation is by identification of Cystoisospora belli in a faecal sample.

1A33.0 Cystoisosporiasis of small intestine

Inclusions: Infection due to Isopora belli

Infection due to Isopora hominis

1A33.1 Cystoisosporiasis of colon

Isosporiasis of colon is a large intestinal inflammation caused by the protozoan Isospora belli.

1A33.Y Other specified cystoisosporiasis

1A33.Z Cystoisosporiasis, unspecified

1A34 Sarcocystosis

Any condition caused by an infection with the protozoan parasite Sarcocystis.

Inclusions: Sarcosporidiosis

1A35 Blastocystosis

1A36 Amoebiasis

Inclusions: infection due to Entamoeba histolytica

1A36.0 Intestinal infections due to Entamoeba

1A36.00 Acute amoebiasis

A disease caused by an infection with the protozoan parasite Entamoeba histolytica. This disease is characterised by fever, abdominal pain, tenesmus, or diarrhoea containing blood. Transmission is by the faecal-oral route or ingestion of contaminated food or water. Confirmation is by identification of Entamoeba histolytica in a faecal or blood sample.

Inclusions: amoebic dysentery

1A36.01 Amoeboma of intestine

Coded Elsewhere: Amoeboma of large intestine (1A36.0Z)

1A36.0Z Intestinal infections due to Entamoeba, unspecified

1A36.1 Extraintestinal infections due to Entamoeba

1A36.10 Amoebic liver abscess

Inclusions: Hepatic amoebiasis

1A36.11 Amoebic lung abscess

1A36.12 Cutaneous amoebiasis

1A36.1Y Amoebiasis of other specified sites

1A36.Z Amoebiasis, unspecified

1A3Y Other specified protozoal intestinal infections

1A3Z Protozoal intestinal infections, unspecified

1A40 Gastroenteritis or colitis without specification of infectious agent

Inclusions: enteritis septic

gastroenteritis septic

Exclusions: Noninfectious neonatal diarrhoea (KB8C)

noninfective diarrhoea (ME05.1)

1A40.0 Gastroenteritis or colitis without specification of origin

There is no mention whether the gastroenteritis or colitis is infectious or non-infectious.

1A40.Z Infectious gastroenteritis or colitis without specification of infectious agent

Predominantly sexually transmitted infections (1A60‑1A9Z)

Exclusions: Nonspecific and nongonococcal urethritis (GC02.1)

Arthropathy following genitourinary infection (FA11.2)

Coded Elsewhere: Sexually transmissible viral hepatitis

Herpes simplex labialis (1F00.01)

Herpes simplex gingivostomatitis (1F00.02)

Vulvovaginal candidosis (1F23.10)

Candida balanoposthitis (1F23.11)

Human immunodeficiency virus disease (1C60-1C62.Z)

Other infections with a predominantly sexual mode of transmission complicating pregnancy, childbirth or the puerperium (JB63.3)

Candidosis of external genitalia (1F23.1Z)

Anogenital molluscum contagiosum (1E76)

Syphilis (1A60‑1A6Z)

A predominantly sexually transmitted infection caused by Treponema pallidum ssp. pallidum.

Coded Elsewhere: Syphilis complicating pregnancy, childbirth or the puerperium (JB63.1)

1A60 Congenital syphilis

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum in utero. This disease may present with clinical signs depending on the stage of disease. Transmission is by vertical transmission.

1A60.0 Early congenital syphilis, symptomatic

A disease affecting newborns or children up to 2 years of age, caused by an infection with the gram-negative bacteria Treponema pallidum pallidum in utero. This disease is characterised by premature birth, hepatosplenomegaly, skeletal abnormalities, and bullous skin disease. Transmission is by vertical transmission.

1A60.1 Early congenital syphilis, latent

1A60.2 Late congenital syphilitic oculopathy

This is a late congenital, sexually transmitted infection caused by the spirochete bacterium Treponema pallidum subspecies pallidum. This diagnosis is with oculopathy.

1A60.3 Late congenital neurosyphilis

Neurological sequelae of longstanding (> 2 years) untreated congenital neurosyphilis include mental delay, hydrocephalus, seizures, cerebral infarction and cranial nerve palsies.

1A60.4 Other late congenital syphilis, symptomatic

1A60.5 Late congenital syphilis, latent

1A60.Z Congenital syphilis, unspecified

1A61 Early syphilis

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum, including primary and secondary stages of syphilis, and early latent syphilis of less than 2 years duration. This disease is characterised by a single chancre in the primary stage, and diffuse rash in the secondary stage. Transmission is commonly by sexual contact.

Exclusions: Early congenital syphilis (1A60)

1A61.0 Primary genital syphilis

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by a single chancre in the genital region. Transmission is commonly by sexual contact.

1A61.1 Primary anal syphilis

1A61.2 Primary syphilis of other sites

1A61.3 Secondary syphilis of skin or mucous membranes

A disease caused by an infection with Treponema pallidum pallidum. This disease is characterised by lesions of the skin and mucous membranes. Transmission is commonly by sexual contact.

1A61.4 Secondary syphilis of other sites

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by less common symptoms of syphilis, including hepatitis, kidney disease, arthritis, periostitis, optic neuritis, uveitis, or interstitial keratitis. Transmission is commonly by sexual contact.

1A61.5 Latent early syphilis

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by serologic proof of infection without symptoms of disease less than 1 year after secondary syphilis. Transmission is commonly by sexual contact.

1A61.Y Other specified early syphilis

1A61.Z Early syphilis, unspecified

1A62 Late syphilis

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by gummas, neurological abnormalities, or cardiac abnormalities. Clinical signs normally manifest approximately 3-15 years after initial infection. Transmission is commonly by sexual contact.

Exclusions: Late congenital syphilis (1A60)

1A62.0 Neurosyphilis

A disease of the brain or spinal cord caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by four different forms: meningovascular, tabes dorsalis, general paresis, or may be asymptomatic. Clinical signs normally manifest approximately 4-25 years after initial infection. Transmission is commonly by sexual contact.

1A62.00 Asymptomatic neurosyphilis

1A62.01 Symptomatic late neurosyphilis

A diverse constellation of neuropsychiatric signs resulting from prolonged untreated or inadequately treated syphilis. The protean clinical manifestations include chronic, insidious meningeal inflammation with cranial nerve palsy, cognitive and/or behavioural impairment, ataxia, stroke, seizures and visual or auditory impairment.

Coded Elsewhere: Dementia due to neurosyphilis (6D85.Y)

Meningitis due to Treponema pallidum (1D01.0Y)

1A62.0Z Neurosyphilis, unspecified

1A62.1 Cardiovascular late syphilis

This is a late, sexually transmitted infection caused by the spirochete bacterium Treponema pallidum subspecies pallidum. This diagnosis is involving the cardiovascular area.

1A62.2 Symptomatic late syphilis of other sites

1A62.20 Ocular late syphilis

This is a late, sexually transmitted infection caused by the spirochete bacterium Treponema pallidum subspecies pallidum. This diagnosis is with ocular.

1A62.21 Late syphilis involving the musculoskeletal system

This is a late, sexually transmitted infection caused by the spirochete bacterium Treponema pallidum subspecies pallidum. This diagnosis is involving the musculoskeletal system.

1A62.22 Late syphilis of skin or mucous membranes

This is a late, sexually transmitted infection caused by the spirochete bacterium Treponema pallidum subspecies pallidum. This diagnosis is involving the skin and mucous membranes.

1A62.2Y Symptomatic late syphilis of other specified sites

1A62.2Z Symptomatic late syphilis of unspecified site

1A62.Y Other specified late syphilis

1A62.Z Late syphilis, unspecified

1A63 Latent syphilis, unspecified as early or late

A disease caused by an infection with the gram-negative bacteria Treponema pallidum pallidum. This disease is characterised by serologic proof of infection without symptoms of disease. Transmission is commonly by sexual contact.

Inclusions: Positive serological reaction for syphilis

1A6Z Syphilis, unspecified

Gonococcal infection (1A70‑1A7Z)

A condition caused by an infection with the gram-negative bacteria Neisseria gonorrhoeae. Transmission is by sexual contact. Confirmation is by identification of Neisseria gonorrhoeae.

Coded Elsewhere: Gonorrhoea complicating pregnancy, childbirth or the puerperium (JB63.2)

1A70 Gonococcal genitourinary infection

1A70.0 Gonococcal infection of lower genitourinary tract without periurethral or accessory gland abscess

Exclusions: Gonococcal infection of lower genitourinary tract with periurethral or accessory gland abscess (1A70.1)

1A70.00 Gonorrhoea of penis

1A70.0Y Other specified gonococcal infection of lower genitourinary tract without periurethral or accessory gland abscess

1A70.0Z Gonococcal infection of lower genitourinary tract without periurethral or accessory gland abscess, unspecified

1A70.1 Gonococcal infection of lower genitourinary tract with periurethral or accessory gland abscess

1A70.Y Gonococcal infection of other specified genitourinary organ

1A70.Z Gonococcal genitourinary infection, unspecified

1A71 Gonococcal pelviperitonitis

This is an inflammation of the peritoneum, the thin tissue that lines the inner wall of the abdomen and covers most of the abdominal organs.

1A72 Gonococcal infection of other sites

1A72.0 Gonococcal infection of musculoskeletal system

This is a species of Gram-negative coffee bean-shaped diplococci bacteria responsible for the sexually transmitted infection gonorrhoea. This diagnosis is of the musculoskeletal system.

1A72.1 Gonococcal infection of rectum

This is a species of Gram-negative coffee bean-shaped diplococci bacteria responsible for the sexually transmitted infection gonorrhoea of the rectum.

1A72.2 Gonococcal infection of anus

This is a species of Gram-negative coffee bean-shaped diplococci bacteria responsible for the sexually transmitted infection gonorrhoea. This diagnosis is of the anus.

1A72.3 Gonococcal pharyngitis

1A72.4 Gonococcal infection of eye

This is a species of Gram-negative coffee bean-shaped diplococci bacteria responsible for the sexually transmitted infection gonorrhoea. This diagnosis is of the eye.

Coded Elsewhere: Neonatal conjunctivitis or dacryocystitis due to Neisseria gonorrhoeae (KA65.0)

1A72.Y Gonococcal infection of other specified sites

1A73 Disseminated gonococcal infection

Disseminated gonococcal infection occurs when there is bacteremic dissemination of Neisseria gonorrhoeae from its initial focus of infection in female pelvic organs. It manifests as pain and swelling around one or more joints, intermittent crops of erythematous papules and pustules on the limbs, fever and rigors. Blood cultures may be but are not always positive.

1A7Z Gonococcal infection, unspecified

Sexually transmissible infections due to chlamydia (1A80‑1A8Z)

An infection with the gram-negative bacteria Chlamydia trachomatis. This infection may be asymptomatic or characterised by fever, painful urination, urinary urgency, dyspareunia, vaginal bleeding or discharge, pain in the abdomen in females and by fever, urethritis, painful urination, discharge from the penis, swollen or tender testicles in males. Transmission is by anal, vaginal, or oral sex. Confirmation is by identification of Chlamydia trachomatis.

1A80 Chlamydial lymphogranuloma

A disease of the inguinal lymph glands, caused by an infection with the gram-negative bacteria Chlamydia trachomatis. This disease is characterised by a genital ulcer, buboes, abscesses in the groin, blood in faeces, tenesmus, or proctocolitis. Transmission is by sexual contact. Confirmation is by identification of Chlamydia trachomatis in a blood sample or by polymerase chain reaction tests.

Inclusions: Durand-Nicolas-Favre disease

1A81 Non-ulcerative sexually transmitted chlamydial infection

Exclusions: Neonatal chlamydial pneumonia (KB24)

Neonatal conjunctivitis due to Chlamydia (KA65.0)

Chlamydial lymphogranuloma (1A80)

Chlamydial peritonitis (1C21)

Trachoma (1C23)

1A81.0 Chlamydial infection of lower genitourinary tract

1A81.1 Chlamydial infection of internal reproductive organs

1A81.Y Non-ulcerative sexually transmitted chlamydial infection of other specified site

1A81.Z Non-ulcerative sexually transmitted chlamydial infection of unspecified site

1A8Y Other specified sexually transmissible infections due to chlamydia

1A8Z Sexually transmissible infections due to chlamydia, unspecified

1A90 Chancroid

A disease caused by an infection with the gram-negative bacteria Haemophilus ducreyi. This disease is characterised by painful ulcer(s) on the genitalia. Transmission is by sexual contact. Confirmation is by identification of Haemophilus ducreyi from the ulcer exudate.

Inclusions: Ulcus molle

1A91 Granuloma inguinale

A disease caused by infection with the gram-negative bacterium Klebsiella granulomatis. It commonly presents with painless genital ulceration following contact with an infected sexual partner. Small, painless nodules appear after an incubation period of about 10–40 days; later the nodules break down to create open, fleshy, oozing ulcers which gradually extend, mutilating the infected tissue. The lesions occur at the region of contact and are typically found on the shaft of the penis, the labia, or the perineum.

Inclusions: Donovanosis

1A92 Trichomoniasis

A disease caused by an infection with the protozoan parasite Trichomonas. This disease presents with symptoms depending on the site of infection.

Coded Elsewhere: Intestinal trichomoniasis (1A3Y)

1A93 Sexually transmissible infestations

Coded Elsewhere: Scabies (1G04)

Pubic infestation by Pthirus pubis (1G03)

1A94 Anogenital herpes simplex infection

A condition of the anogenital region, caused by an infection with herpes simplex virus type 1 or 2. This condition is characterised by vesicles, or may be asymptomatic. Transmission is by sexual contact. Confirmation is by identification of herpes simplex virus type 1 or 2.

1A94.0 Herpes simplex infection of genitalia or urogenital tract

Herpes simplex infection affecting the vulva and vagina in women and the penis in men. It is more commonly due to infection with Herpes simplex type 2 virus than with type 1 virus.

1A94.1 Herpes simplex infection of perianal skin or rectum

Herpes simplex infection of perianal skin and rectum. This is commonly due to Herpes simplex virus type 2 and acquired through anal sexual contact.

1A94.Z Anogenital herpes simplex infection without further specification

1A95 Anogenital warts

Anogenital warts are due to an infection of anogenital skin and mucous membranes by certain human papilloma viruses, most commonly HPV subtypes 6, 11, 16 and 18. Transmission is predominantly by sexual contact. They manifest typically as flat plaques or papillomatous, keratinous growths on and adjacent to the external genitalia and anus. Some HPV subtypes, including types 16 and 18, are oncogenic and predispose to the development of anogenital cancers.

Coded Elsewhere: Anogenital verrucous carcinoma of Buschke and Lowenstein (2C31.0)

1A95.0 Anal warts

Infection of the anus or perianal skin by human papillomavirus (HPV). Although the majority of such infections are sexually transmitted and caused by HPV subtypes responsible for genital warts, autoinoculation from common warts, especially on the hands in children, may also cause perianal warts.

Inclusions: Condylomata acuminata of anus

1A95.1 Genital warts

Infection of anogenital mucosa or skin by the human papillomavirus. The infection is commonly asymptomatic but manifests typically as flat, papular or pedunculated growths depending on the site of infection. Transmission is normally by sexual contact.

1A95.2 Extragenital condylomata acuminata

Anogenital warts transmitted to extragenital sites (i.e. beyond the anogenital region). This may be through autoinoculation of anogenital wart virus to moist, intertriginous sites on the abdomen or under the breasts, or as a result of sexual activity, particularly to the lips and oral cavity.

Inclusions: Anogenital warts affecting sites other than the anogenital area

1A95.Z Anogenital warts, unspecified

1A9Y Other specified predominantly sexually transmitted infections

1A9Z Predominantly sexually transmitted infections, unspecified

Mycobacterial diseases (1B10‑1B2Z)

Tuberculosis (1B10‑1B1Z)

A disease caused by an infection with bacteria of the Mycobacterium tuberculosis complex. This disease presents with symptoms depending on the site of infection. Transmission is commonly by inhalation of infected respiratory secretions.

Inclusions: Infections due to Mycobacterium tuberculosis and Mycobacterium bovis

Exclusions: Pneumoconiosis associated with tuberculosis (CA60.3)

Coded Elsewhere: Congenital tuberculosis (KA61.0)

Tuberculosis complicating pregnancy, childbirth or the puerperium (JB63.0)

HIV disease clinical stage 1 associated with tuberculosis (1C60.0)

HIV disease clinical stage 2 associated with tuberculosis (1C60.1)

HIV disease clinical stage 3 associated with tuberculosis (1C60.2)

HIV disease clinical stage 4 associated with tuberculosis (1C60.3)

Human immunodeficiency virus disease associated with tuberculosis (1C60)

Tuberculosis of orbit (9A22.2)

1B10 Tuberculosis of the respiratory system

This is a progressive or chronic disease resulting from infection with the bacterium Mycobacterium tuberculosis or other bacteria in the M. tuberculosis complex: M. bovis, M. africanum, M. canetti, M. microti and M. pinnipedii. The infection is limited to the respiratory system.

1B10.0 Respiratory tuberculosis, confirmed

A disease of the respiratory tract, caused by an infection with the bacteria Mycobacterium tuberculosis, which has been confirmed by laboratory testing. This disease is characterised by chronic cough, and sputum production that may be haemorrhagic. Transmission is commonly by inhalation of infected respiratory secretions. Confirmation is by identification of Mycobacterium tuberculosis in clinical samples.

1B10.1 Respiratory tuberculosis, not confirmed

A disease of the respiratory tract, caused by an infection with the bacteria Mycobacterium tuberculosis, which has not been confirmed. This disease is characterised by a chronic cough, and sputum production that may be haemorrhagic. Transmission is commonly by inhalation of infected respiratory secretions.

1B10.Z Respiratory tuberculosis, without mention of bacteriological or histological confirmation

1B11 Tuberculosis of the nervous system

A disease of the central nervous system, caused by an infection with bacteria of the Mycobacterium tuberculosis complex. This disease is characterised by neurological deficits depending on the site affected. Transmission is through haematogenous spread to the nervous system after inhalation of infected respiratory secretions. Confirmation is by identification of bacteria of the Mycobacterium tuberculosis complex in the cerebrospinal fluid.

1B11.0 Tuberculous meningitis

A disease of the meninges, caused by an infection with the bacteria Mycobacterium tuberculosis. This disease is characterised by fever, headache, or neurological deficits. Transmission is through haematogenous spread to the meninges after inhalation of infected respiratory secretions. Confirmation is by identification of Mycobacterium tuberculosis in the cerebrospinal fluid.

Inclusions: Tuberculous leptomeningitis

1B11.1 Tuberculous meningoencephalitis

1B11.2 Meningeal tuberculoma

Meningeal tuberculomas are conglomerate caseous foci within the meninges of the brain, caused by dissemination of tuberculosis to the central nervous system.

Inclusions: Tuberculoma of meninges

1B11.3 Tuberculous granuloma of brain

1B11.Y Tuberculosis of other specified part of nervous system

1B11.Z Tuberculosis of the nervous system, unspecified

1B12 Tuberculosis of other systems and organs

1B12.0 Tuberculosis of heart

Mycobacterium tuberculosis infection involving the heart and pericardium

1B12.1 Tuberculosis of eye

Tuberculosis involving the eye. This may manifest in multiple different ways including keratoconjunctivitis, episcleritis, anterior uveitis and posterior uveitis

Exclusions: lupus vulgaris of eyelid (1B12.8)

1B12.2 Tuberculosis of ear

This is a common, and in many cases lethal, infectious disease caused by various strains of mycobacteria, usually Mycobacterium tuberculosis. This diagnosis is of the ear.

Exclusions: tuberculosis of skin of external ear (1B12.8)

Tuberculous mastoiditis (1B12.40)

1B12.3 Tuberculosis of endocrine glands

Infection of endocrine glands by Mycobacterium tuberculosis with resultant endocrine disturbances including adrenal or pituitary failure.

Coded Elsewhere: Tuberculous Addison disease (1B12.3)

1B12.4 Tuberculosis of the musculoskeletal system

Coded Elsewhere: Mycobacterial infection of vertebra (FA90.1)

1B12.40 Tuberculosis of bones or joints

A disease of the bones and joints, caused by an infection with the bacteria Mycobacterium tuberculosis. This disease commonly presents with bone pain, joint inflammation, loss of movement or feeling in the affected bone or joint, and weak bones prone to fracture. Transmission is through haematogenous spread to the bones and joints after inhalation of infected respiratory secretions. Confirmation is by identification of Mycobacterium tuberculosis in biopsy samples of the affected site.

1B12.41 Tuberculous myositis

1B12.4Y Tuberculosis of other specified part of the musculoskeletal system

1B12.4Z Tuberculosis of the musculoskeletal system, unspecified

1B12.5 Tuberculosis of the genitourinary system

Tuberculosis involving the urinary tract and/or reproductive organs. The primary site of infection is most commonly the kidney as a result of haematogenous spread from distant sites: infection may then spread further down the urinary tract and/or to the reproductive organs. Genital infection may be sexually transmitted.

1B12.6 Tuberculous peripheral lymphadenopathy

A disease of the peripheral lymph nodes, caused by an infection with the bacteria Mycobacterium tuberculosis. This disease is characterised by inflammation of the peripheral lymph nodes, typically the cervical lymph nodes. Transmission is through haematogenous spread to the peripheral lymph nodes after inhalation of infected respiratory secretions. Confirmation is by identification of Mycobacterium tuberculosis from lymph node biopsies.

Inclusions: Tuberculous adenitis

Exclusions: Tuberculosis of intrathoracic lymph nodes, confirmed bacteriologically or histologically (1B10.0)

Tuberculosis of intrathoracic lymph nodes, without mention of bacteriological or histological confirmation (1B10)

1B12.7 Tuberculosis of the digestive system

Tuberculosis of the digestive tract or hepatobiliary system

1B12.8 Cutaneous tuberculosis

Tuberculosis involving the skin and mucous membranes including lupus vulgaris, scrofuloderma and periorificial tuberculosis.

Exclusions: Tuberculids (EA40‑EA5Z)

Skin complications of BCG immunisation (EA51)

Coded Elsewhere: Acute miliary cutaneous tuberculosis (1B13.0)

1B12.Y Tuberculosis of other specified organ or site

1B13 Miliary tuberculosis

1B13.0 Acute miliary tuberculosis of a single specified site

A disease caused by an infection with the bacteria Mycobacterium tuberculosis that is disseminated through the body, and affecting a specific body site. This disease is characterised by numerous small lesions of 1-5 millimetre(s) in any organ, and fever. Transmission is commonly by inhalation of infected respiratory secretions. Confirmation is by radiography, CT, ultrasonography, and identification of Mycobacterium tuberculosis, depending on the site affected.

1B13.1 Acute miliary tuberculosis of multiple sites

A disease caused by an infection with the bacteria Mycobacterium tuberculosis that is disseminated through the body, and affecting multiple body sites. This disease is characterised by numerous small lesions of 1-5 millimetre(s) in more than one organ, and fever. Transmission is commonly by inhalation of infected respiratory secretions. Confirmation is by radiography, advanced imaging, ultrasonography, and identification of Mycobacterium tuberculosis, depending on the sites affected.

1B13.2 Acute miliary tuberculosis, unspecified site

1B13.Y Other specified miliary tuberculosis

1B13.Z Miliary tuberculosis, unspecified

1B14 Latent tuberculosis

1B1Y Other specified tuberculosis

1B1Z Tuberculosis, unspecified

1B20 Leprosy

A disease caused by an infection with Mycobacterium leprae. This disease commonly presents with a long asymptomatic period followed by granulomatous lesions of the skin, respiratory tract, and peripheral nerves. Transmission is commonly by droplet transmission. Confirmation is by identification of Mycobacterium leprae with skin biopsy.

Inclusions: Infection due to Mycobacterium leprae

1B20.0 Paucibacillary leprosy

1B20.1 Multibacillary leprosy

1B20.2 Leprosy reactions

1B20.20 Type I leprosy reaction

This phenomenon, also named “upgrading reaction,” occurs in borderline leprosy states and is associated with an increase in cell-mediated immunity. It occurs typically within the first 6 months of treatment in previously untreated patients but may be related to stress, intercurrent infections, or pregnancy. Clinical features include inflammatory swelling, erythema and occasionally ulceration of existing lesions, constitutional symptoms and neuritis. If the neuritis is not treated promptly permanent motor nerve damage may ensue.

1B20.21 Type II leprosy reaction

This phenomenon, also named downgrading reaction, occurs in borderline leprosy states and is associated with a decrease in cell-mediated immunity with a shift towards the lepromatous end of the clinical spectrum.

1B20.3 Complications of leprosy

1B20.Z Leprosy, unspecified

1B21 Infections due to non-tuberculous mycobacteria

Any condition caused by an infection with Mycobacteria excluding infections due to Mycobacterium tuberculosis complex and Mycobacterium leprae. These conditions commonly present with lung disease; however, symptoms are dependent on the site of infection. Transmission is by direct contact with non-tuberculous Mycobacteria in the environment. Confirmation is by identification of non-tuberculous Mycobacteria from the affected site(s).

Exclusions: Leprosy (1B20)

Tuberculosis (1B10‑1B1Z)

1B21.0 Pulmonary infection due to non-tuberculous mycobacterium

A condition of the pulmonary system, caused by an infection with the bacteria Mycobacterium (excluding infections due to Mycobacterium tuberculosis and Mycobacterium leprae). This disease is characterised by cough, fever, weight loss, and fatigue. Transmission is by direct contact with Mycobacterium in the environment.

1B21.1 Non-tuberculous mycobacterial lymphadenitis

1B21.2 Cutaneous non-tuberculous mycobacterial infection

Exclusions: Leprosy (1B20)

Tuberculosis (1B10‑1B1Z)

1B21.20 Mycobacterium ulcerans infection

Mycobacterium ulcerans infection (Buruli ulcer) typically presents as a subcutaneous nodule which breaks down to form a deep painless ulcer which commonly reaches a size of 15 cm in diameter but may extend further to cause extensive tissue damage. The organism is found in wetlands of tropical and subtropical regions of the world, particularly Africa [Dermatology TAG].

1B21.2Y Cutaneous infection due to other specified non-tuberculous mycobacteria

1B21.2Z Cutaneous infection due to unspecified non-tuberculous mycobacteria

1B21.3 Disseminated non-tuberculous mycobacterial infection

1B21.4 Gastrointestinal non-tuberculous mycobacterial infection

1B21.Y Non-tuberculous mycobacterial infection of other specified site

1B21.Z Non-tuberculous mycobacterial infection of unspecified site

1B2Y Other specified mycobacterial diseases

1B2Z Mycobacterial diseases, unspecified

Certain staphylococcal or streptococcal diseases (1B40‑1B5Z)

Coded Elsewhere: Toxic shock syndrome (1C45)

Streptococcal tonsillitis (CA03.0)

Rheumatic myocarditis (BC42.3)

Chronic rheumatic pericarditis (BB21)

Acute staphylococcal tonsillitis (CA03.Y)

Acute rheumatic fever (1B40‑1B42)

A disease of the connective tissue, caused by an infection with the gram-positive bacteria Streptococcus pyogenes (the disease may also affect the heart, joints, central nervous system, subcutaneous tissues, or skin). This disease is characterised by fever, polyarthritis, carditis, subcutaneous nodules, or erythema marginatum. Transmission is through haematogenous spread to other parts of the body after direct or indirect contact. Confirmation is by electrocardiography, sedimentation rate, or identification of Streptococcus pyogenes in a blood sample.

Coded Elsewhere: Erythema marginatum rheumaticum (EA50.0)

1B40 Acute rheumatic fever without mention of heart involvement

1B40.0 Rheumatic arthritis, acute or subacute

1B40.Y Other specified acute rheumatic fever without mention of heart involvement

1B40.Z Acute rheumatic fever without mention of heart involvement, unspecified

1B41 Acute rheumatic fever with heart involvement

A disease of the cardiovascular system, caused as a result of rheumatic fever. Rheumatic heart disease is characterised by repeated inflammation with fibrinous repair. This disease may present with cardinal anatomic changes of the valve including leaflet thickening, commissural fusion, and shortening and thickening of the tendinous cords. Inflammation and valve scarring may also occur. Confirmation is by a thoracic radiography or echocardiography.

Exclusions: Rheumatic mitral valve stenosis (BB60.0)

Rheumatic mitral valve insufficiency (BB61.0)

Rheumatic mitral valve prolapse (BB62.0)

Rheumatic mitral stenosis with insufficiency (BB63.0)

Rheumatic aortic valve stenosis (BB70.0)

Rheumatic aortic valve insufficiency (BB71.0)

Rheumatic aortic stenosis with insufficiency (BB72.0)

Rheumatic tricuspid valve stenosis (BB80.0)

Rheumatic tricuspid valve insufficiency (BB81.0)

Rheumatic tricuspid valve stenosis with insufficiency (BB82.0)

Rheumatic pulmonary valve stenosis (BB90.0)

Rheumatic pulmonary valve insufficiency (BB91.0)

Rheumatic pulmonary valve stenosis with insufficiency (BB92.0)

1B41.0 Acute rheumatic pericarditis

A disease of the pericardium, caused by acute rheumatic fever. This disease is characterised by fever, dry cough, rapid heart rate, fatigue, or low blood pressure. Confirmation is by echocardiography, or thoracic radiography.

1B41.1 Acute rheumatic endocarditis

A disease of the endocardium, caused as a result of acute rheumatic fever. This disease is characterised by a high fever, chills, shortness of breath, rapid or irregular heartbeat, coughing up of blood, abdominal pain or septicaemia. This disease commonly presents with valvular involvement. Confirmation is by echocardiography.

1B41.10 Rheumatic aortitis

1B41.1Y Other specified acute rheumatic endocarditis

1B41.1Z Acute rheumatic endocarditis, unspecified

1B41.2 Acute rheumatic myocarditis

Acute rheumatic myocarditis is cardiac inflammation associated with acute rheumatic fever triggered by an autoimmune reaction to group A streptococci infection resulting in pancarditis involving inflammation of the myocardium, endocardium, and epicardium, usually with left-sided valvar involvement.

1B41.Y Other acute rheumatic heart disease

1B41.Z Acute rheumatic heart disease, unspecified

1B42 Rheumatic chorea

Exclusions: Huntington chorea (8A01.10)

1B50 Scarlet fever

A disease caused by an infection with the gram-positive bacteria Streptococcus pyogenes. This disease is characterised by a sore throat, fever, and a red rash. Transmission is commonly by inhalation of infected respiratory secretions, direct skin contact, or indirect contact.

Inclusions: Scarlatina NOS

Exclusions: streptococcal sore throat (1B51)

Staphylococcal scarlatina (EA50.3)

1B51 Streptococcal pharyngitis

A disease of the pharynx, caused by an infection with the gram-positive bacteria Streptococcus pyogenes. This disease is characterised by fever, sore throat, tonsillar exudates, or large cervical lymph nodes. Transmission is commonly by inhalation of infected respiratory secretions, or indirect contact. Confirmation is by identification of Streptococcus pyogenes from a throat swab.

Inclusions: Streptococcal sore throat

Exclusions: Scarlet fever (1B50)

1B53 Meningitis due to Streptococcus

A disease of the meninges, caused by an infection with the gram-positive bacteria genus Streptococcus. This disease commonly presents with nausea, vomiting, photophobia, and confusion. Transmission is through haematogenous spread to the meninges after inhalation of infected respiratory secretions. Confirmation is by identification of Streptococcus in the cerebrospinal fluid.

Inclusions: Streptococcal meningitis

1B54 Meningitis due to Staphylococcus

A disease of the meninges, caused by an infection with the gram-positive bacteria genus Staphylococcus. This disease commonly presents with acute inflammation of the meninges causing headache, fever, stiff neck, or neurological deficits. Confirmation is by identification of Staphylococcus in the cerebrospinal fluid.

Inclusions: Staphylococcal meningitis

1B5Y Other specified staphylococcal or streptococcal diseases

1B5Z Staphylococcal or streptococcal diseases, unspecified

Pyogenic bacterial infections of the skin or subcutaneous tissues (1B70‑1B7Z)

Coded Elsewhere: Acute bacterial paronychia (EE12.0)

1B70 Bacterial cellulitis, erysipelas or lymphangitis

Diffuse, spreading infections of skin and soft tissues by a range of bacterial organisms, most commonly beta-haemolytic streptococci and Staphylococcus aureus. The clinical presentation is dependent not only on the organism but also on the manner in which it invades the tissues.

Exclusions: Eosinophilic cellulitis (EB30)

1B70.0 Erysipelas

Exclusions: postpartum or puerperal erysipelas (JB40)

1B70.00 Erysipelas of face

1B70.01 Erysipelas of external ear

A rapidly expanding diffuse superficial dermal streptococcal infection involving the external ear. In contrast with infective otitis externa, the skin of the auricle is often initially healthy except at a point of entry for beta-haemolytic streptococci (commonly at a fissure behind the ear or where the ear lobule is attached to the side of the head) and systemic features including fever and malaise are common.

1B70.02 Erysipelas of lower limb

1B70.0Y Erysipelas of other specified site

1B70.0Z Erysipelas, unspecified

1B70.1 Streptococcal cellulitis of skin

Exclusions: Orbital cellulitis (9A21.0)

Cellulitis of external ear (AA01)

anal cellulitis (DB70.00)

vulvar cellulitis (GA00.0)

Cellulitis of penis (GB06)

Inflammatory disorders of scrotum (GB07.2)

perirectal cellulitis (DB36.10)

Superficial incisional site infection (NE81.20)

1B70.2 Staphylococcal cellulitis of skin

Exclusions: Orbital cellulitis (9A21.0)

Cellulitis of external ear (AA01)

anal cellulitis (DB70.00)

vulvar cellulitis (GA00.0)

Cellulitis of penis (GB06)

Inflammatory disorders of scrotum (GB07.2)

perirectal cellulitis (DB36.10)

Superficial incisional site infection (NE81.20)

1B70.3 Ascending bacterial lymphangitis

A complication of a focal acute pyogenic bacterial infection in which the draining lymphatics become red, inflamed and tender as the result of ascending infection. It is most commonly caused by Streptococcus pyogenes.

1B70.Y Bacterial cellulitis or lymphangitis due to other specified bacterium

1B70.Z Bacterial cellulitis or lymphangitis due to unspecified bacterium

1B71 Necrotising fasciitis

1B71.0 Streptococcal necrotising fasciitis

Exclusions: Neonatal necrotising fasciitis (1B71.2)

Coded Elsewhere: Neonatal streptococcal necrotising fasciitis (1B71.2)

1B71.1 Polymicrobial necrotising fasciitis

Exclusions: Neonatal necrotising fasciitis (1B71.2)

1B71.2 Neonatal necrotising fasciitis

Neonatal necrotising fasciitis is a life-threatening acute necrotising infection of fascia, subcutaneous tissues, and overlying skin similar to the condition seen in adults. It is rare in neonates but, in contrast to the adult form, tends to affect otherwise healthy babies. It has followed omphalitis, mastitis and postoperative wound infection, though preceding sites of infection are not always found. It has more commonly been associated with Staphylococcus aureus than with streptococcal infection. Gram-negative organisms have also been implicated. It may cause extensive tissue destruction and mortality is high.

1B71.Y Necrotising fasciitis due to other specified bacterial infection

1B71.Z Necrotising fasciitis, unspecified

1B72 Impetigo

A condition of the skin, commonly caused by a secondary infection with the gram-positive bacteria Staphylococcus aureus or group A beta haemolytic streptococci. This condition is characterised by bullous or non-bullous symptoms. Transmission is by direct contact with an infected individual. Confirmation is by identification of the infectious agent in a skin sample.

Exclusions: impetigo herpetiformis (EA90.40)

Staphylococcal scalded skin syndrome (EA50.2)

Coded Elsewhere: Otitis externa in impetigo (AA3Y)

1B72.0 Bullous impetigo

Bullous impetigo is a contagious superficial infection of the skin caused by certain strains of Staphylococcus aureus which release toxins into the local environment which are capable of cleaving desmoglein I, a protein involved in intercellular adhesion of epidermal keratinocytes. In contrast to the very superficial, rapidly shed and rarely observed blisters of non-bullous impetigo, the bullae of bullous impetigo are tense and well demarcated, sometimes reaching several centimetres in diameter before rupture.

Coded Elsewhere: Neonatal bullous impetigo (EH11)

1B72.1 Non-bullous impetigo

Non-bullous impetigo is due to superficial skin infection with either Streptococcus pyogenes or Staphylococcus aureus or both. The very superficial blisters which form in the upper epidermis are soon shed and rarely seen (cf. bullous impetigo) so that it normally presents with areas of superficial oozing and crusting on the skin surface. It often following minor skin injury or on skin damaged by a preexisting dermatosis such as atopic eczema or scabies.

1B72.2 Secondary impetiginisation of the skin

Secondary infection of dermatoses such as atopic eczema by streptococci or staphylococci.

Coding Note: Code also the causing condition

1B72.Y Other specified impetigo

1B72.Z Impetigo, unspecified

1B73 Ecthyma

Ecthyma is a superficial ulcerative bacterial pyoderma. It is characterised by small, purulent, shallow, punched-out ulcers with thick, brown-black crusts and surrounding erythema. The commonest form is caused by beta-haemolytic streptococci, often in association with Staphylococcus aureus. It is associated with poor hygiene and malnutrition. Ecthyma gangrenosum is an uncommon severe variant caused by Pseudomonas aeruginosa.

1B73.0 Streptococcal ecthyma

1B73.1 Staphylococcal ecthyma

Ecthyma due to a monoinfection with Staphylococcus aureus. It is less common than streptococcal ecthyma.

1B73.2 Ecthyma gangrenosum

Ecthyma gangrenosum is a potentially life-threatening infection of skin in patients who are immunocompromised through disease or immunosuppressive therapy. It is most commonly caused by Pseudomonas aeruginosa though a variety of other organisms may be implicated. It is characterised by usually painless erythematous macules or plaques which progress to haemorrhagic blistering and necrosis of the skin. Lesions may be multiple and widely disseminated, though the anogenital area is a common site. Pseudomonas can frequently be cultured from the blood.

Coded Elsewhere: Neonatal ecthyma gangrenosum (EH11)

1B73.Y Other specified ecthyma

1B73.Z Ecthyma, unspecified

1B74 Superficial bacterial folliculitis

Bacterial infection of the follicular ostium manifested as follicular papules and pustules with perifollicular erythema. The most commonly isolated organisms are coagulase-negative staphylococci and Staphylococcus aureus. The infection may be acute but is more commonly subacute or chronic; individual lesions heal without scarring. Commonly affected sites include the scalp, beard area, thighs and buttocks.

1B74.0 Staphylococcus aureus superficial folliculitis

Infection of the follicular ostium with Staphylococcus aureus. There is a predilection for hairy areas including the scalp, beard and thighs.

1B74.Y Superficial bacterial folliculitis due to other specified organism

1B74.Z Superficial bacterial folliculitis due to unspecified organism

1B75 Deep bacterial folliculitis or pyogenic abscess of the skin

Single or multiple focal infections of skin and soft tissues most commonly centred on the hair follicle and most commonly due to Staphylococcus aureus. Pyogenic abscesses may develop in other locations in skin which has been injured as a result of either trauma or surgery.

1B75.0 Furuncle

A localised infection of a hair follicle by Staphylococcus aureus. It manifests as a painful swollen purulent mass centred on a hair follicle.

1B75.1 Carbuncle

A deep follicular pyogenic staphylococcal skin infection involving a group of adjacent hair follicles. It manifests as a painful boggy mass containing multiple purulent discharging sinuses.

1B75.2 Furunculosis

The presence of multiple furuncles, this condition is associated with disorders such as malnutrition and diabetes mellitus. Treatment-resistant furunculosis may be associated with Panton-Valentine leucocidin-producing Staphylococcus aureus.

1B75.3 Pyogenic abscess of the skin

A pus-producing abscess of the skin most commonly due to bacterial infection by Staphylococcus aureus. It is prone to develop where the normal anatomy is disturbed as in pilonidal disease, an epidermoid cyst or around foreign bodies such as surgical sutures.

Coded Elsewhere: Sacrococcygeal pilonidal abscess (EG63.2)

Infected epidermoid cyst (EK70.00)

1B75.4 Chronic deep bacterial folliculitis

A chronic pyogenic infection by Staphylococcus aureus involving the whole depth of the hair follicle. Sycosis occurs mostly in males after puberty, and commonly involves the follicles of the beard. Most cases begin in the third or fourth decade. Unknown host factors appear to be important in the chronicity of the infection. Extensive follicular destruction and scarring may ensue (lupoid sycosis).

Coded Elsewhere: Folliculitis cruris pustulosa atrophicans (ED81.0)

1B75.Z Deep bacterial folliculitis or pyogenic abscess of the skin, unspecified

1B7Y Other specified pyogenic bacterial infection of skin or subcutaneous tissue

1B7Z Pyogenic bacterial infection of skin or subcutaneous tissue, unspecified

Certain zoonotic bacterial diseases (1B90‑1B9Z)

This is a group of bacterial diseases that are transmitted to humans by contact with infected vertebrate animals.

1B90 Rat-bite fevers

Any disease caused by an infection with the gram-negative bacteria Streptobacillus moniliformis or gram-negative bacteria Spirillum minus. This disease presents with symptoms depending on the bacterial agent. Transmission is through the bite of an infected rat or rodent.

1B90.0 Spirillosis

A disease caused by an infection with the gram-negative bacteria Spirillum minus. This disease is initially characterised by local inflammation, followed by fever, lymphadenitis, and headache. Transmission is commonly by direct contact through the bite or scratch of an infected rat. Confirmation is by identification of Spirillum in blood or tissue samples.

Inclusions: Sodoku

1B90.1 Streptobacillosis

A disease caused by an infection with the gram-negative bacteria Streptobacillus moniliformis. This disease is characterised by systemic illness with fever, chills, rash, and polyarthralgias. Transmission is commonly by direct contact through the bite or scratch of an infected rat. Confirmation is by identification of Streptobacillus in blood or joint samples.

Inclusions: Epidemic arthritic erythema

Haverhill fever

Streptobacillary rat-bite fever

1B91 Leptospirosis

A disease caused by an infection with the gram-negative bacteria Leptospira. In the first phase, this disease is characterised by generalised illness (fever, chills, or myalgias) or individuals may be asymptomatic; in the second phase, the heart, liver, kidneys, or brain may be affected by the infection (symptoms are dependent on the site affected). Transmission is by ingestion of contaminated food or water, droplet transmission, or direct cutaneous contact. Confirmation is by identification of Leptospira in samples from the affected individual.

1B92 Glanders

A disease caused by an infection with the gram-negative bacteria Burkholderia mallei. This disease presents with symptoms depending on the route of infection. Transmission is by contact with tissues or body fluids from infected animals (typically horses), or inhalation of infected aerosol. Confirmation is by identification of Burkholderia mallei in blood, sputum, urine, or skin samples.

Inclusions: Infection due to Pseudomonas mallei

1B93 Plague

A disease caused by an infection with the gram-negative bacteria Yersinia pestis. This disease presents with symptoms depending on the site of infection, and may be fatal. Transmission is through the bite of an infected flea, by direct contact, or by droplet transmission.

1B93.0 Bubonic plague

A disease caused by an infection with the gram-negative bacteria Yersinia pestis. This disease commonly presents with an infection of the lymph nodes leading to swelling and pain. This disease may also present with gangrene of the extremities, chills, malaise, high fever, muscle cramps, or seizures. Transmission is through the bite of an infected flea, by direct contact, or by droplet transmission.

1B93.1 Cellulocutaneous plague

Cellulocutaneous plague is a zoonotic disease caused by Yersinia pestis (formerly known as Pasteurella pestis) involving the skin around the flea bite which transmitted the pathogen.

1B93.2 Pneumonic plague

Pneumonic plague is a zoonotic disease caused by Yersinia pestis (formerly known as Pasteurella pestis) involving the lung. The lungs are seeded by hematogenous spread or from inhalation of the pathogen.

1B93.3 Plague meningitis

Plague meningitis is a zoonotic disease caused by Yersinia pestis (formerly known as Pasteurella pestis) that involves the central nervous system.

1B93.Y Other specified plague

1B93.Z Plague, unspecified

1B94 Tularaemia

A disease caused by an infection with Francisella tularensis. This disease is characterised by fever, chills, headache, and weakness, as well as other symptoms depending on the route of infection. Transmission is through the bite of an infected tick or deer fly, by ingestion of contaminated water or food, airborne transmission, or by direct contact with infected animals. Confirmation is by identification of Francisella tularensis, or the presence of antibodies to Francisella tularensis, in a blood or sputum sample.

Inclusions: deer-fly fever

rabbit fever

infection due to Francisella tularensis

1B94.0 Ulceroglandular tularaemia

1B94.Y Other specified tularaemia

1B94.Z Tularaemia, unspecified

1B95 Brucellosis

A disease caused by an infection with the gram-negative bacteria Brucella. This disease is characterised by fever, muscular pain, or sweating. Transmission is by ingestion of unpasteurized milk and soft cheeses made from infected animals. Confirmation is by identification of Brucella or antibodies to Brucella.

Inclusions: Malta fever

Mediterranean fever

undulant fever

Coded Elsewhere: Spondylitis in brucellosis (FA13)

1B96 Erysipeloid

A disease caused by an infection with the gram-positive bacteria Erysipelothrix rhusiopathiae. This disease is characterised by localised cellulitis. Transmission is by direct cutaneous contact with Erysipelothrix rhusiopathiae, often in individuals handling seafood and raw meat.

1B97 Anthrax

A disease caused by an infection with the gram-positive bacteria Bacillus anthracis. This disease presents with clinical signs depending on the route of infection. Transmission is by inhalation, ingestion, or cutaneous contact with Bacillus anthracis spores. Confirmation is by identification of Bacillus anthracis in a sample, or detection of antibodies or toxins.

1B98 Cat-scratch disease

A disease commonly caused by an infection with the gram-negative bacteria Bartonella henselae. This disease is characterised by regional lymphadenopathy, or fever. Transmission is commonly from the scratch or bite of a cat infested with fleas infected with Bartonella henselae.

Inclusions: Cat-scratch fever

Rochalimaea henselae infection

1B99 Pasteurellosis

A disease caused by an infection with the gram-negative bacteria Pasteurella. This disease is characterised by local cellulitis and may lead to other clinical signs depending on the route of infection. Transmission is commonly by direct contact through the bite, scratch, or lick from an infected animal, inhalation of infected respiratory secretions, or ingestion of contaminated meat. Confirmation is by identification of Pasteurella from the affected individual.

1B9A Extraintestinal yersiniosis

A disease caused by an infection with the gram-negative bacteria Yersinia enterocolitica, excluding infections in the intestinal tract. This disease presents with symptoms depending on the site of infection, and may lead to a systemic infection. Transmission is by the faecal-oral route from the ingestion of contaminated food or water, or direct contact with infected animals or humans. Confirmation is by identification of Yersinia enterocolitica from affected tissues.

Exclusions: Enteritis due to Yersinia enterocolitica (1A05)

Plague (1B93)

1B9Z Unspecified zoonotic bacterial disease

Other bacterial diseases (1C10‑1C4Z)

Coded Elsewhere: Other bacterial infections of the fetus or newborn (KA61)

Bacterial duodenitis (DA51.6Y)

1C10 Actinomycosis

A disease commonly caused by an infection with the gram-positive bacteria Actinomyces. This disease is characterised by painful abscesses in the mouth, lungs, and gastrointestinal tract. Actinomycosis is an endogenous infection whose causative bacteria originate from the patient's oral and pharyngeal flora. It can spread by continuity and hematogenously. Confirmation is by identification of Actinomyces in infected tissue or fluid samples.

Exclusions: Actinomycetoma (1C43)

1C10.0 Pulmonary actinomycosis

This is a pulmonary infectious bacterial disease caused by Actinomyces species such as Actinomyces israelii or A. gerencseriae. It can also be caused by Propionibacterium propionicus, and the condition is likely to be polymicrobial aerobic-anaerobic infection.

1C10.1 Abdominal actinomycosis

This is a cervicofacial infectious bacterial disease caused by Actinomyces species such as Actinomyces israelii or A. gerencseriae. It can also be caused by Propionibacterium propionicus, and the condition is likely to be polymicrobial aerobic anaerobic infection.

1C10.2 Cervicofacial actinomycosis

Cervicofacial actinomycosis is the commonest clinical form of actinomycosis, a sporadically occurring endogenous polymicrobial inflammatory process in which fermentative actinomycetes of the genera Actinomyces (especially A. israelii and A. gerencseriae), Propionibacterium and Bifidobacterium act as the principal pathogens. The typical presentation is a slowly progressive development from painless tissue infiltration and induration of soft tissues of the face and neck to multiple abscesses and draining sinus tracts discharging pus. Actinomycosis is a major factor and indicator of poor prognosis in infected osteoradionecrosis of the jaws following radiation therapy for head and neck cancer.

1C10.3 Primary cutaneous actinomycosis

1C10.Y Other specified forms of actinomycosis

1C10.Z Actinomycosis, unspecified

1C11 Bartonellosis

Any infection caused by the gram-negative bacteria Bartonella.

Coded Elsewhere: Cat-scratch disease (1B98)

1C11.0 Carrion disease

Infection by Bartonella bacilliformis which can present as a systemic illness, Oroya fever, or as a benign skin eruption, verruga peruana.

1C11.00 Oroya fever

A disease commonly caused by an infection with the gram-negative bacteria Bartonella bacilliformis. This disease is characterised by severe haemolytic anaemia and transient immunosuppression. This disease may present with fever, malaise, or jaundice. Transmission is through the bite of infected sandflies from the genus Lutzomyia. Confirmation is by identification of Bartonella bacilliformis in a blood sample.

1C11.01 Verruga peruana

A disease caused by an infection with the gram-negative bacteria Bartonella bacilliformis. This disease is characterised by multiple nodular and red-to-purple vascular skin lesions, subsequent to Oroya fever. Transmission is through the bite of infected sandflies from the genus Lutzomyia.

1C11.1 Trench fever

A disease caused by an infection with the gram-negative bacteria Bartonella quintana. This disease is characterised by fever, headache, rash, bone pain, or may be asymptomatic. Transmission is through the bite of infected body lice. Confirmation is by identification of Bartonella quintana in a blood sample. Bartonella quintana was formerly known as Rickettsia quintana.

Inclusions: Quintan fever

1C11.Y Other forms of bartonellosis

1C11.Z Bartonellosis, unspecified

1C12 Whooping cough

A disease of the upper respiratory tract, caused by an infection with the gram-negative bacteria Bordetella. This disease typically presents with paroxysmal cough, inspiratory whoop, and fainting or vomiting after coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Bordetella from nasopharyngeal samples or sputum, or detection of antibodies against Bordetella.

1C12.0 Whooping cough due to Bordetella pertussis

A disease of the upper respiratory tract, caused by an infection of the gram-negative bacteria Bordetella pertussis. This disease typically presents with paroxysmal cough, inspiratory whoop, and fainting or vomiting after coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Bordetella pertussis from nasopharyngeal samples or sputum, or detection of antibodies against Bordetella pertussis.

1C12.1 Whooping cough due to Bordetella parapertussis

A disease of the upper respiratory tract, caused by an infection of the gram-negative bacteria Bordetella parapertussis. This disease typically presents with a mild clinical presentation of paroxysmal cough, inspiratory whoop, and fainting or vomiting after coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Bordetella parapertussis from nasopharyngeal samples or sputum, or detection of antibodies against Bordetella parapertussis.

1C12.Y Other specified whooping cough

1C12.Z Whooping cough, unspecified

1C13 Tetanus

A disease of the skeletal muscle fibres, caused by an infection with the gram-positive bacteria Clostridium tetani. This disease is characterised by muscle spasms. Transmission is by direct contact of an open wound.

Exclusions: Obstetrical tetanus (1C14)

Tetanus neonatorum (1C15)

1C14 Obstetrical tetanus

A disease caused by an infection with the gram-positive bacteria Clostridium tetani. This disease is characterised by a prolonged contraction of skeletal muscle fibres during pregnancy or within six weeks of termination of pregnancy. Transmission is by direct contact.

1C15 Tetanus neonatorum

A disease affecting neonates, caused by an infection with the gram-positive bacteria Clostridium tetani. This disease is characterised by systemic muscle spasms that arise within the first few days after delivery. Transmission is commonly by direct contact or lack of maternal immunity.

1C16 Gas gangrene

Gas gangrene or clostridial myonecrosis is a potentially fatal, rapidly progressive necrotizing infection of muscle and soft tissue resulting from bacterial invasion of healthy muscle from adjacent traumatized muscle or soft tissue. The infection originates in a wound contaminated with bacteria of the genus Clostridium. C. perfringens accounts for the majority of cases (over eighty percent), while C. novyi, C. septicum, and C. histolyticum cause most of the other cases.

1C17 Diphtheria

A disease commonly of the respiratory system, caused by an infection of the gram-positive bacteria Corynebacterium diphtheriae. This disease is characterised by sore throat, fever, and a pseudomembrane on the tonsils, pharynx, or nasal cavity. Transmission is by inhalation of infected respiratory secretions, or direct cutaneous contact. Confirmation is by identification of Corynebacterium diphtheriae from a throat swab or infected tissue, and by clinical signs.

1C17.0 Pharyngeal or tonsillar diphtheria

Inclusions: Diphtheritic membranous angina

1C17.00 Postdiphtheritic paralysis of uvula

1C17.0Y Other specified pharyngeal or tonsillar diphtheria

1C17.0Z Pharyngeal or tonsillar diphtheria, unspecified

1C17.1 Nasal diphtheria

1C17.2 Laryngeal diphtheria

localised infection of mucous membranes of the larynx caused by toxigenic strains of Corynebacterium diphtheriae; it is characterised by the presence of a pseudomembrane at the site of infection; diphtheria toxin, produced by C. diphtheriae, can cause myocarditis, polyneuritis, and other systemic toxic effects.

Inclusions: Diphtheritic laryngotracheitis

1C17.3 Cutaneous diphtheria

Exclusions: Erythrasma (1C44)

1C17.Y Other specified diphtheria

1C17.Z Diphtheria, unspecified

1C18 Brazilian purpuric fever

A disease affecting children, caused by an infection with the gram-negative bacteria Haemophilus aegyptius. This disease is characterised by fever, nausea, vomiting, purpuric lesions, and sepsis, that is preceded by conjunctivitis. Transmission may be by mechanical transmission from infected eye gnats, contact with discharge from infected individuals, or fomites used near the eyes. Confirmation is by identification of Haemophilus influenzae from blood.

Inclusions: Systemic Haemophilus aegyptius infection

1C19 Legionellosis

Legionellosis varies in severity from a mild febrile illness to a serious and sometimes fatal form of pneumonia and is caused by exposure to Legionella species found in water, and potting mixes.

Legionellosis is a generic term describing the pneumonic and non-pneumonic forms of infection with Legionella.

1C19.0 Nonpneumonic Legionnaires' disease

The non-pneumonic form (Pontiac fever) is an acute, self-limiting flu-like illness usually lasting 2–5 days. The incubation period is from a few and up to 48 hours. The main symptoms are fever, chills, headache, malaise and muscle pain (myalgia).

1C19.1 Legionnaires disease

Legionnaires’ disease, the pneumonic form, has an incubation period of 2 to 10 days (but up to 16 days has been recorded in some outbreaks). Initially, symptoms are fever, loss of appetite, headache, malaise and lethargy. Some patients may also have muscle pain, diarrhoea and confusion. There is also usually an initial mild cough, but as many as 50% of patients can present phlegm. Blood-streaked phlegm or hemoptysis occurs in about one-third of the patients. The severity of disease ranges from a mild cough to a rapidly fatal pneumonia. Death occurs through progressive pneumonia with respiratory failure and/or shock and multi-organ failure.

1C19.Z Legionellosis, unspecified

1C1A Listeriosis

A disease caused by an infection with the gram-positive bacteria Listeria. This disease commonly presents with fever and muscle aches, followed by gastrointestinal symptoms.

Inclusions: listerial foodborne infection

Coded Elsewhere: Neonatal listeriosis (KA61.1)

1C1A.0 Cutaneous listeriosis

This is a bacterial infection caused by a Gram-positive, motile bacterium, Listeria monocytogenes. Listeriosis occurs primarily in newborn infants, elderly patients, and patients who are immunocompromised.

1C1A.1 Listerial meningitis or meningoencephalitis

A disease of the meninges or brain, caused by an infection with the gram-positive bacteria Listeria. This disease is characterised by fever, headache, or neurological deficits. Transmission is through haematogenous spread to the meninges from ingestion of contaminated food. Confirmation is by identification of Listeria from cerebrospinal fluid.

1C1A.Y Other specified listeriosis

1C1A.Z Listeriosis, unspecified

1C1B Nocardiosis

A disease caused by an infection with the gram-positive bacteria Nocardia. This disease presents with symptoms depending on the site of infection (commonly lung, brain, or skin). Transmission is by inhalation of Nocardia from soil or water, or by direct cutaneous contact. Confirmation is by identification of Nocardia in samples from affected sites.

1C1B.0 Pulmonary nocardiosis

A disease of the respiratory system, caused by an infection with the gram-positive bacteria Nocardia. This disease is characterised by chest pain, haemoptysis, fever, weight loss, and cough. Transmission is by inhalation of Nocardia from soil or water. Confirmation is by identification of Nocardia in sputum samples, or lung biopsy.

1C1B.1 Cutaneous nocardiosis

Cutaneous nocardiosis may be due to direct infection of the skin where it presents either as a solitary cold abscess or as a lymphangitic process in which infection spreads up lymphatic channels to form a linear array of suppurative nodules. Skin involvement is also present in a third of cases of systemic nocardiosis.

Exclusions: Actinomycetoma due to Nocardia species (1C43)

1C1B.Y Other specified forms of nocardiosis

1C1B.Z Nocardiosis, unspecified

1C1C Meningococcal disease

This illness is severe and includes infections of the lining of the brain and spinal cord (meningitis) and generalised bloodstream infections (bacteraemia with or without sepsis).

Meningococcus bacteria are spread through the exchange of respiratory and throat secretions like spit (e.g., by living in close quarters, kissing). Meningococcal disease can be treated with antibiotics, but quick medical attention is extremely important. Keeping up to date with recommended vaccines is the best defence against meningococcal disease.

Inclusions: Meningococcal infection

1C1C.0 Meningococcal meningitis

A condition of the meninges, caused by an infection with the gram-negative bacteria Neisseria meningitidis. This condition is characterised by high fever, stiff neck, severe headache, vomiting, purpura, photophobia, and sometimes chills, altered mental status, or seizures. Transmission is through haematogenous spread to the meninges after droplet transmission or direct contact. Confirmation is by identification of Neisseria meningitidis in CSF (cerebrospinal fluid), for example, by agglutination test or polymerase chain reaction.

Inclusions: Meningitis due to Neisseria meningitidis

1C1C.1 Waterhouse-Friderichsen syndrome

A syndrome characterised by adrenal insufficiency due to bleeding into the adrenal glands (mostly bilateral but sometimes also unilateral) due to the severe infection, commonly caused by an infection with meningococcus (Neisseria meningitidis). However, it can also be caused by infections with other bacteria such as Streptococcus pneumoniae or Haemophilus influenzae or even due to some severe viral infections.

This syndrome may present with fever, chills, vomiting, myalgia, or rash, with progression to disseminated intravascular coagulation. Transmission of the underlying infections is by direct contact or droplet transmission.

Inclusions: meningococcal haemorrhagic adrenalitis

1C1C.2 Meningococcaemia

A condition caused by an infection with the gram-negative bacteria Neisseria meningitidis that leads to a severe systemic inflammatory response. This condition is characterised by fever, rash, and myalgia. Transmission is by direct contact or droplet transmission. Confirmation is by identification of Neisseria meningitidis in blood samples.

1C1C.20 Acute meningococcaemia

A condition caused by an infection with the gram-negative bacteria Neisseria meningitidis that leads to a severe systemic inflammatory response. This condition is characterised by fever, chills, myalgia, nausea, or petechial rash, with progression to shock and disseminated intravascular coagulation. Transmission is by direct contact or droplet transmission. Confirmation is by identification of Neisseria meningitidis in blood samples.

1C1C.2Y Other specified meningococcaemia

1C1C.2Z Meningococcaemia, unspecified

1C1C.Y Other specified meningococcal disease

1C1C.Z Meningococcal disease, unspecified

1C1D Yaws

An infectious disease caused by Treponema pallidum subsp. pertenue which mainly affects children in rural communities in the humid tropics. It affects the skin and bones, is spread by skin to skin contact, and is not sexually transmitted, but cannot be distinguished serologically from syphilis.

1C1D.0 Primary yaws

Primary yaws results from primary inoculation of Treponema pallidum subsp. pertenue into the skin, manifesting 2-12 weeks later as a localised papule (initial, primary or ‘mother' yaw) before developing into a large non-tender ulcerating nodule, often resembling a raspberry (hence the name ‘framboesia’). The primary lesion is most commonly located on the legs and ankles may also be found on the buttocks, arms, hands, and face. It usually heals after 3–6 months and is still present at the onset of the secondary stage in only a minority (9-15%).

Inclusions: Chancre of yaws

Primary framboesia

1C1D.1 Secondary yaws

Secondary yaws results from lymphatic and haematogenous spread of Treponema pallidum subsp. pertenue spirochaetes from the initial inoculation site and appears from a few weeks to 2 years after the primary infection. The commonest initial symptoms are non-specific and include arthralgia and malaise. Secondary skin lesions consist of multiple papules and nodules similar to the initial lesion but smaller. They may be localised, regional or generalised; they may ulcerate and on moist areas may mimic syphilitic condylomata lata. Hyperkeratotic plaques on the palms and soles may develop painful fissures and secondary infection, resulting in a characteristic ‘crab-like’ gait.

1C1D.2 Tertiary yaws

Tertiary yaws develops in <10% of untreated infected individuals after and interval of 5 years or more. The late stage skin lesions are characterised by gummatous nodules with necrotic tissue destruction, followed by debilitating scarring and contracture. Destructive osteitis can result in ulceration of the palate and nasopharynx (‘gangosa’), or bowing of the tibia (sabre shins). Hypertrophic periostitis at periarticular sites can lead to exostosis of the paranasal maxillae (‘goundou’).

1C1D.3 Latent yaws

Latent yaws is defined as yaws with no clinical signs and only serological evidence of infection (reactive treponemal and non-treponemal tests). Infectious relapses may occur in latent cases for up to 5 and, rarely, 10 years. The total duration of infectivity for an untreated yaws patient, including relapses, is thought to be about 12-18 months.

Inclusions: Yaws without clinical manifestations, with positive serology

1C1D.Z Yaws, unspecified

1C1E Pinta

A disease of the skin, caused by an infection with the gram-negative bacteria Treponema pallidum carateum. This disease is characterised by hyperkeratosis and hyperpigmentation. Transmission may be by direct contact.

1C1E.0 Primary lesions of pinta

The primary stage of pinta is characterised by a sparse eruption of cutaneous papules and erythematous scaly plaques. This stage may last for months to years.

Inclusions: Primary chancre of pinta

1C1E.1 Intermediate lesions of pinta

The intermediate stage of pinta develops months to years after the primary stage and is characterised by more extensive lesions (known as pintids) which gradually change from pink to blue, black or grey and become atrophic.

Inclusions: Pintids

1C1E.2 Late lesions of pinta

Late lesions of pinta are confined to the skin and are characterised by dyschromia and atrophy. They typically take between two and four years to develop following initial infection. The skin appears mottled and atrophic with numerous irregular and variegated hypermelanotic, hypomelanotic and amelanotic patches typically involving the wrists, palms, ankles, and elbows, as well as the skin around and within old lesions.

Inclusions: Hypomelanosis due to late pinta

1C1E.3 Mixed lesions of pinta

1C1E.Z Pinta, unspecified

1C1F Endemic non-venereal syphilis

Endemic non-venereal syphilis is caused by Treponema pallidum subspecies endemicum and is transmitted by skin-to-skin or mouth-to-mouth contact rather than sexual contact. Children are at greatest risk of infection. Clinical features are similar to venereal syphilis with a primary ulcer (usually in the mouth or on the nipples of breast-feeding women nursing infected children) and, in the secondary stage, a generalised papular rash, oral mucous patches, condylomata lata and generalised lymphadenopathy. Late stage infection is characterised by destructive gummata of the nasopharynx (gangosa), bones and skin.

Inclusions: Bejel

Endemic syphilis

Njovera

1C1G Lyme borreliosis

A tick-borne infection by the spirochaete Borrelia burgdorferi. Lyme borreliosis typically presents with a characteristic rash, erythema chronicum migrans, at an average of seven days after a bite from an infected tick. The rash may be accompanied by flu-like symptoms. Disseminated infection may cause meningitis, cranial neuropathies and carditis amongst other manifestations. Late disease, months to years after initial infection, may present with a pauciarticular arthritis or with encephalomyelitis.

Coding Note: Use additional code if desired, to identify any associated condition.

Use additional code, if desired, to identify any sequelae. The extension code 'Cause of late effect' is used in addition to both codes to show the relationship between the causative condition and the resulting sequelae.

1C1G.0 Early cutaneous Lyme borreliosis

Borrelia burgdorferi infection involving the skin, typically as erythema migrans, the commonest presentation of Lyme disease.

Coding Note: Use additional code if desired, to identify any associated condition.

1C1G.1 Disseminated Lyme borreliosis

Coding Note: Use additional code if desired, to identify any associated condition.

1C1G.10 Lyme neuroborreliosis

1C1G.11 Lyme carditis

1C1G.12 Ophthalmic Lyme borreliosis

1C1G.13 Lyme arthritis

1C1G.14 Late cutaneous Lyme borreliosis

1C1G.1Y Other specified disseminated Lyme borreliosis

Coding Note: Use additional code if desired, to identify any associated condition.

1C1G.1Z Disseminated Lyme borreliosis, unspecified

Coding Note: Use additional code if desired, to identify any associated condition.

1C1G.Y Other specified Lyme borreliosis

Coding Note: Use additional code if desired, to identify any associated condition.

Use additional code, if desired, to identify any sequelae. The extension code 'Cause of late effect' is used in addition to both codes to show the relationship between the causative condition and the resulting sequelae.

1C1G.Z Lyme borreliosis, unspecified

Coding Note: Use additional code if desired, to identify any associated condition.

Use additional code, if desired, to identify any sequelae. The extension code 'Cause of late effect' is used in addition to both codes to show the relationship between the causative condition and the resulting sequelae.

1C1H Necrotising ulcerative gingivitis

Necrotising ulcerative gingivitis (NUG) is a condition affecting the gums that is caused by a bacterial infection. It is a form of periodontal (gum) disease. But unlike other forms, it typically develops quickly and causes moderate to severe pain. "Necrotising" means that the condition destroys tissue. "Ulcerative" refers to sores that can appear on the gums.

Inclusions: Fusospirochaetal gangrene

1C1H.0 Other Vincent infections

1C1H.Y Other specified necrotising ulcerative gingivitis

1C1H.Z Necrotising ulcerative gingivitis, unspecified

1C1J Relapsing fever

1C1J.0 Tick-borne relapsing fever

A disease caused by an infection with the bacteria Borrelia. This disease is characterised by repeated episodes of fever, with the febrile episode lasting for approximately 3 days, followed by the afebrile state of approximately 7 days. Transmission is through the bite of an infected soft tick (from the genus Ornithodoros). Confirmation is by identification of spirochete bacteria from a blood smear, bone marrow, or cerebrospinal fluid.

Inclusions: Relapsing fever due to any Borrelia species other than Borrelia recurrentis

1C1J.1 Louse-borne relapsing fever

A spirochaetal infection caused by the human to human transmission of Borrelia recurrentis by the human body louse. Epidemics are associated with poor living conditions as may result from famine or war. Episodic fever may progress to severe jaundice, haemorrhage, confusion and death. Confirmation is by identification of Borrelia in blood films.

Inclusions: Relapsing fever due to Borrelia recurrentis

1C1J.Z Relapsing fever, unspecified

Other diseases due to chlamydiae (1C20‑1C2Z)

1C20 Chlamydial conjunctivitis

Chlamydial conjunctivitis is a sexually transmitted infection of conjunctiva caused by bacteria Chlamydia trachomatis. Bacteria can be passed from an infected mother to baby during vaginal childbirth. The symptoms include that one or both eyes will be red with a sticky discharge and swollen eyelids.

Inclusions: Paratrachoma

1C21 Chlamydial peritonitis

This is a sexually transmitted infection that causes an inflammation of the peritoneum, the thin tissue that lines the inner wall of the abdomen and covers most of the abdominal organs.

1C22 Infections due to Chlamydia psittaci

Any condition caused by an infection with the gram-negative bacteria Chlamydia psittaci. These conditions are characterised by variable clinical presentations such as fever, cough, headaches, chills, fatigue, nausea, vomiting, diarrhoea, or pneumonia. Transmission is commonly by inhalation of aerosol contaminated with body fluids from infected birds, or direct contact with infected birds. Confirmation is by identification of Chlamydia psittaci.

Inclusions: Psittacosis

Ornithosis

Parrot fever

Coded Elsewhere: Pneumonia in chlamydia psittaci infection (CA40.0Y)

1C23 Trachoma

A disease caused by an infection with the gram-negative bacteria Chlamydia trachomatis. This disease is characterised by a roughening of the inner surfaces of the eyes, and inflammation that may lead to superficial vascularization of the cornea (pannus) and scarring of the conjunctiva. Long term effects include blindness or other visual impairments. Transmission is by direct or indirect contact with the eyes or nose of an infected individual.

1C23.0 Initial stage of trachoma

This refers to the initial stage of an infectious disease caused by the Chlamydia trachomatis bacterium which produces a characteristic roughening of the inner surface of the eyelids.

Inclusions: Trachoma dubium

1C23.1 Active stage of trachoma

This refers to the active stage of an infectious disease caused by the Chlamydia trachomatis bacterium which produces a characteristic roughening of the inner surface of the eyelids.

1C23.Y Other specified trachoma

1C23.Z Trachoma, unspecified

1C2Y Other specified diseases due to chlamydiae

1C2Z Diseases due to chlamydiae, unspecified

Rickettsioses (1C30‑1C3Z)

Any disease caused by an infection with the gram-negative bacteria Rickettsia. These diseases commonly present with fever, malaise, and rash. Transmission is commonly through the bite of an infected flea, louse, mite, or tick.

Coded Elsewhere: Trench fever (1C11.1)

1C30 Typhus fever

A disease caused by an infection with the gram-negative bacteria Rickettsia. This disease is characterised by fever, delirium, back pain, or arthralgia. Transmission is commonly through the bite of an infected flea, louse, mite, or tick.

Exclusions: Rickettsiosis due to Ehrlichia sennetsu (1C30‑1C3Z)

1C30.0 Epidemic louse-borne typhus fever due to Rickettsia prowazekii

This is a form of typhus so named because the disease often causes epidemics following wars and natural disasters. The causative organism is Rickettsia prowazekii, transmitted by the human body louse (Pediculus humanus corporis). This diagnosis is due to a species of gram-negative, obligate intracellular parasitic, aerobic bacteria (belonging to the class Alphaproteobacteria) that is the aetiologic agent of epidemic typhus, transmitted in the faeces of lice.

1C30.1 Recrudescent typhus

This is a form of typhus so named because the disease often causes epidemics following wars and natural disasters. The causative organism is Rickettsia prowazekii, transmitted by the human body louse (Pediculus humanus corporis).

Inclusions: Brill-Zinsser disease

1C30.2 Typhus fever due to Rickettsia typhi

1C30.3 Typhus fever due to Orientia tsutsugamushi

Inclusions: Tsutsugamushi fever

1C30.Y Other specified typhus fever

1C30.Z Typhus fever, unspecified

1C31 Spotted fever

A disease caused by an infection with the gram-negative bacteria Rickettsia. This disease is characterised by fever, eschar, or rash. Transmission is commonly through the bite of an infected tick.

1C31.0 Spotted fever due to Rickettsia rickettsii

Inclusions: Rocky Mountain spotted fever

Sao Paulo fever

1C31.1 Spotted fever due to Rickettsia conorii

Inclusions: Boutonneuse fever

Mediterranean tick fever

African tick typhus

Kenya tick typhus

1C31.2 Spotted fever due to Rickettsia sibirica

Inclusions: North Asian tick fever

Siberian tick typhus

1C31.3 Spotted fever due to Rickettsia australis

Inclusions: Queensland tick typhus

1C31.Y Other specified spotted fever

1C31.Z Spotted fever, unspecified

1C32 Rickettsialpox

An acute febrile disease caused by Rickettsia akari, which is transmitted from its rodent host by the house-mouse mite Liponyssoides sanguineus. An initial skin lesion at the site of a mite bite, often associated with lymphadenopathy, is followed by fever; a disseminated skin rash appears, which generally does not involve the palms and the soles, and lasts only a few days. Death is uncommon.

Inclusions: Kew Gardens spotted fever

1C33 Q fever

A disease caused by an infection with the gram-negative bacteria Coxiella burnetti. This disease is characterised by fever, or may be asymptomatic. Transmission is by inhalation of the bacteria, contact with contaminated milk, urine, faeces, vaginal mucus, or semen of infected animals, or through the bite of an infected tick.

Inclusions: Nine Mile fever

Infection due to Coxiella burnetii

Quadrilateral fever

1C3Y Other specified rickettsioses

1C3Z Rickettsioses, unspecified

1C40 Campylobacteriosis

Campylobacteriosis is caused by Campylobacter bacteria (curved or spiral, motile, non–spore-forming, Gram-negative rods). The disease is usually caused by C. jejuni, a spiral and comma shaped bacterium normally found in cattle, swine, and birds, where it is nonpathogenic, but the illness can also be caused by C. coli (also found in cattle, swine, and birds), C. upsaliensis (found in cats and dogs) and C. lari (present in seabirds in particular).

1C41 Bacterial infection of unspecified site

Exclusions: meningococcal infection NOS (1C1C)

chlamydial infection NOS (1C20‑1C2Z)

rickettsial infection NOS (1C30‑1C3Z)

spirochaetal infection NOS (1C10‑1C4Z)

Infection arising from device, implant or graft, not elsewhere classified (NE83.1)

Coded Elsewhere: Acute meningococcaemia (1C1C.20)

Disseminated gonococcal infection (1A73)

1C42 Melioidosis

A disease caused by the saprophytic environmental gram-negative bacterium Burkholderia pseudomallei which is found in soil or water in humid tropical regions of the world, especially South-East Asia and northern Australia. It has protean manifestations ranging from fulminant septicaemia with fatal outcome to chronic low grade infection.

1C43 Actinomycetoma

Actinomycetoma is a chronic progressive subcutaneous infection caused by implantation of aerobic branching actinomycetes through a skin wound. These organisms are filamentous bacteria which live as saprophytes in soil or on plants; the commonest infecting agents are Nocardia brasiliensis, Actinomadura madurae and Streptomyces somaliensis. The earliest stage of infection is a firm painless nodule but with time the whole area becomes hard and swollen with multiple papules, pustules and draining sinuses on the skin surface. Extension to underlying bones and joints can result in gross deformity.

Inclusions: Mycetoma due to filamentous bacteria

Exclusions: Eumycetoma (1F29)

1C44 Non-pyogenic bacterial infections of the skin

Skin infection by bacteria which do not characteristically induce pus formation.

1C45 Toxic shock syndrome

Exclusions: endotoxic shock NOS (1G41)

1C45.0 Streptococcal toxic shock syndrome

1C45.1 Staphylococcal toxic shock syndrome

1C45.Y Toxic shock syndrome due to other specified infectious agent

1C45.Z Toxic shock syndrome without specified infectious agent

1C4Y Other specified bacterial diseases

1C4Z Unspecified bacterial disease

Human immunodeficiency virus disease (1C60‑1C62.Z)

A case of HIV infection is defined as an individual with HIV infection irrespective of clinical stage including severe or stage 4 clinical disease (also known as AIDS) confirmed by laboratory criteria according to country definitions and requirements.

Coded Elsewhere: Congenital human immunodeficiency virus infection (KA62.6)

1C60 Human immunodeficiency virus disease associated with tuberculosis

Coded Elsewhere: Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium (JB63.7)

1C60.0 HIV disease clinical stage 1 associated with tuberculosis

Coded Elsewhere: Human immunodeficiency virus disease associated with generalised lymphadenopathy (1C62.0)

Acute human immunodeficiency virus infection syndrome (1C62.0)

1C60.1 HIV disease clinical stage 2 associated with tuberculosis

Coded Elsewhere: HIV-associated immune reconstitution inflammatory syndrome (4B23)

Herpes resulting from human immunodeficiency virus disease (1C62.1)

Human immunodeficiency virus disease associated with mycosis classified elsewhere (1C62.1)

1C60.2 HIV disease clinical stage 3 associated with tuberculosis

Coded Elsewhere: Human immunodeficiency virus disease associated with haematological or immunological abnormalities (1C62.2)

Human immunodeficiency virus disease associated with lymphoid interstitial pneumonitis (1C62.2)

Human immunodeficiency virus disease enteritis (1C62.2)

Gastritis due to human immunodeficiency virus disease (1C62.2)

Myelitis due to Human immunodeficiency virus (1C62.2)

Meningitis due to human immunodeficiency virus (1C62.2)

HIV disease resulting in candidosis classified elsewhere (1C62.2)

HIV disease resulting in cytomegaloviral disease (1C62.2)

1C60.3 HIV disease clinical stage 4 associated with tuberculosis

Coded Elsewhere: Dementia due to human immunodeficiency virus (6D85.3)

HIV retinitis (9B72.01)

HIV - [human immunodeficiency virus] disease associated with Burkitt lymphoma (1C62.3Y)

Human immunodeficiency virus disease associated with other types of non-Hodgkin lymphoma (1C62.3Y)

Human immunodeficiency virus disease associated with other malignant neoplasms of lymphoid, haematopoietic or related tissue (1C62.3Y)

Human immunodeficiency virus disease associated with multiple malignant neoplasms (1C62.3Y)

Human immunodeficiency virus disease associated with encephalopathy (1C62.3Y)

Human immunodeficiency virus disease associated with wasting syndrome (1C62.3Y)

Oesophagitis associated with human immunodeficiency virus disease (DA24.Y)

HIV or AIDS vacuolar myelopathy (8A45.0Y)

1C60.30 Kaposi sarcoma associated with human immunodeficiency virus disease associated with tuberculosis

1C60.3Y Other specified HIV disease clinical stage 4 associated with tuberculosis

1C60.3Z HIV disease clinical stage 4 associated with tuberculosis, unspecified

1C60.Z Human immunodeficiency virus disease associated with tuberculosis, clinical stage unspecified

1C61 Human immunodeficiency virus disease associated with malaria

Coded Elsewhere: Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium (JB63.7)

1C61.0 HIV disease clinical stage 1 associated with malaria

Coded Elsewhere: Human immunodeficiency virus disease associated with generalised lymphadenopathy (1C62.0)

Acute human immunodeficiency virus infection syndrome (1C62.0)

1C61.1 HIV disease clinical stage 2 associated with malaria

Coded Elsewhere: HIV-associated immune reconstitution inflammatory syndrome (4B23)

Herpes resulting from human immunodeficiency virus disease (1C62.1)

Human immunodeficiency virus disease associated with mycosis classified elsewhere (1C62.1)

1C61.2 HIV disease clinical stage 3 associated with malaria

Coded Elsewhere: Human immunodeficiency virus disease associated with haematological or immunological abnormalities (1C62.2)

Human immunodeficiency virus disease associated with lymphoid interstitial pneumonitis (1C62.2)

Human immunodeficiency virus disease enteritis (1C62.2)

Gastritis due to human immunodeficiency virus disease (1C62.2)

Myelitis due to Human immunodeficiency virus (1C62.2)

Meningitis due to human immunodeficiency virus (1C62.2)

HIV disease resulting in candidosis classified elsewhere (1C62.2)

HIV disease resulting in cytomegaloviral disease (1C62.2)

1C61.3 HIV disease clinical stage 4 associated with malaria

Coded Elsewhere: Dementia due to human immunodeficiency virus (6D85.3)

HIV retinitis (9B72.01)

HIV - [human immunodeficiency virus] disease associated with Burkitt lymphoma (1C62.3Y)

Human immunodeficiency virus disease associated with other types of non-Hodgkin lymphoma (1C62.3Y)

Human immunodeficiency virus disease associated with other malignant neoplasms of lymphoid, haematopoietic or related tissue (1C62.3Y)

Human immunodeficiency virus disease associated with multiple malignant neoplasms (1C62.3Y)

Human immunodeficiency virus disease associated with encephalopathy (1C62.3Y)

Human immunodeficiency virus disease associated with wasting syndrome (1C62.3Y)

Oesophagitis associated with human immunodeficiency virus disease (DA24.Y)

HIV or AIDS vacuolar myelopathy (8A45.0Y)

1C61.30 Kaposi sarcoma associated with human immunodeficiency virus disease associated with malaria

1C61.3Y Other specified HIV disease clinical stage 4 associated with malaria

1C61.3Z HIV disease clinical stage 4 associated with malaria, unspecified

1C61.Z Human immunodeficiency virus disease associated with malaria, clinical stage unspecified

1C62 Human immunodeficiency virus disease without mention of tuberculosis or malaria

Coded Elsewhere: Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium (JB63.7)

1C62.0 HIV disease clinical stage 1 without mention of tuberculosis or malaria

1C62.1 HIV disease clinical stage 2 without mention of tuberculosis or malaria

Coded Elsewhere: HIV-associated immune reconstitution inflammatory syndrome (4B23)

1C62.2 HIV disease clinical stage 3 without mention of tuberculosis or malaria

1C62.3 HIV disease clinical stage 4 without mention of tuberculosis or malaria

Coded Elsewhere: Dementia due to human immunodeficiency virus (6D85.3)

HIV retinitis (9B72.01)

Oesophagitis associated with human immunodeficiency virus disease (DA24.Y)

HIV or AIDS vacuolar myelopathy (8A45.0Y)

1C62.30 Kaposi sarcoma associated with human immunodeficiency virus disease without mention of tuberculosis or malaria

1C62.3Y Other specified HIV disease clinical stage 4 without mention of tuberculosis or malaria

1C62.3Z HIV disease clinical stage 4 without mention of tuberculosis or malaria, unspecified

1C62.Z Human immunodeficiency virus disease without mention of associated disease or condition, clinical stage unspecified

Viral infections of the central nervous system (1C80‑1C8Z)

Any disease of the central nervous system, caused by an infection with a viral source.

Coded Elsewhere: Progressive multifocal leukoencephalopathy (8A45.02)

Enteroviral exanthematous fever (1F05.2)

Herpes simplex meningitis (1F00.20)

Subacute sclerosing panencephalitis (8A45.01)

West Nile virus infection (1D46)

Colorado tick fever (1D41)

Zoster meningitis (1E91.3)

1C80 Viral encephalitis, not elsewhere classified

Coded Elsewhere: Western equine encephalitis (1C83)

Eastern equine encephalitis (1C84)

Venezuelan equine encephalitis (1C8C)

Argentinian haemorrhagic fever (1D61.0)

Bolivian haemorrhagic fever (1D61.1)

Lassa fever (1D61.2)

La Crosse encephalitis (1C8D)

Oropouche virus disease (1D43)

Japanese encephalitis (1C85)

St Louis encephalitis (1C86)

Rocio viral encephalitis (1C87)

Murray Valley encephalitis (1C88)

Tick-borne encephalitis (1C8G)

Encephalitis due to herpes simplex virus (1F00.21)

Encephalitis due to mumps virus (1D80.3)

Varicella encephalitis (1E90.2)

Measles complicated by encephalitis (1F03.1)

Sequelae of viral encephalitis (1G84)

California encephalitis (1C8B)

Encephalitis due to Arenavirus (1D61.Y)

Encephalitis due to Filovirus (1D60.Y)

Encephalitis due to Influenza virus (1E32)

Encephalitis due to Rubella virus (1F02.0)

1C81 Acute poliomyelitis

A disease of the nervous system, caused by human poliovirus. This disease commonly presents with a fever, sore throat, headache, vomiting, or stiffness of the neck and back. This disease may present with an acute onset of flaccid paralysis. Transmission is commonly by the faecal-oral route or direct contact. Confirmation is by identification of poliovirus in a faecal sample or by a lumbar puncture.

1C82 Rabies

A disease caused by infection with the rabies virus. This disease is characterised by fever, and headache, followed by neurological symptoms dominated by a furious or paralytic form.

1C83 Western equine encephalitis

1C84 Eastern equine encephalitis

1C85 Japanese encephalitis

A disease of the brain, caused by an infection with flavivirus. This disease is characterised by fever, headache, meningism, hyperexcitability, or decreased consciousness. This disease may also present with neurological signs such as cranial nerve palsies, tremor and ataxia, parkinsonism, or upper limb paralysis. Transmission is through the bite of an infected mosquito. Confirmation is by identification of flavivirus in a serum sample or cerebrospinal fluid.

1C86 St Louis encephalitis

1C87 Rocio viral encephalitis

A disease of the brain, caused by an infection with Rocio virus. In the first phase, this disease is characterised by a fever, headache, vomiting, or conjunctivitis; in the second phase, this disease is characterised by neurological symptoms and muscle weakness. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Rocio virus in a serum or cerebrospinal fluid sample.

1C88 Murray Valley encephalitis

A disease of the brain, caused by an infection with Murray Valley encephalitis virus. This disease is characterised by fever, headache, nausea, vomiting, tiredness, or may be asymptomatic. Severe cases may present with confusion, fatigue, lack of coordination, or encephalitis. Transmission is through the bite of an infected mosquito. Confirmation is by detection of anti-Murray Valley encephalitis antibodies in a serum sample.

Inclusions: Australian encephalitis

1C8B California encephalitis

Inclusions: California meningoencephalitis

1C8C Venezuelan equine encephalitis

1C8D La Crosse encephalitis

1C8E Viral meningitis, not elsewhere classified

Any disease of the meninges, caused by an infection with a viral source.

Coded Elsewhere: Meningitis due to mumps virus (1D80.2)

Measles complicated by meningitis (1F03.2)

Herpes simplex meningitis (1F00.20)

Varicella meningitis (1E90.1)

Neonatal meningitis (KA65.4)

Meningitis due to human immunodeficiency virus (1C62.2)

Meningitis due to rubella virus (1F02.0)

Meningitis due to Arenavirus (1D61.Y)

Zoster meningitis (1E91.3)

Viral meningitis due to Epstein-Barr virus (1D81.0)

Viral meningitis due to Cytomegalovirus (1D82.Y)

1C8E.1 Enteroviral meningitis

A disease of the meninges, caused by an infection with enterovirus. This disease is characterised by high fever, headache, vomiting, nausea, stiff neck, photophobia, drowsiness, skin rash, confusion, seizures, or loss of consciousness. This disease may be asymptomatic in older adults. Transmission is through haematogenous spread to the meninges. Confirmation is by identification of enterovirus through a lumbar puncture, by agglutination tests, or by polymerase chain reaction.

1C8E.2 Meningitis due to adenovirus

A disease of the meninges, caused by an infection with adenovirus. This disease is characterised by high fever, headache, vomiting, nausea, stiff neck, photophobia, drowsiness, skin rash, confusion, seizures, or loss of consciousness. This disease may be asymptomatic in older adults. Transmission is through haematogenous spread to the meninges. Confirmation is by identification of adenovirus through a lumbar puncture, by agglutination tests, or by polymerase chain reaction.

1C8E.Y Other specified viral meningitis, not elsewhere classified

1C8E.Z Viral meningitis, unspecified

1C8F Lymphocytic choriomeningitis

A disease of the meninges, caused by an infection with lymphocytic choriomeningitis virus. This disease is characterised by fever, stiffness of the neck, malaise, lack of appetite, myalgia, headache, nausea, vomiting, or is asymptomatic. This disease may also present with cough, sore throat, arthralgia, testicular pain, or parotid pain. Transmission is by direct contact with body fluids from an infected rodent, through the bite of an infected rodent, or by droplet transmission. Confirmation is by identification of lymphocytic choriomeningitis virus in a blood or tissue sample.

Exclusions: Encephalitis due to Lymphocytic choriomeningitis virus (1D61)

meningoencephalitis due to Lymphocytic choriomeningitis virus (1D61)

1C8G Tick-borne encephalitis

1C8G.0 Far Eastern tick-borne encephalitis

1C8G.1 Central European tick-borne encephalitis

1C8G.2 Siberian tick-borne encephalitis

1C8G.Z Tick-borne encephalitis, unspecified

1C8Y Other specified viral infections of the central nervous system

1C8Z Viral infections of the central nervous system, unspecified

Non-viral and unspecified infections of the central nervous system (1D00‑1D0Z)

Any condition of the nervous system, caused by an infection with a bacterial, fungal, parasitic or unspecified source.

Coded Elsewhere: Meningitis due to other and unspecified causes (1D01.Z)

1D00 Infectious encephalitis, not elsewhere classified

A disease of the brain, caused by an infection.

Coding Note: Code also the causing condition

1D00.0 Bacterial encephalitis

Coded Elsewhere: Tuberculous meningoencephalitis (1B11.1)

Meningococcal encephalitis (1C1C.Y)

Encephalitis due to Listeria monocytogenes (1C1A.1)

Encephalitis due to Leptospira species (1B91)

Encephalitis due to Nocardia species (1C1B.Y)

Encephalitis due to Borrelia species (1C1G.10)

Burkholderia encephalomyelitis (1B92)

Tuberculous encephalitis (1B11.Y)

1D00.1 Fungal encephalitis

1D00.2 Parasitic or protozoal encephalitis

A disease of the brain, caused by an infection with a parasitic or protozoal source.

Coded Elsewhere: Meningoencephalitis due to Toxoplasma gondii (1F57.1)

Encephalitis in African trypanosomiasis (1F51.Z)

Encephalitis due to malaria (1F40.0)

Encephalitis in Gambiense trypanosomiasis (1F51.0Y)

Encephalitis in Rhodesiense trypanosomiasis (1F51.1Y)

Encephalitis in Chagas disease (1F53.Y)

Encephalitis due to Acanthamoeba (1F50)

Encephalitis due to coenurus cerebralis (1F76.Y)

1D00.Y Other specified infectious encephalitis, not elsewhere classified

Coding Note: Code also the causing condition

1D00.Z Infectious encephalitis, unspecified

Coding Note: Code also the causing condition

1D01 Infectious meningitis, not elsewhere classified

A disease of the meninges, caused by an infection.

Coding Note: Code also the causing condition

1D01.0 Bacterial meningitis

Any disease of the meninges, caused by an infection with a bacterial source.

Coding Note: Code also the causing condition

Inclusions: arachnoiditis bacterial

leptomeningitis bacterial

pachymeningitis bacterial

Exclusions: bacterial: meningoencephalitis (1D00.0)

bacterial meningomyelitis (1D02.0)

Coded Elsewhere: Pachymeningitis (8E41)

1D01.00 Meningitis due to Haemophilus influenzae

#DRAFT# This is an infectious disease caused by the inflammation of the protective membranes covering the brain and spinal cord known as the meninges. It develops in response to a bacterial infection of the cerebrospinal fluid by Haemophilus influenza.

1D01.0Y Other specified bacterial meningitis

Coding Note: Code also the causing condition

1D01.0Z Bacterial meningitis, unspecified

Coding Note: Code also the causing condition

1D01.1 Fungal meningitis

A disease of the meninges, caused by an infection with a fungal agent.

Coded Elsewhere: Meningitis due to Cryptococcus neoformans (1F27.10)

Coccidioides meningitis (1F25.12)

Candida meningitis (1F23.30)

Meningitis due to Histoplasma capsulatum (1F2A.Y)

Meningitis due to Mucormycosis (1F2C)

Aspergillus meningitis (1F20.01)

1D01.2 Parasitic or protozoal meningitis

Coded Elsewhere: Meningitis due to Cysticercosis (1F70.00)

Eosinophilic meningitis due to Angiostrongylus cantonensis (1F60.0)

Meningitis in Chagas disease (1F53.4)

Meningitis in African trypanosomiasis (1F51.Z)

Meningitis due to Strongyloides stercoralis (1F6B)

1D01.3 Benign recurrent meningitis

1D01.Y Other specified infectious meningitis, not elsewhere classified

Coding Note: Code also the causing condition

1D01.Z Infectious meningitis, unspecified

Coding Note: Code also the causing condition

1D02 Infectious myelitis, not elsewhere classified

A disease of the spinal cord, caused by an infection.

Coding Note: Code also the causing condition

1D02.0 Bacterial myelitis

Inflammation of the spinal cord caused by a bacterial organism. Common agents causing bacterial myelitis include Mycoplasma pneumoniae, Mycobacterium tuberculosis, Treponema pallidum, and Brucella.

Coding Note: Code also the causing condition

1D02.1 Viral myelitis

Coding Note: Code also the causing condition

Exclusions: Myelitis due to human immunodeficiency disease (1C60‑1C62.Z)

1D02.2 Fungal myelitis

Inflammation of the spinal cord caused by fungal agents. Primary pathogens include Cryptococcus neoformans, Coccidioides immitis, Blastomyces dermatitides, Histoplasma capsulatum, Candida, and Aspergillus.

Coding Note: Code also the causing condition

1D02.3 Parasitic myelitis

Coding Note: Code also the causing condition

1D02.Y Other specified infectious myelitis, not elsewhere classified

Coding Note: Code also the causing condition

1D02.Z Infectious myelitis, unspecified

Coding Note: Code also the causing condition

1D03 Infectious abscess of the central nervous system

A focal suppurative process of the brain parenchyma, the intracranial or spinal epidural or subdural space, and less commonly the spinal cord parenchyma. The suppurative process is most commonly associated with bacterial infection, and occasionally with fungal, protozoal, or parasitic infection. Brain abscesses develop most commonly by spread from a contiguous infected site (ear, paranasal sinuses, mastoid air cells, teeth), craniofacial osteomyelitis, and following open head trauma or previous neurosurgical procedure. Haematogenous spread from purulent pulmonary infections, bacterial endocarditis, or other sites of infection can also cause brain abscess. Patients with intracranial abscess present with variable combinations of headache, altered mental status, focal deficits, and seizures. Fever may be present. Patients with intraspinal abscess present with variable degrees of paraparesis or quadriparesis, sensory impairment below the level of the lesion, altered sphincter function, and back pain. The diagnosis is made by CT or MRI imaging, and may be confirmed by histological examination and culture of the abscess material following neurosurgical drainage. Lumbar puncture is usually contraindicated.

Coding Note: Code also the causing condition

1D03.0 Intraspinal intramedullary abscess

Coding Note: Code also the causing condition

1D03.1 Intraspinal subdural abscess

Coding Note: Code also the causing condition

1D03.2 Intraspinal extradural abscess

Coding Note: Code also the causing condition

1D03.3 Intracranial abscess

A condition of the cranial cavity, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material within the cranial cavity. This condition may present with fever, headache, and focal neurological deficits.

Coding Note: Code also the causing condition

1D03.30 Deep cerebral hemispheric abscess

Coding Note: Code also the causing condition

1D03.31 Abscess of the corpus callosum

Coding Note: Code also the causing condition

1D03.32 Pituitary abscess

Coding Note: Code also the causing condition

1D03.33 Multiple or widespread intracranial abscess

Multiple focal suppurative infections within the cranial cavity, including the epidural and subdural spaces, or in the brain, brainstem or cerebellum. The abscesses are typically surrounded by a vascularised capsule. Cerebritis describes nonencapsulated brain abscesses. The infective agent may be bacterial, fungal, or parasitic. The signs and symptoms are variable but typically present as an expanding mass lesion, over a variable period of time, with headache, fever, and a focal neurologic deficit. Seizures may occur. Diagnosis is made by neuroimaging and microbiological testings as Gram stain and culture of abscess material.

Coding Note: Code also the causing condition

1D03.3Y Other specified intracranial abscess

Coding Note: Code also the causing condition

1D03.3Z Intracranial abscess, unspecified

Coding Note: Code also the causing condition

1D03.4 Intraspinal epidural abscess

A condition of the epidural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by a focal accumulation of purulent material within the epidural space. This condition presents with symptoms depending on the location of the abscess. Transmission is through haematogenous spread of the infectious agent commonly from a cutaneous or mucosal source.

Coding Note: Code also the causing condition

1D03.5 Spinal cord abscess

A condition of the spinal cord, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material within the spinal cord. This condition may present with fever, back pain, and neurological deficits. Transmission is through haematogenous spread of the infectious agent.

Coding Note: Code also the causing condition

1D03.Y Other specified site of infectious abscess of the central nervous system

Coding Note: Code also the causing condition

1D03.Z Infectious abscess of the central nervous system, site unspecified

Coding Note: Code also the causing condition

1D04 Infectious granulomas of the central nervous system

Coded Elsewhere: Tuberculous granuloma of brain (1B11.3)

1D04.0 Parasitic intracerebral granuloma

1D04.1 Intracranial granuloma

A condition of the cranial cavity, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by an organised collection of macrophages within the cranial cavity. This condition may present with neurological deficits.

1D04.10 Fungal intracranial granuloma

1D04.1Y Other specified intracranial granuloma

1D04.1Z Intracranial granuloma, unspecified

1D04.2 Intraspinal intramedullary granuloma

1D04.3 Intraspinal subdural granuloma

1D04.4 Intraspinal extradural granuloma

1D04.5 Intraspinal epidural granuloma

A condition of the epidural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by an organised collection of macrophages within the epidural space. This condition may present with neurological deficits.

1D04.Y Other specified site of infectious granulomas of the central nervous system

1D04.Z Infectious granulomas of the central nervous system, site unspecified

1D05 Infectious cysts of the central nervous system

1D05.0 Epidural infectious cyst

A condition of the epidural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by a membranous sac that may be filled with gas, fluid, or semi solid material within the epidural space. This condition may present with neurological deficits.

1D05.1 Subdural infectious cyst

A condition of the subdural space, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by a membranous sac that may be filled with gas, fluid, or semi solid material between the dura mater and the arachnoid mater. This condition may present with neurological deficits.

1D05.Y Other specified infectious cysts of the central nervous system

1D05.Z Infectious cysts of the central nervous system, unspecified

1D0Y Other specified non-viral and unspecified infections of the central nervous system

1D0Z Non-viral and unspecified infections of the central nervous system, unspecified

Dengue (1D20‑1D2Z)

Dengue is a viral disease transmitted by the bite of a mosquito infected by dengue viruses. It is one disease entity with different clinical presentations and often with unpredictable clinical evolution and outcome. Most patients recover following a self-limiting non-severe clinical course like nausea, vomiting, rash, aches and pains, but a small proportion progress to severe disease, mostly characterised by plasma leakage with or without haemorrhage, although severe haemorrhages or severe organ impairment can occur, with or without dengue shock.

1D20 Dengue without warning signs

Inclusions: Dengue haemorrhagic fever Grade 1

Dengue fever without warning signs

Dengue haemorrhagic fever without warning signs

1D21 Dengue with warning signs

Clinical warning signs are: abdominal pain or tenderness, mucosal bleeding, lethargy and/or restlessness, rapid decrease in platelet count, increase in haematocrit. Other signs can include: persistent vomiting, visible fluid accumulation, liver enlargement more than 2 cm.

1D22 Severe dengue

Clinical signs include: 1. Severe plasma leakage leading to shock (dengue shock syndrome - DSS) and/or fluid accumulation with respiratory distress; 2. severe bleeding as evaluated by clinician, 3. severe organ involvement: Liver AST or ALT ≥ 1000, CNS: impaired consciousness, involvement of other organs, as myocarditis or nephritis.

1D2Z Dengue fever, unspecified

Certain arthropod-borne viral fevers (1D40‑1D4Z)

Coded Elsewhere: Dengue (1D20-1D2Z)

Far Eastern tick-borne encephalitis (1C8G.0)

Central European tick-borne encephalitis (1C8G.1)

Western equine encephalitis (1C83)

Eastern equine encephalitis (1C84)

Japanese encephalitis (1C85)

St Louis encephalitis (1C86)

Rocio viral encephalitis (1C87)

Murray Valley encephalitis (1C88)

California encephalitis (1C8B)

Venezuelan equine encephalitis (1C8C)

La Crosse encephalitis (1C8D)

Siberian tick-borne encephalitis (1C8G.2)

1D40 Chikungunya virus disease

1D41 Colorado tick fever

1D42 O'nyong-nyong fever

1D43 Oropouche virus disease

A disease caused by an infection with Oropouche virus. This disease is characterised by fever, headache, neck and back pain, joint pain, or photophobia. This disease may also present with bronchitis, nausea, diarrhoea, abdominal pain or burning sensations all over the body. Transmission is through the bite of an infected mosquito or midge. Confirmation is by detection of the Oropouche virus specific antibodies in a serum sample.

Inclusions: Oropouche fever

1D44 Rift Valley fever

A disease caused by an infection with Rift Valley fever virus. This disease is commonly asymptomatic. This disease may also present with fever, liver abnormalities, weakness, back pain, or dizziness. Transmission is through the bite of an infected mosquito. Confirmation is commonly by detection of Rift Valley fever virus specific IgM or IgG antibodies in a blood sample.

1D45 Sandfly fever

Inclusions: pappataci fever

phlebotomus fever

1D46 West Nile virus infection

A condition caused by an infection with West Nile virus. This condition is commonly asymptomatic. This condition may present with fever, headache, stiffness of the neck, stupor, disorientation, coma, tremors, convulsions, muscle weakness, or paralysis. Transmission is through the bite of an infected mosquito. Confirmation is by detection of IgG or IgM anti-West Nile virus antibodies in a serum sample.

Inclusions: West Nile fever

1D47 Yellow fever

A condition caused by an infection with yellow fever virus. This condition is characterised by fever, chills, headache, myalgia, conjunctival congestion, or relative bradycardia. Severe conditions may also present with increasing fever, jaundice, renal failure, or bleeding. Transmission is through the bite of an infected mosquito. Confirmation is by detection of IgM anti-yellow fever virus antibodies in a serum sample.

1D48 Zika virus disease

Zika virus infection is caused by the bite of an infected Aedes mosquito. The most common symptoms of Zika virus infection are mild fever and exanthema (skin rash), usually accompanied by conjunctivitis, muscle or joint pain, and general malaise that begins 2-7 days after the bite of the infected mosquito.

Coded Elsewhere: Congenital Zika virus infection (KA62.0)

1D49 Crimean-Congo haemorrhagic fever

A disease caused by an infection with Crimean-Congo haemorrhagic fever virus. The incubation period ranges from 2 to 9 days. Symptoms/signs typically include high fever, headache, malaise, arthralgia, myalgia, nausea, abdominal pain, and rarely diarrhoea. Early signs typically include fever, hypotension, conjunctivitis, and cutaneous flushing or a skin rash. Later, patients may develop signs of progressive haemorrhagic diathesis, such as petechiae, mucous membrane and conjunctival haemorrhage, haematuria, hematemesis, and melena. Lethality may reach 30%. Transmission occurs via bites of infected ticks, by direct contact with infected animal blood, or iatrogenic transmission. Laboratory diagnosis of the infection during the acute phase of illness consists of detection of viral nucleic acid or by isolation of the virus or by demonstration of viral antigen by enzyme-linked immunoassay from serum or plasma samples. In samples collected later during the illness, diagnosis is confirmed by demonstration of specific IgG and IgM antibodies.

1D4A Omsk haemorrhagic fever

A disease caused by an infection with the Omsk haemorrhagic fever virus. This disease is characterised by fever, chills, headache, gastrointestinal symptoms and bleeding, or muscle pain with vomiting. In severe cases, this disease may also present with encephalitis. Transmission is through the bite of an infected tick, by direct contact with an infected animal, by the faecal-oral route from an infected animal, or by ingestion of milk from infected goats or sheep. Confirmation is by detection of anti-Omsk haemorrhagic fever virus antibodies in a serum sample.

1D4B Kyasanur Forest disease

A disease caused by an infection with Kyasanur Forest disease virus. This disease commonly presents with fever, chills, headache, muscle pain and vomiting, or gastrointestinal symptoms and bleeding. This disease may also present with neurological manifestations such as a severe headache, mental disturbances, tremors, or vision deficits. Transmission is through the bite of an infected tick or by direct contact with an infected animal. Confirmation is by identification of Kyasanur Forest disease virus in a serum sample.

1D4C Alkhurma haemorrhagic fever

1D4D Ross River disease

A disease caused by an infection with Ross River disease virus. This disease is characterised by arthralgia, with or without arthritis. This disease may also present with fever, fatigue, headache, swollen glands, arthralgia, or maculopapular rash commonly affecting the limbs and trunks. Transmission is through the bite of an infected mosquito. Confirmation is by detection of IgM or IgG anti-Ross River disease virus antibodies in a serum sample.

Inclusions: Epidemic polyarthritis and exanthema

Ross River fever

1D4E Severe fever with thrombocytopenia syndrome

1D4Y Other specified arthropod-borne viral fevers

1D4Z Arthropod-borne viral fever, virus unspecified

Certain zoonotic viral diseases (1D60‑1D6Z)

Coded Elsewhere: COVID-19, virus identified (RA01.0)

Encephalitis due to Arenavirus (1D61.Y)

1D60 Filovirus disease

A severe disease with high lethality caused by filovirus infection. Filovirus disease is typically characterised by acute onset of fever with non-specific symptoms/signs (e.g., abdominal pain, anorexia, fatigue, malaise, myalgia, sore throat) usually followed several days later by nausea, vomiting, diarrhoea, and occasionally a variable rash. Hiccups may occur. Severe illness may include haemorrhagic manifestations (e.g., bleeding from puncture sites, ecchymoses, petechiae, visceral effusions), encephalopathy, shock/hypotension, multi-organ failure, spontaneous abortion in pregnant women when infected. Common laboratory findings include thrombocytopenia, elevated transaminase concentrations, electrolyte abnormalities, and signs of renal dysfunction. Individuals who recover may experience prolonged sequelae (e.g., arthralgia, neurocognitive dysfunction, uveitis sometimes followed by cataract formation), and clinical and subclinical persistent infection may occur in immune-privileged compartments (e.g., CNS, eyes, testes). Person-to-person transmission occurs by direct contact with blood, other bodily fluids, organs, or contaminated surfaces and materials with risk beginning at the onset of clinical signs and increasing with disease severity. Family members, sexual contacts, healthcare providers, and participants in burial ceremonies with direct contact with the deceased are at particular risk. The incubation period typically is 7–11 days (range ≈2–21 days).

1D60.0 Ebola disease

A severe disease with high case fatality caused by infection with Ebola virus or a closely related virus. Ebola disease is typically characterised by acute onset of fever with non-specific symptoms/signs (e.g., abdominal pain, anorexia, fatigue, malaise, myalgia, sore throat) usually followed several days later by nausea, vomiting, diarrhoea, and occasionally a variable rash. Hiccups may occur. Severe illness may include haemorrhagic manifestations (e.g., bleeding from puncture sites, ecchymoses, petechiae, visceral effusions), encephalopathy, shock/hypotension, multi-organ failure, spontaneous abortion in infected pregnant women. Common laboratory findings include thrombocytopenia, elevated transaminase concentrations, electrolyte abnormalities, and signs of renal dysfunction. Individuals who recover may experience prolonged sequelae (e.g., arthralgia, neurocognitive dysfunction, uveitis sometimes followed by cataract formation), and clinical and subclinical persistent infection may occur in immune-privileged compartments (e.g., CNS, eyes, testes). Person-to-person transmission occurs by direct contact with blood, other bodily fluids, organs, or contaminated surfaces and materials with risk beginning at the onset of clinical signs and increasing with disease severity. Family members, sexual contacts, healthcare providers, and participants in burial ceremonies with direct contact with the deceased are at particular risk. The incubation period typically is 7–11 days (range ≈2–21 days).

1D60.00 Bundibugyo virus disease

Ebola disease caused by Bundibugyo virus.

1D60.01 Ebola virus disease

Ebola disease caused by Ebola virus.

1D60.02 Sudan virus disease

Ebola disease caused by Sudan virus.

1D60.03 Atypical Ebola disease

Coding Note: This code should be used in conjunction with codes that identify the causative virus. Unusual manifestations of disease include organ-specific (e.g. meningoencephalitis) or systemic inflammatory syndromes associated with viral recrudescence occurring after clinical recovery from acute disease. These manifestations may occur several months following infection. Additionally, this code may be used for unusual presentations of acute disease not included in the general description of Ebola disease.

1D60.0Y Other specified Ebola disease

1D60.0Z Ebola disease, virus unspecified

1D60.1 Marburg disease

A severe disease with high case fatality caused by infection with Marburg virus or a closely related virus. Marburg disease is typically characterised by acute onset of fever with non-specific symptoms/signs (e.g., abdominal pain, anorexia, fatigue, malaise, myalgia, sore throat) usually followed several days later by nausea, vomiting, diarrhoea, and occasionally a variable rash. Severe illness may include haemorrhagic manifestations (e.g., bleeding from puncture sites, ecchymoses, petechiae, visceral effusions), encephalopathy, shock/hypotension, multi-organ failure. Common laboratory findings include thrombocytopenia, elevated transaminase concentrations, electrolyte abnormalities, and signs of renal dysfunction. Individuals who recover may experience prolonged sequelae (e.g., arthralgia, neurocognitive dysfunction, uveitis), and clinical and subclinical persistent infection may occur in immune-privileged compartments (e.g., CNS, eyes, testes). Person-to-person transmission occurs by direct contact with blood, other bodily fluids, organs, or contaminated surfaces and materials with risk beginning at the onset of clinical signs and increasing with disease severity. Family members, sexual contacts, healthcare providers, and participants in burial ceremonies with direct contact with the deceased are at particular risk. The incubation period typically is 7–11 days (range ≈2–21 days).

1D60.10 Marburg virus disease

Marburg disease caused by Marburg virus or Ravn virus.

1D60.11 Atypical Marburg disease

Coding Note: This code should be used in conjunction with codes that identify the causative virus. Unusual manifestations of disease include organ-specific (e.g. orchitis, uveitis) or systemic inflammatory syndromes associated with viral recrudescence occurring after clinical recovery from acute disease. These manifestations may occur several months following infection. Additionally, this code may be used for unusual presentations of acute disease not included in the general description of Marburg disease.

1D60.1Y Other specified Marburg disease

1D60.1Z Marburg disease, virus unspecified

1D60.Y Other specified filovirus disease

1D60.Z Filovirus disease, virus unspecified

1D61 Arenavirus disease

Coded Elsewhere: Lymphocytic choriomeningitis (1C8F)

1D61.0 Argentinian haemorrhagic fever

A disease endemic to the Argentine Pampas that is caused by an infection with Junín virus and that is characterised by haemorrhagic and neurological manifestations and high lethality (10-30%). The disease begins with a 6-14 day-lasting prodromic phase. Argentinian haemorrhagic fever presents with fever, myalgia, erythema, conjunctival injection, non-menstrual uterine bleeding, epistaxis, haematemesis, melena, haematuria, or shock. Around 20-30% of patients advance to a neurological and haemorrhagic phase. Survivors have a long convalescence period. Transmission occurs by inhalation, consumption, or direct contact with excretions and bodily fluids from infected rodents. Diagnosis occurs by identification of Junín virus from blood or mucosal secretions samples.

1D61.1 Bolivian haemorrhagic fever

A disease endemic to Bolivia that is caused by an infection with Machupo virus. Early disease symptoms/signs include fever, mild hypertension, headache, bleeding gums, and fatigue. Advanced signs include mucous membrane haemorrhage, epistaxis, melaena, and neurological damage such as tremors, seizures, loss of muscle control, and coma. Onset of disease symptoms occurs usually within seven days of infection. The lethality ranges from 18% to 22%. Transmission occurs by inhalation, consumption, or direct contact with excretions and bodily fluids from infected rodents. Diagnosis occurs by identification of Machupo virus from blood or mucosal secretions samples.

1D61.2 Lassa fever

A disease endemic in large parts of sub-Saharan Western Africa caused by infection with Lassa virus. Infection is mild or asymptomatic in most cases, but can cause severe illness or death. After a prodromal period of 7-10 days (sometimes longer), initial symptoms/signs include fever, malaise, headache, sore throat, vomiting, abdominal pain, and diarrhoea. Subsequently, patients develop high fever, extreme lethargy, oedema of head/neck, encephalopathy, pleural effusion, and ascites. Bleeding into the skin, mucosae and underlying tissues occurs in the severest cases. Deafness occurs in many patients, and the disease is often particularly severe in pregnancy. The overall lethality can reach 15% even among hospitalized patients receiving supportive care. Transmission occurs by inhalation, consumption, or direct contact with excretions and bodily fluids from infected rodents. Diagnosis occurs by identification of Lassa virus in blood samples by molecular or serologic methods.

1D61.3 Venezuelan haemorrhagic fever

A disease mainly found in rural areas of central Venezuela that is caused by an infection with Guanarito virus. Symptoms/signs among patients include fever, malaise, headache, arthralgia, sore throat, vomiting, abdominal pain, diarrhoea, convulsions, and a variety of haemorrhagic manifestations. The majority of patients also develop leukopenia and thrombocytopenia. The overall lethality may reach 30% even in hospitalised patients receiving supportive care. Transmission occurs by inhalation, consumption, or direct contact with excretions and bodily fluids from infected rodents. Diagnosis occurs by identification of Guanarito virus from blood or mucosal secretions samples.

1D61.Y Other specified arenavirus disease

1D61.Z Arenavirus disease, unspecified

1D62 Hantavirus disease

An acute zoonotic viral disease characterised by abrupt onset of fever, influenza-like clinical signs (e.g., chills, headache, myalgia, dry cough), gastrointestinal signs (e.g., diffuse abdominal pain, vomiting, diarrhoea), transient troubled vision (acute myopia), lumbalgia due to renal swelling, haemorrhagic manifestations to various degrees sometimes followed by rapidly increasing dyspnoea due to not-cardiogenic acute lung oedema, and/or renal involvement. The latter is characterised by initial, often massive proteinuria and microhaematuria sometimes accompanied by transient renal function impediment. All hantavirus infections are heralded by varying degrees of transient thrombocytopenia, which may serve as an indicator of clinical severity.

1D62.0 Haemorrhagic fever with renal syndrome

Acute zoonotic viral disease with abrupt onset of fever, lower back pain, varying degrees of haemorrhagic manifestations, and renal involvement caused by certain hantaviruses.

Inclusions: Nephropathia epidemica

1D62.1 Hantavirus pulmonary syndrome

A disease of the respiratory system, caused by infection with certain hantaviruses. This disease is characterised by fever, fatigue, myalgia, headache, chills, nausea, vomiting, diarrhoea, or abdominal pain. This disease may also present with coughing and dyspnoea. Transmission is by the faecal-oral route or airborne transmission.

1D62.2 Atypical hantavirus disease

1D62.Y Other specified hantavirus disease

1D62.Z Hantavirus disease, unspecified

1D63 Henipavirus encephalitis

Acute bat-borne disease characterised by fever and headaches. The disease may progress to drowsiness, disorientation, mental confusion, and finally encephalitis (brain swelling) in less than a week. This progression may occur with or without an acute respiratory distress component. The incubation period ranges from 4 to 14 days. Lethality is high.

1D64 Middle East respiratory syndrome

A disease caused by an infection with Middle East Respiratory Syndrome coronavirus (MERS-CoA). This disease is characterised by severe acute respiratory illness with fever, cough, and shortness of breath. Confirmation is by identification of Middle East Respiratory Syndrome coronavirus from genetic material.

1D65 Severe acute respiratory syndrome

A disease of the respiratory system, caused by an infection with coronavirus. This disease is characterised by fever, headache, cough, myalgia, tachycardia, or diarrhoea. This disease may also lead to pneumonia. Transmission is by direct contact, inhalation of infected respiratory secretions, or airborne transmission. Confirmation is by identification of coronavirus in a blood, stool, respiratory secretions, or body tissue sample.

Exclusions: COVID-19, virus identified (RA01.0)

COVID-19, virus not identified (RA01.1)

1D6Y Other specified zoonotic viral diseases

1D6Z Zoonotic viral disease, virus unspecified

Certain other viral diseases (1D80‑1E1Z)

Coded Elsewhere: Congenital Varicella Zoster virus infection (KA62.2)

Other viral diseases complicating pregnancy, childbirth or the puerperium (JB63.5)

Viral duodenitis (DA51.6Y)

Tahyna fever (1D4Y)

1D80 Mumps

A disease caused by an infection with mumps virus. This disease commonly presents with fever, headache, fatigue, or eventually parotitis. Transmission is by contact with respiratory secretions, directly or indirectly.

1D80.0 Mumps without complication

#DRAFT# This is an inflammation of one or both parotid glands, the major salivary glands located on either side of the face, in humans. This disease is due to mumps virus, causing high morbidity and in some cases more serious complications such as deafness.

1D80.1 Orchitis due to mumps virus

Within a few days of infection the mumps virus can attack the testicular glands leading to abrupt onset of fever ranging from 39 to 41 °C, severe testicular pain, scrotal swelling and erythema. Mumps induced orchitis typically presents 1-2 weeks after parotitis. The virus’ infiltration into the testicular glands can cause parenchymal inflammation, separation of seminiferous tubules and perivascular interstitial lymphocyte infiltration. Testicular atrophy can result from a rise in intratesticular pressure. Complications include oligospermia, azoospermia, and asthenospermia, which can contribute to subfertility. Infertility is more common in patients with bilateral mumps orchitis and is estimated to occur in approximately 13% of all patients. Sterility is rarely induced by mumps orchitis.

Inclusions: Mumps orchitis

1D80.2 Meningitis due to mumps virus

A disease of the meninges, caused by an infection with mumps virus. This disease is characterised by photophobia, vomiting, fever, arthralgia, headache, stiff neck, convulsions, or seizures. This disease may also present with pale, blotchy skin or a distinctive rash. Transmission is by haematogenous spread to the meninges after inhalation of infected respiratory secretions or droplet transmission. Confirmation is by identification of mumps virus in a buccal swab or blood sample.

Inclusions: mumps meningitis

1D80.3 Encephalitis due to mumps virus

An inflammatory process of the brain, frequently with evidence of meningeal involvement, due to infection by mumps virus. The clinical manifestations are usually acute, with fever and variable combinations of convulsions, impaired mental state, and focal deficits. The spinal fluid may show a cellular reaction and elevated protein. Diagnosis is by neuroimaging, spinal fluid analysis and culture, PCR, and serologic tests.

Inclusions: Mumps encephalitis

1D80.4 Pancreatitis due to mumps virus

#DRAFT# This is inflammation of the pancreas which requires immediate medical attention and hospitalization during an attack that has multiple causes and symptoms. This diagnosis is due to the causative agent of mumps, a well-known common childhood disease characterised by swelling of the parotid glands, salivary glands and other epithelial tissues, causing high morbidity and in some cases more serious complications such as deafness.

Inclusions: mumps pancreatitis

1D80.Y Other specified mumps

1D81 Infectious mononucleosis

A disease typically caused by an infection with Epstein-Barr virus or cytomegalovirus. This disease commonly presents with extreme fatigue, fever, acute pharyngitis, body aches, or lymphadenopathy. Transmission is by direct contact with infected body fluids, commonly through saliva.

Inclusions: Glandular fever

Gammaherpesviral mononucleosis

1D81.0 Mononucleosis due to Epstein-Barr virus

A disease typically caused by an infection with Epstein-Barr virus. This disease commonly presents with extreme fatigue, fever, acute pharyngitis, body aches, or lymphadenopathy. Transmission is by direct contact with infected body fluids, commonly through saliva.

1D81.1 Mononucleosis due to cytomegalovirus

A disease typically caused by an infection with cytomegalovirus. This disease commonly presents with extreme fatigue, fever, acute pharyngitis, body aches, or lymphadenopathy. Transmission is by direct contact with infected body fluids, commonly through saliva.

1D81.Y Other specified infectious mononucleosis

1D81.Z Infectious mononucleosis, unspecified

1D82 Cytomegaloviral disease

Any condition caused by an infection with cytomegalovirus. These conditions are commonly asymptomatic. Transmission is by direct contact with infected body fluids.

Coded Elsewhere: Mononucleosis due to cytomegalovirus (1D81.1)

Congenital cytomegalovirus infection (KA62.3)

Intestinal infections due to Cytomegalovirus (1A24)

Cytomegaloviral retinitis (9B72.00)

1D82.0 Cytomegaloviral hepatitis

A disease of the hepatic system, caused by an infection with human cytomegalovirus. This disease is characterised by fever, acute pharyngitis, fatigue, lymphadenopathy, or jaundice. Transmission is by direct contact with infected body fluids. Confirmation of an active infection is by identification of human cytomegalovirus in blood, saliva, urine, or other body tissue samples.

1D82.1 Cytomegaloviral pancreatitis

#DRAFT# This is a viral genus of the viral family known as Herpesviridae or herpesviruses. This diagnosis is with inflammation of the pancreas which requires immediate medical attention and hospitalization during an attack that has multiple causes and symptoms.

1D82.Y Other specified cytomegaloviral disease

1D82.Z Cytomegaloviral disease, unspecified

1D83 Epidemic myalgia

A disease caused by an infection with the group B Coxsackie virus. This disease is characterised by pleuritic pain, fever, or muscle swelling. Transmission is by the faecal-oral route.

Inclusions: Bornholm disease

1D84 Viral conjunctivitis

Inflammation, often mild, of the conjunctiva caused by a variety of viral agents. Conjunctival involvement may be part of a systemic infection.

Coding Note: Code also the causing condition

Exclusions: ocular disease herpesviral [herpes simplex] (1F00.1)

Ophthalmic zoster (1E91.1)

Coded Elsewhere: Zoster conjunctivitis (1E91.1)

1D84.0 Conjunctivitis due to adenovirus

A condition of the conjunctiva, caused by an infection with adenovirus. This condition is characterised by itchy eyes, tearing, redness, discharge, or photophobia (with corneal involvement). Transmission is by direct contact, indirect contact, or droplet transmission.

Inclusions: Acute adenoviral follicular conjunctivitis

Swimming-pool conjunctivitis

1D84.1 Acute epidemic haemorrhagic conjunctivitis

A disease of the conjunctiva, caused by an infection with enterovirus. This disease is characterised by painful and red eyes, swollen lids, conjunctival follicles, chemosis, or subconjunctival haemorrhage. Transmission is by direct contact, or contact with contaminated water.

1D84.Y Other specified viral conjunctivitis

Coding Note: Code also the causing condition

1D84.Z Viral conjunctivitis, unspecified

Coding Note: Code also the causing condition

1D85 Viral carditis

A disease of the heart, caused by an infection with a viral source. This disease is characterised by fatigue, dyspnoea, palpitations, malaise, or atypical chest discomfort. This disease may also present with sinus tachycardia, cardiomyopathy, idiopathic ventricular arrhythmias, or cardiovascular collapse. Transmission is by endogenous spread or iatrogenic transmission. Confirmation is identification of the viral source in advanced imaging or cardiac biopsy.

Exclusions: Influenzal myocarditis, other influenza virus identified (1E30)

1D85.0 Dilated cardiomyopathy secondary to viral myocarditis

1D85.1 Acute viral carditis

1D85.2 Chronic viral carditis

1D85.3 Aseptic myocarditis of newborn

1D85.4 Coxsackie carditis

1D85.Y Other specified viral carditis

1D85.Z Viral carditis, unspecified

1D86 Viral haemorrhagic fever, not elsewhere classified

Exclusions: Certain arthropod-borne viral fevers (1D40‑1D4Z)

Certain zoonotic viral diseases (1D60‑1D6Z)

Viral infection of unspecified site (1D90‑1D9Z)

Exclusions: Cytomegaloviral disease (1D82)

Herpes simplex infections (1F00)

1D90 Adenovirus infection of unspecified site

Adenovirus infections most commonly cause illness of the respiratory system; however, depending on the infecting serotype, they may also cause various other illnesses and presentations.

1D91 Enterovirus infection of unspecified site

Coded Elsewhere: Congenital echovirus infection (KA62.4)

Congenital enterovirus infection (KA62.5)

1D92 Coronavirus infection, unspecified site

Exclusions: Severe acute respiratory syndrome (1D65)

COVID-19, virus not identified (RA01.1)

COVID-19, virus identified (RA01.0)

1D93 Parvovirus infection of unspecified site

Coded Elsewhere: Congenital parvovirus syndrome (KA62.7)

1D9Y Other viral infections of unspecified site

1D9Z Unspecified viral infection of unspecified site

1E1Y Other specified viral diseases

1E1Z Unspecified viral disease

Influenza (1E30‑1E32)

Any disease of the respiratory system, caused by an infection with influenza virus. These diseases are characterised by fever, cough, headache, myalgia, arthralgia, or malaise. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of influenza virus from a nasopharyngeal, nose, or throat swab.

1E30 Influenza due to identified seasonal influenza virus

Exclusions: Haemophilus influenzae [H. influenzae] meningitis (1D01.00)

Haemophilus influenzae [H. influenzae] pneumonia (CA40.02)

1E31 Influenza due to identified zoonotic or pandemic influenza virus

Influenza, caused by influenza virus strains of special epidemiological importance with an animal-human or inter-human transmission.

For use of this category, reference must be made to the guidelines of the Global Influenza Programme (GIP, www.who.int/influenza/) of WHO.

Coding Note: Influenza caused by influenza virus strains of special epidemiological importance with an animal-human or inter-human transmission limited to the inclusions

Exclusions: Haemophilus influenzae [H. influenzae] meningitis (1D01.00)

Haemophilus influenzae [H. influenzae] pneumonia (CA40.02)

1E32 Influenza, virus not identified

Any disease of the respiratory system, caused by an unidentified strain of influenza virus. These diseases are characterised by fever, cough, headache, myalgia, arthralgia, or malaise. Transmission is by inhalation of infected respiratory secretions.

Inclusions: Influenza specific virus not stated to have been identified

Viral influenza specific virus not stated to have been identified

Exclusions: Haemophilus influenzae [H. influenzae] meningitis (1D01.00)

Haemophilus influenzae [H. influenzae] pneumonia (CA40.02)

Viral hepatitis (1E50‑1E5Z)

A group of liver diseases caused by infection with one or more of the five hepatitis viruses, hepatitis A virus, hepatitis B virus, hepatitis C virus, hepatitis D virus and hepatitis E viruses. The infection may be recent and present for less than 6 months (acute hepatitis) or present for more than 6 months (chronic hepatitis), in which case progression to cirrhosis and liver cancer can occur. Transmission is by the faecal-oral route including water contamination, sexual transmission, blood and body fluid contamination (parenteral spread) and from mother to baby at the time of birth (vertical transmission). Depending on the virus, diagnosis is confirmed by detection of specific viral antigens, anti-viral antibodies or viral nucleic acids in serum.

Exclusions: Herpes simplex hepatitis (1F00)

Autoimmune hepatitis (DB96.0)

Non-alcoholic steatohepatitis (DB92.1)

Coded Elsewhere: Viral hepatitis complicating pregnancy, childbirth or the puerperium (JB63.4)

Congenital viral hepatitis (KA62.9)

1E50 Acute viral hepatitis

A group of liver diseases characterised by liver inflammation and fibrosis, caused by more than 6 months of infection with one or more of hepatitis B virus, hepatitis C virus and hepatitis D virus, with or without HIV. Even at stage of cirrhosis there are often no symptoms. Otherwise, clinical features include fatigue, hard liver edge and complications of cirrhosis (muscle wasting, ascites, splenomegaly/portal hypertension). Transmission of hepatitis B and C viruses is by blood and body fluid contamination, sexual transmission, and from mother to baby at the time of birth (vertical transmission). In addition to detection of specific antigens (HBsAg) and antibodies (anti-HCV), diagnostic assessment requires assay of viral nucleic acids (HBV DNA, HCV RNA etc).

Exclusions: Infectious liver disease (DB90)

Acute or subacute hepatic failure (DB91)

Chronic viral hepatitis (1E51)

Coded Elsewhere: Cytomegaloviral hepatitis (1D82.0)

Epstein-Barr viral hepatitis (DB90.Y)

1E50.0 Acute hepatitis A

Acute liver injury and inflammation caused by recent and short-term (less than 6 months) infection with hepatitis A virus (HAV). Transmission is by the faecal-oral route. Diagnosis is confirmed by presence of IgM-anti-HAV in serum. Clinical features, if they occur, are characterised by anorexia, nausea and fever, with jaundice in severer cases.

Exclusions: Infectious liver disease (DB90)

Acute or subacute hepatic failure (DB91)

1E50.1 Acute hepatitis B

Acute liver injury and inflammation caused by recent and short-term (less than 6 months) infection with hepatitis B virus (HBV). Transmission is by sexual, blood and body fluid contamination (parenteral spread), and from mother to baby at the time of birth (vertical transmission). Diagnosis is confirmed by presence of recent acquisition of HBsAg, ideally with IgM-anti-HBc in serum. Clinical features, if they occur, are characterised by anorexia, nausea and fever, with jaundice in severe cases.

1E50.2 Acute hepatitis C

Acute liver injury and inflammation caused by recent and short-term (less than 6 months) infection with hepatitis C virus (HCV). Transmission is by blood and body fluid contamination (parenteral spread) in most cases, and rarely by sexual spread or from mother to baby at the time of birth (vertical transmission). Diagnosis is confirmed by presence of recent acquisition of anti-HCV with presence of HCV RNA in serum. Clinical features occur in a minority of cases and are characterised by anorexia, nausea and fever, rarely with jaundice. A high proportion of cases (>70%) develop chronic HCV infection, with liver disease of varying severity.

Coded Elsewhere: Necrolytic acral erythema (EA20)

1E50.3 Acute hepatitis D

Acute liver injury and inflammation caused by recent and short-term (less than 6 months) infection with hepatitis D virus (HDV). Transmission only occurs in someone with chronic HBV infection (super-infection) or at the same time as acute hepatitis B (co-infection), and is by blood and body fluid contamination (parenteral spread), and sexual spread. Diagnosis is confirmed by serum IgM-anti-HDV. Clinical features, if they occur, are characterised by anorexia, nausea and fever, with jaundice in severe cases. Acute liver failure occurs in some cases, and a high proportion of cases develops chronic HDV infection.

Coded Elsewhere: Acute hepatitis B with Hepatitis D virus co-infection (1E50.1)

1E50.4 Acute hepatitis E

A disease of the liver, caused by an acute infection with hepatitis E virus. This disease is characterised by nausea. Transmission is commonly by the faecal-oral route. Confirmation is by detection of anti-hepatitis E virus IgM antibodies in an individual's serum.

1E50.Y Other specified acute viral hepatitis

1E50.Z Acute viral hepatitis, unspecified

1E51 Chronic viral hepatitis

A disease of the liver, caused by a chronic infection with a hepatotropic virus such as hepatitis B, C, D virus, with or without HIV (for six months or longer). This disease is characterised by fatigue, joint and muscle pain, jaundice, or urine of dark yellow colour. Transmission is by sexual contact, or direct contact with contaminated blood or body fluids. Confirmation is by detection of anti-hepatitis antibodies in the individual’s serum.

Exclusions: Alcoholic liver disease (DB94)

Autoimmune hepatitis (DB96.0)

Non-alcoholic fatty liver disease (DB92)

1E51.0 Chronic hepatitis B

A liver disease characterised by liver inflammation and fibrosis caused by more than 6 months of infection with the hepatitis B virus. Even at stage of cirrhosis there are often no symptoms. Otherwise, clinical features include fatigue, hard liver edge and complications of cirrhosis (muscle wasting, ascites, splenomegaly/portal hypertension). Transmission is by blood and body fluid contamination, sexual transmission, and from mother to baby at the time of birth (vertical transmission). Confirmation of the diagnosis is by detection of HBsAg, but assessment of severity, prognosis and indication for treatment requires quantification of HBV DNA in serum.

Coded Elsewhere: Chronic hepatitis B, co-infected with hepatitis D virus (1E51.2)

Hepatitis B surface antigen [HBsAg] carrier (1E51.Y)

1E51.00 Chronic hepatitis B with human immunodeficiency virus co-infection

A liver disease characterised by liver inflammation and fibrosis caused by more than 6 months of infection with the hepatitis B virus and with the human immunodeficiency virus (HIV). Clinical features include fatigue, hard liver edge and complications of cirrhosis (muscle wasting, ascites, splenomegaly/portal hypertension), and outcomes, including hepatocellular carcinoma are worse than for hepatitis B without HIV infection.

1E51.0Y Other specified chronic hepatitis B

1E51.0Z Chronic hepatitis B, unspecified

1E51.1 Chronic hepatitis C

A liver disease characterised by liver inflammation and fibrosis caused by more than 6 months of infection with the hepatitis C virus. Even at stage of cirrhosis there may be no symptoms. Otherwise, clinical features include fatigue and impaired quality of life, hard liver edge and complications of cirrhosis (muscle wasting, ascites, splenomegaly/portal hypertension). Chronic hepatitis C increases the risks of type 2 diabetes mellitus and cardiovascular disease, which contribute to increased all-cause mortality. Transmission is by blood and body fluid contamination, rarely by sexual transmission and from mother to baby at the time of birth (vertical transmission). Confirmation of the diagnosis is by detection of HCV RNA in the presence of a positive anti-HCV in serum.

Exclusions: Non-alcoholic fatty liver disease (DB92)

Coded Elsewhere: Chronic hepatitis B, co-infected with hepatitis C virus (1E51.0Y)

Chronic hepatitis B, co-infected with hepatitis C virus and hepatitis D virus (1E51.0Y)

1E51.2 Chronic hepatitis D

Coded Elsewhere: Chronic hepatitis B, co-infected with hepatitis C virus and hepatitis D virus (1E51.0Y)

1E51.3 Chronic hepatitis E

1E51.Y Other specified chronic viral hepatitis

1E51.Z Chronic viral hepatitis, unspecified

1E5Z Viral hepatitis, unspecified

Viral infections characterised by skin or mucous membrane lesions (1E70‑1F0Z)

Infections due to poxvirus (1E70‑1E7Z)

1E70 Smallpox

A disease caused by an infection with variola virus. This disease is characterised by a maculopapular rash that progresses to vesicles (commonly on the face, arms, and legs), and fever. Transmission is by direct contact. Confirmation is by identification of the variola virus in a skin sample of the rash.

In 1980 the 33rd World Health Assembly declared that smallpox had been eradicated. The classification is maintained for surveillance purposes.

Inclusions: Variola

1E71 Mpox

A disease caused by an infection with monkeypox virus. In the first phase, this disease is characterised by lymphadenopathy, fever, headache, or malaise; in the second phase, this disease is characterised by a rash that starts as maculopapules and progresses to vesicles, then pustules, followed by crusts (may occur on the face, palms of the hands, soles of the feet, body, and mucous membranes). Transmission is by direct contact with infected animals (including body fluids or lesions), direct contact with body fluid from infected individuals, or through fomites. Confirmation is by identification of monkeypox virus.

Inclusions: monkeypox

1E72 Cowpox

Cowpox is due to infection by an orthopoxvirus. Human disease is caused by cutaneous inoculation from an infected host. Cowpox is endemic in Europe amongst small rodents, particularly wood mice and wood voles. After a seven day incubation it causes a systemic febrile flu-like illness. Lesions are solitary or few, mainly affecting the face and

hands. An initial erythematous papula or blister later forms a crusted eschar which heals slowly leaving a deep pock-like scar.

1E73 Vaccinia

A poxvirus which was formerly used to protect against smallpox. Its use as a vaccine can be complicated by a generalised rash secondary to viraemia, accidental infection of other sites or other individuals, progressive infection at the site of vaccination or, rarely, encephalomyelitis and myopericarditis.

1E74 Buffalopox

Buffalopox is caused by an orthopox virus related to vaccinia virus. It is acquired in humans by direct inoculation from infected water buffalo. It is generally a mild illness similar to cowpox with just a few lesions on the hands and arms. It leaves minor pock-like scars.

1E75 Orf

Orf is a virus infection of the skin contracted from sheep and goats. Orf is caused by a parapox virus which infects mainly young lambs and goats. Human lesions are caused by direct inoculation of infected material. Orf is not uncommon among sheep farmers, shearers, freezing workers, vets and farmers' wives or their children who bottle-feed lambs. They occur most commonly on the fingers, hands or forearms but can appear on the face.

1E76 Molluscum contagiosum

A disease of the skin and mucous membranes, caused by an infection with molluscum contagiosum virus. This disease is characterised by papular skin eruptions, commonly 2-3 millimetres in diameter. Transmission is by direct contact.

Exclusions: Viral warts (1E80)

1E7Y Other specified infections due to poxvirus

1E7Z Infections due to poxvirus, unspecified

Human papillomavirus infection of skin or mucous membrane (1E80‑1E8Z)

Infection of the skin and mucous membranes by the human papillomavirus (HPV), the agent responsible for viral warts in humans. Clinical manifestations depend on the virus subtype and the anatomical site involved.

Coded Elsewhere: Anogenital warts (1A95)

1E80 Common warts

Common warts are due to an infection of the epidermis by certain human papilloma viruses, most commonly HPV subtypes 1, 2, 4, 27 and 57. They manifest typically as papillomatous, keratinous growths on the hands and feet but may affect any part of the skin (and also adjacent mucous epithelia). They are very common during childhood and adolescence.

Exclusions: Warts of lips or oral cavity (1E82)

1E80.0 Digital or periungual warts

Viral warts affecting the fingers, thumbs or non-plantar (or non-weight-bearing) skin of the toes. They are often difficult to eradicate, particularly if the nail folds are involved, but most will eventually resolve spontaneously.

Exclusions: Plantar warts (1E80.1)

1E80.1 Plantar warts

Viral warts affecting the plantar surfaces of the feet including the weight-bearing skin of the toes. They are often painful and are difficult to eradicate. In most cases, however, they do eventually resolve spontaneously.

1E80.Y Other specified common warts

1E80.Z Common warts, unspecified

1E81 Plane warts

Plane warts (flat warts) are clinically distinct from common warts and manifest as multiple small flat-topped, often lightly pigmented papules on the face or extremities. They are caused by human papillomavirus (HPV) subtypes 3 and 10.

1E82 Warts of lips or oral cavity

Infection of the lips and/or oral cavity, particularly the keratinized surfaces of the gingiva and palate, with "skin" type human papillomavirus (types 2 and 4). Focal epithelial hyperplasia (Heck disease) is a specific form of oral human papillomavirus infection caused by types 13 or 32 and of high prevalence in certain communities in the Americas.

1E82.0 Focal epithelial hyperplasia of oral mucous membranes

Otherwise known as Heck disease, this is due to infection of the oral mucosa by human papillomavirus types 13 or 32. It most commonly presents as multiple smooth mucosal papules, giving rise to a cobblestone appearance. It is particularly common in children from native communities of the Americas with incidence rates of up to 30% reported.

1E83 Wart virus proliferation in immune-deficient states

Enhanced proliferation of human papillomavirus as a result of a failure of immune surveillance. This may be due to a genetic defect, disease or iatrogenic immunosuppression.

1E8Z Viral warts, not elsewhere classified

Varicella zoster virus infections (1E90‑1E91.Z)

1E90 Varicella

A disease caused by an infection with varicella zoster virus. This disease is characterised by a vesicular rash and fever. Transmission is by inhalation of infected respiratory secretions, or direct contact with fluid from vesicles.

Coded Elsewhere: Fetal varicella syndrome (KA62.2)

Congenital varicella (KA62.2)

1E90.0 Varicella without complication

A disease caused by an infection with varicella zoster virus. This disease is characterised by a vesicular rash and fever. Transmission is by inhalation of infected respiratory secretions, or direct contact with fluid from vesicles.

1E90.1 Varicella meningitis

A disease of the meninges, caused by an infection with varicella zoster virus. This infection is characterised by fever, stiff neck, headache, vomiting, photophobia, and sometimes an altered mental status or body aches. Transmission is through hematogenous spread to the meninges after inhalation of infected respiratory secretions, or direct contact with fluid from vesicles. Confirmation is by identification of varicella zoster viral DNA or anti-varicella zoster IgG in cerebrospinal fluid.

1E90.2 Varicella encephalitis

#DRAFT# This is a highly contagious but non-threatening disease caused by primary infection with varicella zoster virus (VZV). This diagnosis is with an acute inflammation of the brain.

Inclusions: Postchickenpox encephalitis

Varicella encephalomyelitis

1E90.Y Varicella with other specified complication

1E90.Z Varicella, unspecified

1E91 Zoster

A disease caused by the reactivation of a latent infection with varicella zoster virus. This disease commonly presents with a rash (typically within one or two adjacent dermatomes), cutaneous hyperaesthesia, or fever.

1E91.0 Zoster without complications

A painful blistering skin eruption following a dermatomal distribution resulting from reactivation of Varicella zoster virus in dorsal nerve root ganglia.

1E91.1 Ophthalmic zoster

A disease of the eyes, caused by the reactivation of a latent infection with varicella zoster virus in the trigeminal nerve. This disease is characterised by a periorbital rash (typically within one dermatome), and conjunctivitis.

1E91.2 Disseminated zoster

Disseminated herpes zoster indicates the presence of widespread cutaneous involvement extending beyond the primarily affected and directly adjacent dermatomes. It may be associated with impaired immunity resulting from disease or from therapy.

1E91.3 Zoster with central nervous system involvement

1E91.4 Acute neuropathy of cranial nerve due to zoster

1E91.40 Acute trigeminal zoster neuropathy

1E91.41 Acute herpetic geniculate ganglionitis

1E91.4Y Other specified acute neuropathy of cranial nerve due to zoster

1E91.4Z Acute neuropathy of cranial nerve due to zoster, unspecified

1E91.5 Postherpetic polyneuropathy

1E91.Y Zoster with other specified complications

1E91.Z Zoster, unspecified

1F00 Herpes simplex infections

Any condition caused by an infection with herpes simplex virus (human herpesviruses 1 and 2). Confirmation is by identification of herpes simplex virus type 1 or 2.

Exclusions: Herpangina (1F05.1)

Coded Elsewhere: Perinatal Herpes simplex infection (KA62.A)

Anogenital herpes simplex infection (1A94)

Sexually transmissible infections due to Herpes simplex virus (1A9Z)

1F00.0 Herpes simplex infection of skin or mucous membrane

A disease of the skin and mucous membranes, caused by an infection with herpes simplex virus type 1 or 2. This disease is characterised by vesicles, or may be asymptomatic. Transmission is by direct contact. Confirmation is by identification of herpes simplex virus type 1 or 2.

Coded Elsewhere: Anogenital herpes simplex infection (1A94)

1F00.00 Herpes simplex infection of skin

Herpes simplex infection affecting skin and commonly arising from person-to-person inoculation of virus from contact sports such as Rugby football or wrestling.

1F00.01 Herpes simplex labialis

#DRAFT# This is an infection of the lip by herpes simplex virus. An outbreak typically causes small blisters or sores on or around the mouth, commonly known as cold sores or fever blisters.

Inclusions: cold sore

1F00.02 Herpes simplex gingivostomatitis

#DRAFT# This is a combination of gingivitis and stomatitis, or an inflammation of the oral mucosa and gingiva. Herpetic gingivostomatitis is often the initial presentation during the first ("primary") herpes simplex infection.

1F00.03 Disseminated cutaneous herpes simplex infection complicating other skin diseases

#DRAFT# This is most commonly seen in the context of atopic eczema (eczema herpeticum: see definition) but may also be seen with a range of other diseases including pemphigus and Darier disease.

1F00.0Y Other specified herpes simplex infection of skin or mucous membrane

1F00.1 Herpes simplex infection of the eye

A condition of the eye, caused by an infection with herpes simplex virus type 1 or 2. The condition is characterised by blepharoconjunctivitis or keratitis. Transmission is by direct contact. Confirmation is by identification of herpes simplex virus type 1 or 2.

Coded Elsewhere: Herpes simplex conjunctivitis (1D84.Y)

1F00.10 Herpes simplex keratitis

This is a viral disease from the herpesviridae family caused by both Herpes simplex virus type 1 (HSV-1) and type 2 (HSV-2). Infection with the herpes virus is categorized into one of several distinct disorders based on the site of infection. This diagnosis is a condition in which the eye's cornea, the front part of the eye, becomes infected and inflamed.

Coded Elsewhere: Herpetic ulcer of cornea (9A76)

1F00.11 Herpes simplex infection of eyelid

1F00.1Y Other specified herpes simplex infection of the eye

1F00.1Z Herpes simplex infection of the eye, unspecified

1F00.2 Herpes simplex infection of central nervous system

A condition of the central nervous system, caused by an infection with herpes simplex virus (human herpesviruses 1 and 2). This condition is characterised by fever, headache, or other clinical symptoms depending on the site of infection. Confirmation is by identification of herpes simplex virus type 1 or 2.

1F00.20 Herpes simplex meningitis

1F00.21 Encephalitis due to herpes simplex virus

Herpetic encephalitis is a cerebral infection caused by herpes simplex virus type 1 (HSV1). It presents as acute necrosing temporal encephalitis. Onset is rapid (less than 48 hours) with a fever of 40 °C, headaches, and behavioural, language and memory problems. These initial manifestations are followed by numbness and coma, which may be accompanied by convulsions and paralysis. This disease, which affects only a small minority of HSV1-infected individuals, results from a primary immune deficiency.

Inclusions: Simian B disease

1F00.2Y Other specified herpes simplex infection of central nervous system

1F00.3 Disseminated herpes simplex infection

#DRAFT# This is a disseminated, potentially fatal, viral disease caused by Herpes simplex virus type 1 (HSV-1) or type 2 (HSV-2).

1F00.Y Other specified herpes simplex infections

1F00.Z Herpes simplex infections, unspecified

1F01 Roseola infantum

A disease caused by an infection with roseolovirus (human herpesvirus type 6 or 7). This disease is characterised by acute fever, followed by macular or maculopapular exanthem in some individuals. Transmission is by inhalation of infected respiratory secretions or direct contact.

1F02 Rubella

A disease caused by an infection with the rubella virus. This disease commonly presents with lymphadenopathy, or an exanthem that starts on the face and spreads to the limbs and trunk. Transmission is commonly by inhalation of infected respiratory secretions, or direct contact.

Coded Elsewhere: Congenital rubella syndrome (KA62.8)

1F02.0 Rubella with neurological complications

#DRAFT# This is the pathogenic agent of the disease Rubella, and is the cause of congenital rubella syndrome when infection occurs during the first weeks of pregnancy. This diagnosis is with neurological complications.

1F02.1 Rubella arthritis

A disease of the joints, caused by an infection with the rubella virus. This disease is characterised by inflammation of the joints leading to arthralgia or difficulties moving the joints. Transmission is by inhalation of infected respiratory secretions, or direct contact. Confirmation is by identification of rubella virus (in nasal or throat swab samples, blood, urine, or cerebrospinal fluid), or detection of rubella virus specific IgM antibodies.

1F02.2 Rubella without complication

Rubella was a common childhood viral infection until the advent of mass immunization programmes. It is characterised by a short-lived maculopapular exanthem, lymphadenopathy and mild fever: the majority of infections are not associated with significant morbidity. Transmission is by inhalation of infected respiratory secretions or by direct contact. Confirmation is by identification of rubella virus in nasal swab, throat swab or blood samples, or by detection of rubella virus specific IgM antibodies. Its public health importance lies in its potential to cause devastating harm to the fetus of an infected mother (congenital rubella syndrome).

1F02.Y Rubella with other specified complication

1F03 Measles

A disease of the respiratory system, caused by an infection with Morbillivirus. This disease is characterised by a blotchy rash, fever, cough, conjunctivitis, or malaise. This disease may also present with tiny white spots with bluish-white centres inside the mouth. Transmission is by inhalation of infected respiratory secretions, airborne transmission or direct contact. Confirmation is by detection of Morbillivirus RNA or measles-specific IgM antibodies.

Inclusions: morbilli

Coded Elsewhere: Subacute sclerosing panencephalitis (8A45.01)

1F03.0 Measles without complication

A disease caused by an infection with Morbillivirus. This disease is characterised by fever, cough, coryza, conjunctivitis, enanthema, or maculopapular rash, without any additional secondary pathological conditions. Transmission is by inhalation of infected respiratory secretions, or direct contact. Confirmation is by detection of Morbillivirus RNA, or detection measles-specific IgM antibodies.

1F03.1 Measles complicated by encephalitis

A disease caused by an infection with Morbillivirus that is complicated by an infection of the brain. This disease is characterised by symptoms of measles as well as inflammation of the brain. This disease may also present with fever, headache, poor appetite, vomiting, confusion, lethargy, or photophobia. Transmission is by haematogenous spread to the brain after inhalation of infected respiratory secretions, by airborne transmission, or by direct contact. Confirmation is by detection of Morbillivirus RNA or measles-specific IgM antibodies.

1F03.2 Measles complicated by meningitis

A disease caused by an infection with Morbillivirus that is complicated by an infection of the meninges. This disease is characterised by symptoms of measles as well as inflammation of the meninges. This disease may also present with a fever, vomiting, lethargy, confusion, muscle pain, photophobia, or convulsions. Transmission is by haematogenous spread to the meninges after inhalation of infected respiratory secretions, airborne transmission, or direct contact. Confirmation is by detection of Morbillivirus RNA or measles-specific IgM antibodies.

Inclusions: Postmeasles meningitis

1F03.Y Measles with other complications

1F04 Erythema infectiosum

A condition caused by infection with parvovirus B19 (member of the Erythroparvovirus genus). In children, this condition is characterised by fever and cold-like symptoms initially, followed by a skin rash typically in the facial region. In adolescents and adults, this condition may present with painful and swollen joints. Transmission is by droplet transmission, or vertical transmission.

Inclusions: Slapped cheek syndrome

1F05 Picornavirus infections presenting in the skin or mucous membranes

1F05.0 Enteroviral vesicular stomatitis

Enteroviral vesicular stomatitis, commonly called hand, foot and mouth disease, is a highly contagious enterovirus infection (usually Coxsackievirus A16 or Enterovirus 71). It typically causes a mild febrile illness with sore throat and loss of appetite followed by an eruption of vesicles on the lips, hands and feet. The majority of cases occur in children under the age of five.

Inclusions: Hand, foot and mouth disease

1F05.1 Enteroviral vesicular pharyngitis

1F05.2 Enteroviral exanthematous fever

An acute febrile, characteristically morbilliform exanthem due to infection by one of many different enteroviruses, especially Coxsackievirus and Echovirus.

Exclusions: Enteroviral vesicular pharyngitis (1F05.1)

Enteroviral vesicular stomatitis (1F05.0)

1F05.3 Foot and mouth disease

A rare infection in humans due to the Aphthovirus Foot-and-mouth-disease virus (FMDV), which is responsible for a highly contagious epidemic infection of cloven-hoofed animals, particularly cattle. It manifests in humans with prodromal fever and malaise followed by vesiculation and ulceration of oral mucous membranes and lips. Vesicles may sometimes involve the digits and palmoplantar skin.

Exclusions: Hand, foot and mouth disease (1F05.0)

1F05.Y Other specified picornavirus infections presenting in the skin or mucous membranes

1F0Y Other specified viral infections characterised by skin or mucous membrane lesions

1F0Z Viral infections characterised by skin or mucous membrane lesions, unspecified

Mycoses (1F20‑1F2Z)

Exclusions: Mycosis fungoides (2B01)

Hypersensitivity pneumonitis due to organic dust (CA70)

Coded Elsewhere: Intestinal fungal infections

Fungal infection of fetus or newborn (KA63)

1F20 Aspergillosis

Aspergillosis is a disease caused by fungi of the genus Aspergillus. The organism is ubiquitous, being found in soil and water or in decaying vegetation. While Aspergillus is entirely harmless for most individuals, the spores can cause various forms of mycosis in people with lung diseases or weakened immune system.

Inclusions: aspergilloma

Coded Elsewhere: Aspergillus-induced allergic or hypersensitivity conditions (CA82.4)

Neonatal aspergillosis (KA63.1)

1F20.0 Invasive aspergillosis

A disease caused by an infection with the fungi Aspergillus. This disease is characterised by colonization and invasion of tissue by Aspergillus in one part of the body and may spread to other parts of the body. Transmission is commonly by inhalation of Aspergillus spores.

1F20.00 Invasive aspergillosis of the digestive tract

1F20.01 Invasive cerebral aspergillosis

1F20.02 Disseminated aspergillosis

Invasive aspergillosis affecting three or more organs.

1F20.0Y Invasive aspergillosis of other specified site

1F20.0Z Invasive aspergillosis, unspecified

1F20.1 Non-invasive aspergillosis

1F20.10 Aspergillus otomycosis

Chronic superficial fungal infection of the external auditory canal and auricle due to saprophytic fungi of the genus Aspergillus.

1F20.11 Chronic aspergillosis of the paranasal sinuses

Inclusions: Chronic granulomatous Aspergillus rhinosinusitis

1F20.12 Chronic pulmonary aspergillosis

Chronic pulmonary aspergillosis (CPA) presents as nodular or cavitary lesion(s) in the lungs, of at least three months duration. It is caused by Aspergillus species as demonstrated on histological staining, by positive culture of biopsy, or positive Aspergillus IgG antibodies.

The most common form of CPA is chronic cavitary pulmonary aspergillosis (CCPA). Untreated it may progress to chronic fibrosing pulmonary aspergillosis (CFPA). Less common manifestations of CPA include Aspergillus nodule and single aspergilloma. All these entities are found in non-immunocompromised patients with prior or current lung disease. Subacute invasive pulmonary aspergillosis (formerly called chronic necrotising pulmonary aspergillosis) is a more rapidly progressive infection (<3 months) usually found in moderately immunocompromised patients.

1F20.13 Tonsillar aspergillosis

1F20.14 Aspergillus bronchitis

1F20.15 Obstructing aspergillus tracheobronchitis

1F20.1Y Other specified non-invasive aspergillosis

1F20.1Z Non-invasive aspergillosis, unspecified

1F20.Z Aspergillosis, unspecified

1F21 Basidiobolomycosis

Basidiobolomycosis is characterised by a slowly spreading, painless, non-pitting subcutaneous swelling without other obvious clinical signs. It may be single, or there may be multiple satellite lesions. The disc-shaped masses have a uniform hard consistency. It usually involves the limbs or limb-girdle areas and the infection is most often seen in children.

Inclusions: Subcutaneous mucoromycosis due to Basidiobolus ranarum

1F22 Blastomycosis

A disease caused by an infection with the fungi Blastomyces dermatitidis. This disease is characterised by fever, chills, cough, myalgia, arthralgia, or chest pain. This disease may also present in the skin and bones. Transmission is by inhalation of fungal spores. Confirmation is by identification of Blastomyces dermatitidis in a urine, cerebrospinal fluid, or blood sample.

Exclusions: Brazilian blastomycosis (1F2E)

keloidal blastomycosis (1F2B)

1F23 Candidosis

Candidosis is an infection caused by yeasts of the genus Candida. Superficial infections of the mucous membranes and skin are common, but deep invasive disease including fungal sepsis, endocarditis and meningitis may also occur.

Inclusions: moniliasis

candidiasis

Coded Elsewhere: Neonatal candidosis (KA63.2)

Invasive neonatal candidosis (KA63.2)

1F23.0 Candidosis of lips or oral mucous membranes

A disease of the lips and oral mucous membranes, caused by an infection with the fungi Candida. This disease commonly presents with white patches or plaques on the oral mucous membranes, angular cheilitis, or dysphagia. Transmission is by opportunistic transmission. Confirmation is by identification of Candida in an oral or skin sample.

Exclusions: Neonatal candidosis (KA63.2)

1F23.1 Candidosis of skin or mucous membranes

Coded Elsewhere: Neonatal mucocutaneous candidosis (EH12)

1F23.10 Vulvovaginal candidosis

A disease caused by an infection with the fungi Candida. This disease is characterised by genital itching, burning, or vaginal discharge. Transmission is by endogenous spread, or sexual contact. Confirmation is commonly by identification of Candida in a vaginal swab.

1F23.11 Candida balanoposthitis

A disease caused by an infection with the fungi Candida (commonly Candida albicans). This disease is characterised by inflammation of the glans or prepuce. This disease may also present with eroded white papules, or white discharge. Transmission is by sexual contact. Confirmation is by identification of Candida in a sub-preputial swab or urine sample.

Inclusions: Candidosis of penis

Penile thrush

1F23.12 Flexural or intertriginous candidosis

Candidosis of flexural and intertriginous skin, where the warm, moist conditions favour the growth of Candida yeasts.

1F23.13 Candidosis of nail or paronychium

Infection of the nail and/or paronychium (nail fold) with Candida yeasts

1F23.14 Chronic mucocutaneous candidosis

Chronic Mucocutaneous Candidiasis is a primary immune deficiency characterised by persistent and/or recurrent infections of skin, nails and mucous membranes, caused by organisms of the genus Candida, mainly C. albicans.

1F23.15 Disseminated cutaneous candidosis

1F23.16 Candida otomycosis

Infection of the external auditory canal with Candida yeasts, especially Candida parapsilosis. The infection may present with whitish greasy debris in, or discharge from the external auditory canal, or with erythema, oedema and pain. Candida otomycosis is less common than otomycosis due to Aspergillus. Chronic infection may be associated with perforation of the eardrum.

1F23.1Y Candidosis of skin or mucous membrane of other specified site

1F23.1Z Candidosis of skin or mucous membranes, unspecified

1F23.2 Candidosis of gastrointestinal tract

#DRAFT# This is a fungal infection (mycosis) of any of the Candida species (all yeasts), of which Candida albicans is the most common. This diagnosis is of the gastrointestinal tract.

1F23.3 Systemic or invasive candidosis

Invasion of internal organs by Candida yeasts. Risk factors include acute leukemia, haematopoietic stem cell or solid organ transplantation, and acute critical illness. Candida species other than Candida albicans are commonly implicated.

Coded Elsewhere: Invasive neonatal candidosis (KA63.2)

Candidaemia (MA15.1)

1F23.30 Candida meningitis

1F23.31 Pulmonary candidosis

A disease of the pulmonary system, caused by an infection with the fungi Candida. This disease is characterised by fever, chills, cough, nausea, vomiting, tachypnoea, tachycardia, or dyspnoea. Transmission is by opportunistic transmission. Confirmation is by identification of Candida from a sputum sample.

1F23.3Y Other specified systemic or invasive candidosis

1F23.3Z Systemic or invasive candidosis, unspecified

1F23.Y Other specified candidosis

1F23.Z Candidosis, unspecified

1F24 Chromoblastomycosis

Chromoblastomycosis is a chronic fungal infection of the skin and subcutaneous tissues caused by a variety of pigmented fungi including Phialophora verrucosa, Fonsecaea pedrosoi, Fonsecaea compacta and Cladophialophora carrionii, which can be found in soil and wood. The infection usually follows trauma, such as a puncture from a splinter of wood and tends to affect exposed sites such as the feet and ankles. Chromoblastomycosis manifests initially as a warty papule which slowly enlarges to form a hypertrophic, warty plaque. Eventually, after months or many years, large hyperkeratotic masses may form, sometimes with secondary ulceration.

1F25 Coccidioidomycosis

A disease caused by an infection with the fungi Coccidioides. This disease presents with symptoms depending on the site of infection, or may be asymptomatic. Transmission is commonly by inhalation of fungal spores. Confirmation is by identification or culture of Coccidioides from affected tissue or samples, or detection of antibodies against coccidioides in serum or cerebrospinal fluid.

1F25.0 Pulmonary coccidioidomycosis

A disease of the pulmonary system, caused by an infection with the fungi Coccidioides. This disease is characterised by cough, myalgia, fatigue, chest pain, pneumonia, or pleural effusion. Transmission is commonly by inhalation of fungal spores. Confirmation is by direct examination or culture of Coccidioides in a sputum, bronchoalveolar lavage fluid, or tissue sample.

1F25.00 Acute pulmonary coccidioidomycosis

Forty per cent of coccidioidal infections result in symptomatic pulmonary disease that may be indistinguishable from a bacterial community-acquired pneumonia. Radiographically these are usually focal alveolar infiltrates. Infection may be associated with the development of a rash, particularly erythema nodosum and erythema multiforme. Occasionally, there may be symmetric arthralgias or arthritis. Peripheral blood eosinophilia is not uncommon. Acute primary pulmonary coccidioidomycosis, particularly when associated with erythema nodosum and/or erythema multiforme, is frequently called "Valley fever." When associated with arthralgias or arthritis, it has been termed "desert rheumatism."

1F25.01 Chronic pulmonary coccidioidomycosis

A chronic form of pulmonary coccidioidomycosis. Pulmonary sequelae occur in approximately 5% of all cases of acute pulmonary coccidioidomycosis.

1F25.1 Extrathoracic coccidioidomycosis

Coccidioidomycosis involving sites other than the lungs and thoracic cavity. Recognised sites include lymph nodes, bones, joints, central nervous system and skin. Transmission is through haematogenous spread to other body sites after inhalation of fungal spores or by direct inoculation.

1F25.10 Disseminated coccidioidomycosis

Diffuse pulmonary coccidioidomycosis occurs either when there is inhalation of a massive number of arthroconia, such as may occur during archeological excavations, or among individuals with severely depressed cellular immunity (e.g., late HIV-1 infection [AIDS]; cancer chemotherapy; allogeneic transplant recipients, treatment with corticosteroids; and during the second, third trimesters and postpartum pregnancy). The radiographic appearance often is a mixture of small nodules and interstitial findings, sometimes called "reticulonodular" or, because it may resemble overwhelming pulmonary tuberculosis, "miliary."

1F25.11 Primary cutaneous coccidioidomycosis

Coccidioidomycosis may rarely result from direct inoculation, usually through a puncture of the skin by a thorn or other vegetative structure. The infection generally remains confined to this area with local lymphangitic spread and is not considered indicative of disseminated disease. Coccidioidal serology tests may be positive.

1F25.12 Coccidioides meningitis

An uncommon but often lethal form of coccidioidomycosis due to dissemination of Coccidioides fungi from the primary site of infection, principally the lungs, to the central nervous system.

Inclusions: Coccidioidomycosis meningitis

1F25.1Y Other specified extrathoracic coccidioidomycosis

1F25.1Z Extrathoracic coccidioidomycosis, unspecified

1F25.Z Coccidioidomycosis, unspecified

1F26 Conidiobolomycosis

Conidiobolomycosis is a subcutaneous infection involving nasal mucosa and paranasal sinuses, leading to formation of firm, subcutaneous nodules or polyps. The infection may be acquired via inhalation of spores or a minor trauma such as an insect bite. The infected host is frequently an otherwise healthy individual working outdoors in tropical areas. Conidiobolomycosis can, however, cause major facial disfigurement. In individuals with impaired immune responses more invasive and potentially fatal infections may occur: such infections are not usually associated with skin lesions.

Inclusions: Rhinoentomophthoromycosis

1F27 Cryptococcosis

A disease caused by an infection with the fungi Cryptococcus neoformans or Cryptococcus gattii. This disease commonly presents with shortness of breath, cough, fever, fatigue, or headache. Transmission is by inhalation of fungal spores. Confirmation is by identification of Cryptococcus neoformans or Cryptococcus gattii in a blood, sputum, or cerebrospinal fluid sample.

1F27.0 Pulmonary cryptococcosis

The pattern of cryptococcal pulmonary disease ranges from asymptomatic airway colonization to pneumonia to acute respiratory distress syndrome. If present, symptoms include cough, dyspnoea or chest pain. Common chest X-ray appearances include nodules or infiltrates. In the immunocompetent host, focal lesions are more commonly seen with infection due to C. gattii.

1F27.1 Cerebral cryptococcosis

A disease of the central nervous system, caused by an infection with the fungi Cryptococcus neoformans or Cryptococcus gattii. This disease is characterised by fever, headache, lethargy, or neurological deficits. Transmission is by inhalation of fungal spores. Confirmation is by identification of Cryptococcus neoformans or Cryptococcus gattii in a blood, sputum, or cerebrospinal fluid sample.

1F27.10 Meningitis due to Cryptococcus neoformans

Inflammation of the pia and arachnoid and spinal fluid associated with the fungus cryptococcus neoformans. The respiratory tract is the usual portal of entry and meningitis may occur after dissemination to the meninges from the lungs. C. neoformans meningitis tends to occur in patients with defective cellular immunity. The meningitis usually evolves subacutely, but may be acute. Clinical features include headache, fever, nausea and vomiting, meningismus, visual disturbances, abnormal mental status, seizures, and raised intracranial pressure. Headache, fever, and stiff neck may be absent. The diagnosis is made by microscopic examination of the spinal fluid, culture of CSF and blood, and the latex agglutination test to detect the capsular polysaccharide antigen in CSF and blood. The organism may be seen on Gram stain or India ink stain of the CSF. The spinal fluid usually shows varuable lymphocytic pleocytosis, a low glucose content, and a high protein level.

1F27.2 Disseminated cryptococcosis

Disseminated cryptococcosis is most common in immunocompromised hosts, with involvement with any organ and predilection for the central nervous system. It may manifest as systemic illness with fever, night sweats and malaise. Blood cultures may be positive (cryptococcaemia).

1F27.Y Other specified cryptococcosis

1F27.Z Cryptococcosis, unspecified

1F28 Dermatophytosis

Dermatophytosis (tinea, ringworm) is a superficial infection of the skin, hair or nails by dermatophyte fungi of the genera Trichophyton, Epidermophyton or Microsporum. These fungi normally invade only the outer keratinous layer of the epidermis (stratum corneum), the hair shaft and the nail. They count amongst the commonest infections in man. Some species (e.g. Trichophyton rubrum) are essentially anthropophilic and infect only man whereas others are zoophilic (e.g. Trichophyton verrucosum) but may cause human infection from contact with infected animals.

Inclusions: Infections due to species of Epidermophyton, Microsporum and Trichophyton

Exclusions: Tinea nigra (1F2D.4)

Tinea versicolor (1F2D.0)

1F28.0 Dermatophytosis of scalp

Dermatophytosis (tinea) affecting scalp and scalp hair. Clinical features range from limited patchy alopecia and scaling to widespread inflammation and suppuration with occipital lymphadenopathy. The scalp is a typical site for a kerion (q.v.), often due to a zoophilic dermatophyte acquired from an infected animal.

Inclusions: Tinea capitis

Scalp ringworm

1F28.1 Dermatophytosis of nail

Fungal infection of the nail plate due to dermatophyte fungi (tinea unguium). Infection results in a range of clinical signs including white or yellow discolouration, detachment of the plate from the nail bed (onycholysis), keratinous thickening under the nail plate (subungual hyperkeratosis) and fragility and fragmentation of the abnormal nail plate.

Inclusions: Onychomycosis due to dermatophyte

Tinea unguium

Ringworm of nails

Exclusions: Onychomycosis due to non-dermatophyte mould (1F2D.5)

Candida onychomycosis (1F23.13)

1F28.2 Dermatophytosis of foot

Dermatophytosis of the skin of the foot (tinea pedis). The lateral interdigital toe clefts are the most common initial site of infection. Longstanding infection with Trichophyton rubrum, the most commonly implicated organism in Europe and North America, characteristically causes dry scaling over the sole of the foot. Other species which regularly invade the skin of the foot include Epidermophyton floccosum and Trichophyton interdigitale.

Inclusions: Moccasin foot

Tinea pedis

Athlete's foot

Ringworm of foot

1F28.3 Genitocrural dermatophytosis

Dermatophyte infection of the inguinocrural folds and adjacent external genitalia (tinea cruris). It presents as erythema and inflammation of affected skin with an advancing scaly edge. It is typically itchy and affects adult men much more commonly than women or children. Dermatophyte infection of the toe clefts commonly co-exists.

Inclusions: Tinea cruris

Ringworm of groin

Dermatophytosis of groin

1F28.4 Kerion

Kerion results from a severe host inflammatory response to dermatophyte infection of the hair follicles of the scalp or beard. It typically presents as a single painful, severely inflammatory, suppurating boggy mass and is most commonly a reaction to a zoophilic dermatophyte infection especially Trichophyton verrucosum (cattle ringworm) or Trichophyton mentagrophytes.

1F28.5 Disseminated dermatophytosis

Extensive and invasive dermatophyte infection due either to a specific genetic anergy to dermatophytes or to profound immunosuppression. Dermal nodules, abscesses or draining sinuses may occur; rarely bone, central nervous system and lymph nodes may be involved.

1F28.Y Other specified dermatophytosis

1F28.Z Dermatophytosis, unspecified

1F29 Eumycetoma

A localised chronic infection caused by various species of fungi and characterised by the formation of aggregates of the causative organisms (grains) within abscesses. This results in severe damage to skin, subcutaneous tissues and bones of the feet, hands and other parts of the body, with draining sinuses which discharge grains to the surface. Recognised agents include Madurella mycetomatis, Madurella grisea, Leptosphaeria senegalensis, Curvularia lunata, Scedosporium apiospermum, Neotestudina rosatii,

Acremonium spp. and Fusarium spp.

Inclusions: Mycetoma due to fungal infection

Exclusions: Actinomycetoma (1C43)

1F2A Histoplasmosis

Histoplasmosis is a disease caused by the fungus Histoplasma that exists worldwide with two significant variants: Histoplasma capsulatum and Histoplasma duboisii.

Coded Elsewhere: Histoplasmosis-related fibrosing mediastinitis (CB22.0)

1F2A.0 Pulmonary histoplasmosis capsulati

A disease of the pulmonary system, caused by an infection with the fungi Histoplasma capsulatum. This disease is characterised by fever, chest pains, or a dry, nonproductive cough. Transmission is by inhalation of fungal spores, commonly from contaminated soil, or bat or bird faeces. Confirmation is by identification of Histoplasma capsulatum from affected tissue or body fluids, detection of antibodies against Histoplasma capsulatum, or detection of Histoplasma capsulatum antigen.

1F2A.1 Histoplasmosis due to Histoplasma duboisii

This form of histoplasmosis is endemic to Sub-Saharan Africa and is generally less virulent than histoplasmosis due to H. capsulatum, the classical form which occurs predominantly in tropical and subtropical regions of the Americas but is also seen in Africa and Asia. Otherwise known as African histoplasmosis, histoplasmosis due to Histoplasma duboisii usually involves the skin and subcutaneous tissue, lymph nodes and bones and rarely the lungs and other internal organs.

1F2A.Y Other specified histoplasmosis

1F2A.Z Histoplasmosis, unspecified

1F2B Lobomycosis

A disease of the skin, caused by an infection with the fungi Lacazia loboi. This disease commonly presents with dermal nodules (either lenticular or in plaques), keloids, subcutaneous mycoses, or malignant tumours. Transmission is commonly by direct contact with contaminated water, soil, vegetation, or may be by direct contact with an infected dolphin. Confirmation is by identification of Lacazia loboi in a lesion exudate or tissue sample.

Inclusions: Lobo disease

1F2C Mucormycosis

A disease caused by an infection with the fungi from the order Mucorales. This disease presents with symptoms depending on the site of the infection. Transmission is by direct contact with infected soil or decaying matter. Confirmation is by identification of fungi from the order Mucorales from a tissue sample.

1F2D Non-dermatophyte superficial dermatomycoses

Any condition of the skin and mucous membranes, caused by an infection with fungi other than Candida and dermatophytes.

Exclusions: Candidosis (1F23)

Dermatophytosis (1F28)

1F2D.0 Pityriasis versicolor

A disease of the skin, caused by an infection with the fungi Malassezia. This disease is characterised by white, pink, fawn, brown, or often coalescing lesions that may be covered with thin furfuraceous scales. This disease commonly presents on the trunk, shoulders and arms, or neck and face. Transmission is by opportunistic transmission. Confirmation is by identification of Malassezia in a skin sample.

1F2D.1 Malassezia folliculitis

Malassezia folliculitis is caused by the invasion of the hair follicle by Malassezia yeasts. Although Malassezia yeasts are a part of the normal human microflora, under certain conditions they can cause superficial dermatological conditions. The invasion results in the development of erythematous papules, and sometimes pustules, which may be either asymptomatic or itchy. Usually Malassezia yeasts are present along with staphylococci and propionibacteria in the follicles.

Inclusions: Seborrhoeic folliculitis

Exclusions: Seborrhoea (ED91.2)

1F2D.2 White piedra

A disease of the hair shaft, caused by an infection with the fungi Trichosporon beigelii. This disease is characterised by irregular, soft, white, or light brown nodules which adhere to the hair follicle. Transmission is by direct contact with contaminated soil or water, or by airborne transmission. Confirmation is by identification of Trichosporon beigelii in a hair follicle sample.

Inclusions: Trichosporosis nodosa

1F2D.3 Black piedra

Inclusions: Trichomycosis nodularis

1F2D.4 Tinea nigra

A disease of the skin, caused by an infection with the fungi Tinea nigra. This disease is characterised by brown to black macules; small, flat circumscribed changes in the colour of skin. This disease commonly presents on the palmar surfaces, soles, or other skin surfaces. Transmission is by direct contact with contaminated soil, wood, or vegetation. Confirmation is identification of Tinea nigra in a skin sample.

Inclusions: Keratomycosis nigricans palmaris

1F2D.5 Onychomycosis due to non-dermatophyte mould

Fungal nail infection due to organisms other than Candida and dermatophytes. These include Scopulariopsis brevicaulis, Neoscytalidium dimidiatum, Fusarium spp., and Aspergillus spp., which may not respond to therapies directed at the more common causes of onychomycosis.

Exclusions: Candidosis of nail or paronychium (1F23.13)

1F2D.Y Other specified non-dermatophyte superficial dermatomycoses

1F2D.Z Non-dermatophyte superficial dermatomycoses, unspecified

1F2E Paracoccidioidomycosis

A disease caused by an infection with the fungi Paracoccidioides brasiliensis. This disease commonly presents with fever, toxaemia, weight loss, adenopathy, hepatosplenomegaly, anaemia, or eosinophilia. This disease may present with symptoms similar to tuberculosis, leukaemia, or lymphoma. Transmission is by inhalation of fungal spores. Confirmation is by identification of Paracoccidioides brasiliensis in a blood, sputum, or skin sample.

1F2E.0 Pulmonary paracoccidioidomycosis

A disease of the pulmonary system, caused by an infection with the fungi Paracoccidioides brasiliensis. This disease is characterised by fever, cough, dyspnoea, or malaise. Transmission is by inhalation of fungal spores. Confirmation is by identification of Paracoccidioides brasiliensis in a blood or sputum sample.

1F2E.1 Disseminated paracoccidioidomycosis

Disseminated paracoccidioidomycosis results from haematogenous and lymphatic dissemination of yeasts from the lungs and aerodigestive tract. Cutaneous involvement, seen in 25% of cases, presents as crusted papules, ulcers, nodules, and verrucous plaques. Lymphadenopathy occurs commonly in the cervical region, but all lymph node chains can be involved. Adrenal glands are commonly affected with a significant risk of adrenal insufficiency and Addisonian crisis. Long bones such as ribs, humeri, and clavicles can be involved. Mesenteric lymph node involvement can lead to bowel obstruction. Meningoencephalitis occurs in up to one quarter of cases.

1F2E.Y Other specified paracoccidioidomycosis

1F2E.Z Paracoccidioidomycosis, unspecified

1F2F Phaeohyphomycosis

1F2G Pneumocystosis

Coded Elsewhere: HIV disease resulting in Pneumocystis jirovecii pneumonia (1C62.2)

1F2G.0 Pulmonary pneumocystosis

An opportunistic pulmonary infection by the fungus Pneumocystis jirovecii. It is strongly associated with HIV and AIDS.

Coded Elsewhere: Pneumonia due to pneumocystis (CA40.20)

1F2G.Z Pneumocystosis, unspecified

1F2H Scedosporiosis

An opportunistic infection caused by fungal species of the genus Scedosporium. The most common clinical presentation is disseminated infection, which is associated with underlying disease, especially haematological malignancy, or with organ transplantation, especially of the lung. Infections of lung, bones or joints are also well recognised.

1F2J Sporotrichosis

A disease caused by an infection with the fungi Sporothrix schenckii. This disease presents with symptoms depending on the site of infection. Transmission is by direct contact with infected thorny plants, sphagnum moss, soil, bales of hays, or infected plant material. Confirmation is by identification of Sporothrix schenckii from a tissue or skin sample.

1F2J.0 Lymphocutaneous sporotrichosis

This is the most common type of sporotrichosis and follows implantation of Sporothrix schenckii spores into a cutaneous wound, most commonly on the upper extremity. In addition to a localised nodule or pustule, a chain of nodules develops along draining lymphatics. In longstanding cases regional lymph nodes may become involved.

1F2J.1 Fixed cutaneous sporotrichosis

Cutaneous sporotrichosis which remains localised to the area of inoculation.

1F2J.2 Pulmonary sporotrichosis

Pulmonary forms of infection, although uncommon, can occur when Sporothrix schenckii conidia are inhaled.

Symptoms of pulmonary sporotrichosis mimic those of tuberculosis including constitutional complaints of fever, night sweats, weight loss, and fatigue as well as respiratory complaints including dyspnoea, cough, purulent sputum, and haemoptysis.

1F2J.3 Disseminated sporotrichosis

#DRAFT# This is a disease caused by the infection of the fungus Sporothrix schenckii. This fungal disease usually affects the skin, although other rare forms can affect the lungs, joints, bones, and even the brain. This diagnosis is disseminated.

1F2J.Y Other specified sporotrichosis

1F2J.Z Sporotrichosis, unspecified

1F2K Talaromycosis

Talaromycosis is an infection due to Talaromyces marneffei, an ubiquitous saprophyte of soil and decomposing organic matter. This dimorphic fungus, formerly known as Penicillium marneffei, is endemic to Southeast Asia and the southern part of China. Once considered rare, its occurrence has increased due to AIDS. It is now the third most common opportunistic infection in HIV-positive individuals. The most common symptoms are fever, skin lesions, anaemia, generalised lymphadenopathy, and hepatomegaly.

1F2L Emmonsiosis

An opportunistic infection caused by a variety of Emmonsia and Emmonsia-like fungal species. It was historically seen as a rare lung pathogen but is now increasingly reported as a disseminated infection in persons immunosuppressed, particularly as the result of HIV infection.

1F2L.0 Disseminated adiaspiromycosis

An increasingly reported fulminant fungal infection caused by Emmonsia and Emmonsia-like fungal species. It is seen in the context of profound immunosuppression, especially from HIV infection. This is in contrast with pulmonary adiaspiromycosis, which is also caused by Emmonsia species but typically affects immunocompetent individuals. Its clinical presentation is similar to those of histoplasmosis and blastomycosis. Skin and lung involvement is characteristic but the CNS and blood may also be affected.

Exclusions: Pulmonary adiaspiromycosis (1F2L.1)

1F2L.1 Pulmonary adiaspiromycosis

Pulmonary adiaspiromycosis is an infection of the lungs due to inhalation of spores of the saprophytic soil fungus Chrysosporium parvum (formerly Emmonsia parva). The fungus affects many species of rodents but may occasionally infect humans. It is characterised by the presence of huge spherules (adiaspores) in the lungs.

Inclusions: Adiaspiromycosis

1F2L.Y Other specified emmonsiosis

1F2L.Z Emmonsiosis, unspecified

1F2Y Other specified mycoses

1F2Z Mycoses, unspecified

Parasitic diseases (1F40‑1G2Z)

Coded Elsewhere: Parasitic diseases in the fetus or newborn (KA64)

Malaria (1F40‑1F4Z)

A disease caused by an infection with a protozoan parasite from the Plasmodium genus. This disease commonly presents with fever, chills, headache, nausea and vomiting, or malaise. Transmission is through the bite of an infected mosquito. Confirmation is commonly by identification of the Plasmodium genus in a blood sample.

Coding Note: In cases of mixed malaria code all relevant types separately.

Coded Elsewhere: HIV disease clinical stage 4 associated with malaria (1C61.3)

HIV disease clinical stage 3 associated with malaria (1C61.2)

HIV disease clinical stage 2 associated with malaria (1C61.1)

HIV disease clinical stage 1 associated with malaria (1C61.0)

Human immunodeficiency virus disease associated with malaria (1C61)

Malaria complicating pregnancy, childbirth, or the puerperium (JB63.60)

Other congenital malaria (KA64.Y)

1F40 Malaria due to Plasmodium falciparum

A disease caused by an infection with the protozoan parasite Plasmodium falciparum. This disease is characterised by fever, chills, headache, myalgia, arthralgia, weakness, vomiting, or diarrhoea. This disease may also present with splenomegaly, anaemia, thrombocytopenia, hypoglycaemia, pulmonary or renal dysfunction, or neurologic changes. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Plasmodium falciparum in a blood sample.

Coding Note: Includes mixed infections of Plasmodium falciparum with any other Plasmodium species.

Coded Elsewhere: Congenital falciparum malaria (KA64.1)

1F40.0 Plasmodium falciparum malaria with cerebral complications

A disease of the cerebrum, caused by an infection with the protozoan parasite Plasmodium falciparum. This disease commonly presents with retinal whitening, splenomegaly, anaemia, thrombocytopenia, hypoglycaemia, pulmonary dysfunction, renal dysfunction, or neurologic changes. This disease may also present with fever, chills, headache, myalgia, arthralgia, weakness, vomiting, or diarrhoea. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Plasmodium falciparum in a blood sample.

1F40.Y Other severe and complicated Plasmodium falciparum malaria

Coding Note: Includes mixed infections of Plasmodium falciparum with any other Plasmodium species.

1F40.Z Malaria due to Plasmodium falciparum, unspecified

Coding Note: Includes mixed infections of Plasmodium falciparum with any other Plasmodium species.

1F41 Malaria due to Plasmodium vivax

A disease caused by an infection with the protozoan parasite Plasmodium vivax. This disease is characterised by fever, chills, headache, nausea and vomiting, body aches, or general malaise. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Plasmodium vivax in a blood sample.

Exclusions: when mixed with Plasmodium falciparum (1F40)

1F41.0 Plasmodium vivax malaria with rupture of spleen

1F41.Y Malaria due to Plasmodium vivax with other complications

1F41.Z Plasmodium vivax malaria without complication

1F42 Malaria due to Plasmodium malariae

A disease caused by an infection with the protozoan parasite Plasmodium malariae. This disease is characterised by fever, chills, headache, nausea and vomiting, body aches, or general malaise. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Plasmodium malariae in a blood sample.

Exclusions: when mixed with Plasmodium vivax (1F41)

when mixed with Plasmodium falciparum (1F40)

1F42.0 Plasmodium malariae malaria with nephropathy

Quartan malarial nephropathy is a rare complication of malariae (quartan) malaria, especially occurring in children; it is a glomerulonephritis, usually fatal.

1F42.Y Malaria due to Plasmodium malariae with other complications

1F42.Z Plasmodium malariae malaria without complication

1F43 Malaria due to Plasmodium ovale

A disease caused by an infection with the protozoan parasite Plasmodium ovale. This disease is characterised by fever, chills, headache, nausea and vomiting, body aches, or general malaise. Transmission is through the bite of an infected mosquito. Confirmation is by identification of Plasmodium ovale in a blood sample.

Exclusions: when mixed with Plasmodium malariae (1F42)

when mixed with Plasmodium falciparum (1F40)

when mixed with Plasmodium vivax (1F41)

1F44 Other parasitologically confirmed malaria

1F45 Malaria without parasitological confirmation

Clinically diagnosed malaria without parasitological confirmation

Inclusions: Clinically diagnosed malaria without parasitological confirmation

1F4Z Malaria, unspecified

Coding Note: In cases of mixed malaria code all relevant types separately.

Nonintestinal protozoal diseases (1F50‑1F5Z)

Infections with unicellular organisms of the subkingdom Protozoa.

Exclusions: Protozoal intestinal infections (1A30‑1A3Z)

Coded Elsewhere: Amoebiasis (1A36)

Malaria without parasitological confirmation (1F45)

Protozoal diseases complicating pregnancy, childbirth or the puerperium (JB63.6)

1F50 Acanthamoebiasis

1F51 African trypanosomiasis

A disease caused by an infection with the protozoan parasite Trypanosoma brucei. This disease presents with symptoms depending on the form of the protozoan parasite (Trypanosoma brucei rhodesiense or Trypanosoma brucei gambiense). Transmission is through the bite of an infected tsetse fly. Confirmation is by identification of Trypanosoma brucei in a blood or tissue sample.

1F51.0 Gambiense trypanosomiasis

A disease caused by an infection with the protozoan parasite Trypanosoma brucei gambiense. This disease is characterised by fever, headache, muscle and joint aches, or malaise. This disease may also present with lymphadenopathy, weight loss, or neurological deficits. Transmission is through the bite of an infected tsetse fly. Confirmation is by identification of Trypanosoma brucei gambiense in a biopsy of the lymph node.

Inclusions: West African sleeping sickness

Infection due to Trypanosoma brucei gambiense

1F51.00 Meningitis in Gambiense trypanosomiasis

1F51.0Y Other specified gambiense trypanosomiasis

1F51.0Z Gambiense trypanosomiasis, unspecified

1F51.1 Rhodesiense trypanosomiasis

A disease caused by an infection with the protozoan parasite Trypanosoma brucei rhodesiense. This disease is characterised by a chancre at the site of the bite. This disease may also present with fever, headache, muscle and joint aches, or lymphadenopathy. Transmission is through the bite of an infected tsetse fly. Confirmation is by identification of Trypanosoma brucei rhodesiense in a blood sample, lymph node fluid, or biopsy of the chancre.

Inclusions: East African sleeping sickness

Infection due to Trypanosoma brucei rhodesiense

1F51.10 Meningitis in Rhodesiense trypanosomiasis

1F51.1Y Other specified rhodesiense trypanosomiasis

1F51.1Z Rhodesiense trypanosomiasis, unspecified

1F51.Y Other specified african trypanosomiasis

1F51.Z African trypanosomiasis, unspecified

1F52 Babesiosis

A disease caused by the protozoan parasite Babesia. This disease is characterised by reproduction and lysis of erythrocytes leading to symptoms that depend on the level of parasitaemia and immune status of the infected individual. This disease may present with fever, chills, malaise, myalgia, haemolytic anaemia, shock, or may be asymptomatic. Transmission is through the bite of an infected tick (Ixodes), or vertical transmission. Confirmation is by identification of Babesia in a blood smear, or detection of antibodies against Babesia.

Inclusions: Piroplasmosis

1F53 Chagas disease

A disease caused by an infection with the protozoan parasite Trypanosoma cruzi. This disease is characterised by fever, headache, lymphadenopathy, pallor, muscle pain, dyspnoea, swelling, or abdominal or chest pain. This disease may also be asymptomatic. Transmission is by direct contact with faeces from an infected triatomine bug, vertical transmission, iatrogenic transmission, or ingestion of contaminated food or water. Confirmation is by identification of Trypanosoma cruzi in a blood sample.

Inclusions: American trypanosomiasis

infection due to Trypanosoma cruzi

1F53.1 Acute Chagas disease without heart involvement

A disease caused by an acute infection with the protozoan parasite Trypanosoma cruzi. This disease is characterised by fever, headache, lymphadenopathy, pallor, muscle pain, dyspnoea, swelling, or abdominal or chest pain. This disease presents with no cardiac involvement. Transmission is by direct contact with faeces from an infected triatomine bug, vertical transmission, iatrogenic transmission, or ingestion of contaminated food or water. Confirmation is by identification of Trypanosoma cruzi in a blood sample.

1F53.2 Chronic Chagas disease with heart involvement

A disease caused by a chronic infection with the protozoan parasite Trypanosoma cruzi. This disease commonly presents with severe malaise or cardiac involvement (such as cardiomyopathy, cardiac failure, thromboembolism, bradyarrhythmias, tachyarrhythmias, apical aneurysms, or cardiac arrest). Transmission is by direct contact with faeces from an infected triatomine bug, vertical transmission, iatrogenic transmission, or ingestion of contaminated food or water. Confirmation is by identification of Trypanosoma cruzi in a blood sample.

1F53.3 Chagas disease with digestive system involvement

A disease caused by an infection with the protozoan parasite Trypanosoma cruzi. This disease is characterised by severe malaise or digestive system involvement (such as megaoesophagus or megacolon). Transmission is by direct contact with faeces from an infected triatomine bug, vertical transmission, iatrogenic transmission, or ingestion of contaminated food or water. Confirmation is by identification of Trypanosoma cruzi in a blood sample.

1F53.4 Meningitis in Chagas disease

1F53.Y Other specified Chagas disease

1F53.Z Chagas disease, unspecified

1F54 Leishmaniasis

Leishmaniasis is due to infection by vector-borne protozoa from the genus Leishmania. These protozoa exist as obligate intracellular parasites in human and mammalian hosts and are transmitted from host to host by certain species of sandfly. Depending on the Leishmania species involved, the resultant disease picture may range from a localised cutaneous ulcer through extensive mucocutaneous destruction to severe systemic disease.

1F54.0 Visceral leishmaniasis

A disease caused by an infection with the protozoan parasite Leishmania. This disease is characterised by biphasic fever, hepatosplenomegaly, pancytopenia, wasting, darkening of the skin, or may be asymptomatic. Transmission is through the bite of an infected female phlebotomine sandfly. Confirmation is by identification of Leishmania from a tissue or blood sample, or detection of antibodies against Leishmania.

Inclusions: Kala-azar

1F54.1 Cutaneous leishmaniasis

Cutaneous leishmaniasis results from bites by sandflies infected by protozoan parasites of the genus Leishmania. Phlebotomus is the principal vector in the Old World (Mediterranean, North Africa, Ethiopia and Asia), where L. major, L. tropica, L. aethiopica and L. donovani infantum predominate. Other sandflies are responsible for transmitting the New World species, L. mexicana and L. brasiliensis. The commonest presentation is with one or more crusted nodules or ulcers on exposed sites which gradually heal with scarring. Mexican and Ethiopian forms have a tendency to cause diffuse infiltration of the skin; South American forms frequently progress to mucocutaneous leishmaniasis.

Coded Elsewhere: Post-kala-azar dermal leishmaniasis (1F54.0)

1F54.2 Mucocutaneous leishmaniasis

Mucocutaneous leishmaniasis is a secondary infection of nasal and oral mucosae, predominantly by Leishmania braziliensis. It usually first manifests within two years of initial cutaneous infection but often after the latter has healed. It results from lymphatic or haematogenous spread of infection and can cause severe local tissue destruction.

Inclusions: Leishmania braziliensis infection

1F54.Z Leishmaniasis, unspecified

1F55 Naegleriasis

Any condition caused by an infection with the protozoan parasite Naegleria.

1F56 Rhinosporidiosis

Rhinosporidiosis is a chronic, usually painless localised infection of the mucous membranes. Formerly believed to be a fungus, the causative agent, Rhinosporidium seeberi, has also never been cultured. With 18S rDNA sequencing, this organism has been shown to be a protistan parasite. Rhinosporidiosis occurs worldwide, and the greatest numbers of cases are found in southern India and Sri Lanka.

1F57 Toxoplasmosis

A disease caused by an infection with the protozoan parasite Toxoplasma gondii. This disease is characterised by fever, lymphadenitis, sore throat, or rash. Transmission is by direct ingestion of contaminated food, indirectly by food or water contaminated with infected cat faeces, or vertical transmission. Confirmation is by detection of antibodies against Toxoplasma gondii, or identification of Toxoplasma gondii in tissue, cerebrospinal fluid, blood, or other body fluids.

Coded Elsewhere: Congenital toxoplasmosis (KA64.0)

1F57.0 Hepatitis due to Toxoplasma gondii

A disease of the liver, caused by an infection with the protozoan parasite Toxoplasma gondii. This disease is characterised by jaundice. Transmission is by haematogenous spread to the liver after direct ingestion of contaminated food, or indirect transmission by consumption of food or water contaminated with infected cat faeces. Confirmation is by detection of antibodies against Toxoplasma gondii in a blood sample or identification of Toxoplasma gondii in hepatic tissue.

1F57.1 Meningoencephalitis due to Toxoplasma gondii

A disease of the meninges and brain, caused by an infection with the protozoan parasite Toxoplasma gondii. This disease is characterised by seizures, neck pain, neurological deficits, or alterations in behaviour, cognition, or consciousness. Transmission is by haematogenous spread to the meninges and brain after direct ingestion of contaminated food, or indirect transmission by consumption of food or water contaminated with infected cat faeces. Confirmation is by detection of antibodies against Toxoplasma gondii in cerebrospinal fluid or identification of Toxoplasma gondii in cerebrospinal fluid, and advanced imaging of the nervous system.

Inclusions: Toxoplasma meningoencephalitis

1F57.2 Pulmonary toxoplasmosis due to Toxoplasma gondii

In immunodeficient patients, toxoplasmosis most often occurs in persons with defects in T cell–mediated immunity such as those receiving corticosteroids, anti–tumour necrosis factor (TNF) therapies, or cytotoxic drugs and those with hematologic malignancies, organ transplants, or acquired immunodeficiency syndrome (AIDS).

Pulmonary toxoplasmosis in the immunodeficient patient may appear in the form of interstitial pneumonitis, necrotizing pneumonitis, consolidation, pleural effusion, or empyema, or all of these.

AIDS patients with Toxoplasma pneumonia present with cough, dyspnoea, and fever. As toxoplasmosis is generally seen only in advanced HIV infection with CD4 counts below 100, the majority of AIDS patients who develop toxoplasma pneumonia already have had previous HIV-associated opportunistic infections. In solid organ transplant patients, this is most commonly due to transplantation of a toxoplasma-seropositive lung or heart into a seronegative recipient, resulting in primary pulmonary disease. In bone marrow transplant patients, pulmonary toxoplasmosis occurs in 0.28% to 0.45% of patients. Unlike solid organ transplant patients, most of these patients have reactivation, not primary disease.

Inclusions: Pulmonary toxoplasmosis

1F57.3 Eye disease due to Toxoplasma gondii

Chorioretinitis or ocular toxoplasmosis is a relatively common manifestation of T. gondii infection. Ocular toxoplasmosis occurs when cysts deposited in or near the retina become active, producing tachyzoites. Focal necrotizing retinitis is the characteristic lesion, but retinal scars from prior reactivation are typically present.

Inclusions: Toxoplasma oculopathy

1F57.Y Other specified toxoplasmosis

1F57.Z Toxoplasmosis, unspecified

1F58 Microsporidiosis

1F5Z Unspecified protozoal disease

Helminthiases (1F60‑1F9Z)

Coded Elsewhere: Parasitic duodenitis (DA51.6Y)

Diseases due to nematodes (1F60‑1F6Z)

1F60 Angiostrongyliasis

A disease caused by an infection with the parasitic worm Angiostrongylus. This disease commonly presents with fever, headache, stiffness of the neck and back, tingling or painful feelings in the skin, nausea and vomiting, or may be asymptomatic. Transmission is by ingestion of larvae in contaminated food.

1F60.0 Eosinophilic meningitis due to Angiostrongylus cantonensis

A disease of the meninges caused by an infection with Angiostrongylus cantonensis. This disease is characterised by fever, headache, stiffness of the neck, nausea, vomiting, muscular weakness, or paraesthesia. This disease may also present with abscesses, cerebral oedema, haemorrhage, diplopia, ataxia, or blindness. Transmission is by ingestion of infected undercooked snails, slugs, or transport hosts (such as frogs, fresh water shrimp, or land crabs). Confirmation is by identification of Angiostrongylus cantonensis from a cerebrospinal fluid sample, blood sample, or from a food history.

1F60.1 Intestinal angiostrongyliasis

A disease of the intestines caused by an infection with the parasitic worm Angiostrongylus costaricensis. This disease is characterised by abdominal pain, fever, nausea, or vomiting. This disease may also present with intestinal obstruction or perforation. Transmission is by ingestion of infected undercooked slugs, or food contaminated by infected slugs or their slime. Confirmation is by identification of Angiostrongylus costaricensis from a cerebrospinal fluid sample, blood sample or from a food history.

1F60.Y Other specified angiostrongyliasis

1F60.Z Angiostrongyliasis, unspecified

1F61 Anisakiasis

A disease caused by an infection with the parasitic worm Anisakis. This disease presents with severe abdominal pain, nausea, vomiting, or a hypersensitivity reaction. Transmission is by ingestion of undercooked contaminated fish or squid. Confirmation is by a history of consumption of undercooked fish or squid, or identification of Anisakis in the intestines or in a vomit sample.

Inclusions: Infection due to Anisakis larvae

1F62 Ascariasis

A disease caused by an infection with the parasitic worm Ascaris lumbricoides. This disease presents with symptoms depending on the extent of the infection, ranging from asymptomatic to intestinal blockage. Transmission is by the faecal-oral route from the ingestion of Ascaris eggs in contaminated food or water. Confirmation is by identification of Ascaris eggs in a faecal sample.

1F63 Capillariasis

Coded Elsewhere: Capillariasis due to Capillaria hepatica (DB90.0)

1F63.0 Capillariasis of the intestine

A condition caused by an infection with the parasitic worm Capillaria philippinensis. This condition is characterised by abdominal pain, diarrhoea, nausea, vomiting, or weight loss. Transmission is by ingestion of infected undercooked fish, or autoinfection. Confirmation is by identification of Capillaria philippinensis in a tissue biopsy of the small intestines or faecal sample.

Exclusions: Capillariasis due to Capillaria hepatica (DB90.0)

1F63.Y Other specified capillariasis

1F63.Z Capillariasis, unspecified

1F64 Dracunculiasis

A disease resulting from drinking water contaminated with water fleas infected with larvae of the nematode Dracunculus medinensis. It may take up to a year from ingestion of larvae for a mature gravid female worm to migrate to the skin and discharge immature larvae on contact with water. Dracunculiasis typically manifests as an intensely pruritic papule on a lower extremity from which part of the worm may emerge. Secondary pyogenic infection is common. This may be preceded by generalised symptoms such as fever, pruritus, urticaria and oedema.

Inclusions: Guinea worm infestation

1F65 Enterobiasis

A disease of the intestine, caused by an infection with the parasitic worm Enterobius. This disease is characterised by inflammation of the anus, pruritus, rectal pain, or may be asymptomatic. Transmission is by the faecal-oral route or airborne transmission of the eggs from the parasitic worm. Confirmation is by identification of Enterobius eggs around the perianal region.

Inclusions: Pinworm infection

Threadworm infection

Oxyuriasis

1F66 Filariasis

infections with nematodes of the superfamily Filarioidea; presence of living worms in the body is mainly asymptomatic but the death of adult worms leads to granulomatous inflammation and permanent fibrosis; organisms of the genus Elaeophora infect wild elk and domestic sheep causing ischaemic necrosis of the brain, blindness, and dermatosis of the face.

Exclusions: Onchocerciasis (1F6A)

1F66.0 Loiasis

A disease caused by an infection with the parasitic worm Loa loa. This disease is characterised by Calabar swellings found anywhere on the body (commonly found near joints). This disease may also present with generalised itching, muscle pain, joint pain, fatigue or may be asymptomatic. Transmission is through the bite of an infected fly (genus Chrysops). Confirmation is by identification of adult Loa loa in the skin or eye, Loa loa microfilariae in a blood sample obtained in the day (1000 - 1400), or detection of antibodies against Loa loa in a blood sample.

Inclusions: Eye worm disease of Africa

Loa loa infestation

Calabar swelling

1F66.1 Mansonelliasis

A disease caused by an infection with the parasitic worm Mansonella. This disease is characterised by pruritus, dermal pigmentary changes, fever, or lymphadenopathy, or may be asymptomatic. Transmission is through the bite of an infected midge (genus Culicoides) or blackfly (genus Simulium). Confirmation is by identification of Mansonella microfilariae in a skin or blood sample.

1F66.2 Filariasis due to Brugia species

Coded Elsewhere: Filariasis due to Brugia timori (1F66.32)

Filariasis due to Brugia malayi (1F66.31)

1F66.3 Lymphatic filariasis

Infestation by filarial nematodes of the genera Wuchereria and Brugia. It is acquired via transcutaneous injection of larvae by mosquitoes previously infested with microfilariae from the blood of a human host. The adult worms live in the lymphatics but release microfilariae into the bloodstream to complete the life cycle of the parasite. Clinical disease occurs in only a minority of those infected. In the acute stage this may present as an acute painful adenolymphangitis with fever. Chronic infestation causes progressive obstruction of lymphatic vessels and can result in disfiguring lymphoedema (elephantiasis), particularly of the genitalia and lower extremities.

Exclusions: Lymphoedema due to lymphatic filariasis (BD93.13)

1F66.30 Filariasis due to Wuchereria bancrofti

This is a parasitic disease (usually an infectious tropical disease) that is caused by thread-like nematodes (roundworms) belonging to the superfamily Filarioidea, also known as "filariae".

Inclusions: Bancroftian filariasis

1F66.31 Filariasis due to Brugia malayi

This is a parasitic disease (usually an infectious tropical disease) that is caused by thread-like nematodes (roundworms) belonging to the superfamily Filarioidea, also known as "filariae". This diagnosis is due to a nematode (roundworm), one of the three causative agents of lymphatic filariasis in humans.

1F66.32 Filariasis due to Brugia timori

This is a parasitic disease (usually an infectious tropical disease) that is caused by thread-like nematodes (roundworms) belonging to the superfamily Filarioidea, also known as "filariae". This diagnosis is due to a human filarial parasitic nematode (roundworm) which causes the disease "Timor filariasis."

1F66.3Z Lymphatic filariasis, unspecified

1F66.4 Subcutaneous dirofilariasis

Subcutaneous dirofilariasis normally results from the transmission of microfilariae of Dirofilaria repens from the latter’s natural animal host to man via a mosquito bite. The adult worm cannot develop fully in man but typically manifests as a subcutaneous nodule, commonly located on or around the eyelids.

1F66.Y Other specified filariasis

1F66.Z Filariasis, unspecified

1F67 Gnathostomiasis

A disease caused by an infection with the parasitic worm Gnathostoma. This disease is characterised by painful, itchy swelling under the skin from movement of the parasite under the skin. This disease may also initially present with fever, lethargy, abdominal pain, vomiting, or diarrhoea, and may infect other parts of the body (lungs, bladder, eyes, ears, nervous system). Transmission is commonly by ingestion of undercooked contaminated freshwater fish, eels, frogs, birds, or reptiles, or ingestion of contaminated water. Confirmation is commonly by detection of antibodies against Gnathostoma, identification of migratory skin lesions, eosinophilia, and history of potential exposure.

Inclusions: Wandering swelling

1F68 Hookworm diseases

A disease caused by an infection with the parasitic worm Ancylostoma. This disease is characterised by pruritus at the site of larval penetration. In mild infections, this disease may be asymptomatic; in moderate to severe infections, this disease may present with cough, pharyngeal irritation during larval migration in airways, iron-deficiency anaemia, abdominal pain, nausea, bloody diarrhoea, fatigue, or delayed development (mental or physical). Transmission is by direct contact with larvae from soil or sand contaminated with dog or cat faeces (by percutaneous migration of larvae), ingestion of larvae, or vertical transmission. Confirmation is by identification of Ancylostoma in a faecal sample.

Inclusions: Hook-worm infestation by Ancylostoma

Coded Elsewhere: Eosinophilic enteritis due to Ancylostoma (1F9Z)

1F68.0 Ancylostomiasis

A disease caused by an infection with the parasitic hookworm Ancylostoma duodenale. This disease is characterised by pruritus at the site of larval penetration. In mild infections, this disease may be asymptomatic; in moderate to severe infections, this disease may present with cough, pharyngeal irritation during larval migration in airways, iron-deficiency anaemia, abdominal pain, nausea, bloody diarrhoea, fatigue, or delayed development (mental or physical). Transmission is by direct contact with larvae from soil or sand contaminated with dog or cat faeces (by percutaneous migration of larvae), ingestion of larvae, or vertical transmission. Confirmation is by identification of Ancylostoma duodenale in a faecal sample.

1F68.1 Necatoriasis

A disease caused by an infection with the parasitic worm Necator americanus. This disease is characterised by pruritus at the site of larval penetration. In mild infections, this disease may be asymptomatic; in moderate to severe infections, this disease may present with cough, pharyngeal irritation during larval migration in airways, iron-deficiency anaemia, abdominal pain, nausea, arthralgia, or delayed development (mental or physical). Transmission is by direct contact with larvae from soil or sand contaminated with dog or cat faeces (by percutaneous migration of larvae). Confirmation is by identification of Necator americanus in a faecal sample.

Inclusions: Infection due to Necator americanus

1F68.2 Cutaneous larva migrans

A disease caused by an infection with the parasitic worm larvae, commonly Ancylostoma braziliense, A. caninum, or Uncinaria stenocephala. This disease is characterised by intense pruritus and erythematous, serpiginous lesions due to migration of parasitic larvae in the upper dermis where the larvae penetrate the skin. Transmission is by direct contact with larvae from soil or sand contaminated with dog or cat faeces (by percutaneous migration of larvae).

1F69 Oesophagostomiasis

This refers to an inflammation of small intestine caused by infection due to a nematode called Oesophagostomum bifurcum.

1F6A Onchocerciasis

Any condition caused by an infection with the parasitic worm Onchocerca volvulus. These conditions are characterised by the presence of firm subcutaneous nodules filled with adult worms, pruritus, long-term corneal inflammation (keratitis), or thickening of the corneal stroma. If untreated, these infections will lead to blindness. Transmission is through the bite of an infected Simulium fly.

1F6A.0 Onchocerciasis of the eye

A disease of the eye, caused by an infection with the parasitic worm Onchocerca volvulus. This disease is characterised by transient punctate keratitis, or potentially blinding conditions (such as sclerosing keratitis, iridocyclitis, or optic atrophy). Transmission is through the bite of an infected Simulium fly. Confirmation is by identification of Onchocerca volvulus from the anterior chamber of the eye.

Inclusions: Ocular onchocerciasis

1F6A.1 Onchocerciasis of the skin

A disease of the skin, caused by an infection with the parasitic worm Onchocerca volvulus. This disease is characterised by subcutaneous nodules on the skin (commonly affecting the iliac crests, ribs, knees, or trochanters). Transmission is through the bite of an infected Simulium fly. Confirmation is by identification of Onchocerca volvulus in a skin sample.

Inclusions: Cutaneous onchocerciasis

1F6A.Y Other specified onchocerciasis

1F6A.Z Onchocerciasis, unspecified

1F6B Strongyloidiasis

A disease caused by the parasitic worm Strongyloides. This disease presents with symptoms depending on the site of infection (gastrointestinal tract, pulmonary system, dermis, or systemic), or may be asymptomatic. Transmission is by direct contact through penetration of the skin (generally the feet) with larvae from faecally contaminated soil, or autoinfection of an established infection. Confirmation is by identification of Strongyloides larvae in faecal samples, duodenal fluid samples, sputum, pleural fluid, or tissue samples.

Exclusions: Trichostrongyliasis (1F6F)

1F6C Syngamosis

A disease caused by an infection with the parasitic worm Mammomonogamus. This disease is characterised by chronic nonproductive cough, crawling sensation in the throat, wheezing, or difficulties breathing. Transmission may be by ingestion of adult worms or eggs in contaminated food or water. Confirmation is by identification of adult Mammomonogamus by direct visualization, or identification of Mammomonogamus eggs in sputum or faecal samples.

1F6D Toxocariasis

A condition caused by an infection with the parasitic worm Toxocara. In ocular infections, this condition is characterised by vision loss or inflammation of the eye; in visceral infections, this condition is characterised by fever, coughing, enlarged liver, or pneumonia. This condition may also be asymptomatic. Transmission is by the faecal-oral route through the ingestion of food, water, or soil that contains Toxocara eggs (contaminated by faeces from an infected dog or cat). Confirmation is by detection of antibodies against Toxocara in a blood sample.

Inclusions: Toxocara infestation

1F6E Trichinosis

A disease caused by an infection with the parasitic worm Trichinella. This disease is characterised by fever, nausea, diarrhoea, vomiting, fatigue, or abdominal discomfort. This disease may also present with headache, chills, cough, swelling of the face and eyes, or aching joints and muscle pains. Transmission is by ingestion of contaminated meat. Confirmation is by detection of antibodies against Trichinella in a blood sample.

1F6F Trichostrongyliasis

A disease caused by an infection with the parasitic worm Trichostrongylus. This disease is characterised by abdominal pain, diarrhoea, weight loss, or may be asymptomatic. Transmission is by ingestion of contaminated food or water. Confirmation is by identification of Trichostrongylus eggs in a faecal sample.

1F6G Trichuriasis

A disease of the small intestine, caused by an infection with the parasitic worm Trichuris trichiura. This disease is commonly asymptomatic. This disease may also present with painful diarrhoea (containing a mixture of mucus, water, or blood). Transmission is by the faecal-oral route. Confirmation is by identification of Trichuris trichiura eggs in a faecal sample.

Inclusions: Trichocephaliasis

1F6H Uncinariosis

A disease caused by an infection with the parasitic worm Uncinaria stenocephala. This disease is characterised by pruritus at the site of larval penetration. In mild infections, this disease may be asymptomatic; in moderate to severe infections, this disease may present with cough, pharyngeal irritation during larval migration in airways, iron-deficiency anaemia, abdominal pain, nausea, arthralgia, or delayed development (mental or physical). Transmission is by direct contact with larvae from soil or sand contaminated with dog or cat faeces (by percutaneous migration of larvae). Confirmation is by identification of Uncinaria stenocephala in a faecal sample.

1F6Y Other specified diseases due to nematodes

1F6Z Diseases due to nematodes, unspecified

Diseases due to cestodes (1F70‑1F7Z)

1F70 Cysticercosis

A disease caused by an infection of tissue with larval cysts from the parasitic worm Taenia solium. This disease presents with symptoms depending on the site of infection (central nervous system, eye, or muscle). Transmission is through haematogenous spread of larvae to affected tissue after ingestion of Taenia solium eggs (or proglottids) in contaminated food or water. Confirmation is commonly by detection of antibodies against Taenia solium in a blood sample, cerebrospinal fluid, or faeces, and by advanced imaging of affected tissue.

Inclusions: cysticerciasis infection due to larval form of Taenia solium

Coded Elsewhere: Encephalitis due to cysticercosis (1F70.0Y)

Cysticercosis of orbit (9A21.Y)

1F70.0 Cysticercosis of central nervous system

A disease of the central nervous system, caused by an infection of tissue with larval cysts from the parasitic worm Taenia solium. This disease presents with symptoms depending on the site of infection, the number and size of cysts, and the individual's immune status. This disease may present with epilepsy, chronic headache, hydrocephalus, neurological deficits, or may be asymptomatic. Transmission is by haematogenous spread of larvae to the central nervous system after ingestion of Taenia solium eggs in contaminated food or water. Confirmation is by detection of antibodies against Taenia solium in a blood sample, or cerebrospinal fluid and advanced imaging of the brain.

1F70.00 Meningitis due to Cysticercosis

A disease of the meninges, caused by an infection with larval cysts from the parasitic worm Taenia solium. This disease is characterised by headache, fever, seizures, or neurological deficits. Transmission is through hematogenous spread of larvae to the meninges after ingestion of Taenia solium eggs (or proglottids) in contaminated food or water. Confirmation is by advanced imaging and detection of antibodies against Taenia solium from serum or cerebrospinal fluid.

1F70.0Y Other specified cysticercosis of central nervous system

1F70.1 Cysticercosis of eye

A disease of the eye, caused by an infection of tissue with larval cysts from the parasitic worm Taenia solium. This disease is characterised by cysts floating in the vitreous humour of the eye leading to impaired vision. Transmission is by haematogenous spread of larvae to the eye after ingestion of Taenia solium eggs in contaminated food or water. Confirmation is commonly by history of travel in parasite endemic regions and advanced imaging of the eye.

1F70.Y Other specified cysticercosis

1F70.Z Cysticercosis, unspecified

1F71 Diphyllobothriasis

A disease caused by an infection with the parasitic worm Diphyllobothrium. This disease is characterised by abdominal discomfort, diarrhoea, vomiting, or weight loss. This disease may be asymptomatic. Transmission is by ingestion of infected undercooked fish. Confirmation is by identification of Diphyllobothriasis eggs in a faecal sample.

Exclusions: larval diphyllobothriasis (1F75)

1F72 Dipylidiasis

A condition caused by an infection with the parasitic worm Dipylidium caninum. This condition is commonly present with abdominal pain, diarrhoea, anal pruritus, or may be asymptomatic. Transmission is by ingestion of an infected flea. Confirmation is by identification of Dipylidium caninum eggs in a faecal sample.

1F73 Echinococcosis

Inclusions: Hydatidosis

1F73.0 Echinococcus infection of liver

1F73.1 Echinococcus infection of lung

1F73.2 Echinococcus infection of bone

1F73.3 Echinococcus infection of central nervous system

1F73.Y Other specified echinococcosis

1F73.Z Echinococcosis, unspecified

1F74 Hymenolepiasis

A disease caused by an infection with the parasitic worm Hymenolepis. This disease is commonly asymptomatic. This disease may present with nausea, weakness, abdominal pain, diarrhoea, or vomiting. Transmission is by the ingestion of eggs commonly in contaminated food or water, or ingestion of infected arthropods. Confirmation is by identification of Hymenolepis eggs in a faecal sample.

1F75 Sparganosis

A disease caused by an infection with the parasitic worm Spirometra. This disease presents with symptoms depending on the site of the infection. Transmission is by ingestion of contaminated water or ingestion of infected undercooked second intermediate hosts (such as fish, reptiles or amphibians). Confirmation is by identification of Spirometra eggs in a faecal sample.

Inclusions: Larval diphyllobothriasis

Spirometrosis

1F76 Taeniasis

A disease of the intestines, caused by an infection with the adult parasitic worm Taenia. This disease is characterised by abdominal pain, weight loss, diarrhoea, constipation, or may be asymptomatic. Transmission is by ingestion of larval cysts in undercooked beef or pork. Confirmation is by identification of Taenia eggs or proglottids in faecal samples (samples from multiple days).

Exclusions: Cysticercosis (1F70)

1F76.0 Taeniasis due to Taenia solium

A disease of the intestines, caused by an infection with the adult parasitic worm Taenia solium. This disease is characterised by abdominal pain, weight loss, diarrhoea, constipation, or may be asymptomatic. Transmission is by ingestion of larval cysts in undercooked pork. Confirmation is by identification of Taenia solium eggs or proglottidis in faecal samples (samples from multiple days).

Inclusions: Taenia solium taeniasis

1F76.1 Taeniasis due to Taenia saginata

A disease of the intestines, caused by an infection with the adult parasitic worm Taenia saginata. This disease is characterised by abdominal pain, weight loss, diarrhoea, constipation, or may be asymptomatic. Transmission is by ingestion of larval cysts in undercooked beef. Confirmation is by identification of Taenia saginata eggs or proglottids in faecal samples (samples from multiple days).

Inclusions: Infection due to adult tapeworm Taenia saginata

Taenia saginata taeniasis

1F76.Y Other specified taeniasis

1F76.Z Taeniasis, unspecified

1F7Y Other specified diseases due to cestodes

1F7Z Diseases due to cestodes, unspecified

Diseases due to trematodes (1F80‑1F8Z)

1F80 Clonorchiasis

A condition caused by an infection with the parasitic worm Clonorchis sinensis. This condition commonly presents with inflammation and obstruction of the biliary ducts. This condition may also present with abdominal pain, nausea, or diarrhoea. Transmission is commonly by ingestion of undercooked fish infected with parasitic cysts. Confirmation is by identification of Clonorchis sinensis eggs in a faecal sample.

Inclusions: Chinese liver fluke disease

Oriental liver fluke disease

Infection due to Clonorchis sinensis

1F81 Dicrocoeliasis

A disease caused by an infection with the parasitic worm Dicrocoelium dendriticum. This disease is commonly asymptomatic. This disease may present with cholecystitis, liver abscesses, or upper abdominal pain. Transmission is by ingestion of infected ants. Confirmation is by identification of Dicrocoelium dendriticum eggs in a faecal sample or duodenal fluid.

Inclusions: Lancet fluke infection

1F82 Fascioliasis

A disease of the hepatic system, caused by an infection with the parasitic worm Fasciola. In the acute phase, this disease is characterised by upper abdominal pain, fever, urticaria, shortness of breath, nausea, or vomiting due to migration of the parasite from the intestines to the liver. In the chronic phase, this disease is characterised by cholestasis, cholangitis, pancreatitis, or gallstones. This disease may be asymptomatic. Transmission is by ingestion of undercooked contaminated aquatic plants or contaminated water. Confirmation is commonly by identification of Fasciola eggs in a faecal sample (after the individual has followed a liver-free diet prior to testing), or detection of antibodies against Fasciola.

Inclusions: Sheep liver fluke disease

1F83 Fasciolopsiasis

A disease caused by an infection with the parasitic worm Fasciolopsis buski. This disease is characterised by abdominal pain or diarrhoea, or may be asymptomatic. This disease may also present with oedema of the face, abdomen, or legs, vomiting, anorexia, or intestinal obstruction. Transmission is by ingestion of undercooked contaminated aquatic plants. Confirmation is by identification of Fasciolopsis buski eggs in a faecal sample.

1F84 Opisthorchiasis

A disease caused by an infection with the parasitic worm Opisthorchis. This disease is commonly asymptomatic. In mild cases, this disease may present with dyspepsia, abdominal pain, diarrhoea, or constipation; in severe cases, this disease may present with hepatomegaly and malnutrition; in rare cases, this disease may present with cholangitis, cholecystitis, and cholangiocarcinoma. Transmission is by ingestion of infected undercooked freshwater fish. Confirmation is by of identification Opisthorchis in a faecal sample.

1F85 Paragonimiasis

A disease caused by an infection with the parasitic worm Paragonimus. This disease is characterised by cough or haemoptysis, or may be asymptomatic. This disease may present with other symptoms depending on the site where the parasite migrates to. Transmission is commonly by ingestion of undercooked contaminated crustaceans (crab or crayfish). Confirmation is commonly by identification of Paragonimus eggs in a sputum or faecal sample.

Inclusions: lung fluke disease

infection due to paragonimus species

Infestation due to Paragonimus species

1F86 Schistosomiasis

An infestation caused by helminths of the genus Schistosoma. The clinical features vary according to the species involved but the principal organs affected are the gastrointestinal tract and bladder.

Inclusions: snail fever

1F86.0 Schistosomiasis due to Schistosoma haematobium

A disease caused by an infection with the parasitic worm Schistosoma haematobium. This disease is characterised by haematuria, scarring, calcification, or squamous cell carcinoma. This disease may also present with embolic egg granulomas in the brain or spinal cord. Transmission is by direct contact with freshwater that has been contaminated with Schistosoma haematobium eggs or snails that carry Schistosoma haematobium.

1F86.1 Schistosomiasis due to Schistosoma mansoni

A disease caused by an infection with the parasitic worm Schistosoma mansoni. This disease commonly presents with Katayama fever, hepatic perisinusoidal egg granulomas, Symmers’ pipe stem periportal fibrosis, or portal hypertension. This disease may also present with embolic egg granulomas in the brain or spinal cord. Transmission is by direct contact with freshwater that has been contaminated with Schistosoma mansoni eggs or snails that carry Schistosoma mansoni. Confirmation is by identification of the Schistosoma mansoni eggs in a faecal sample.

1F86.2 Schistosomiasis due to Schistosoma japonicum

A disease caused by an infection with the parasitic worm Schistosoma japonicum. This disease is characterised by Katayama fever, hepatic perisinusoidal egg granulomas, Symmers’ pipe stem periportal fibrosis, or portal hypertension. This disease may also present with embolic egg granulomas in the brain or spinal cord. Transmission is by direct contact with freshwater that has been contaminated with Schistosoma japonicum eggs or snails that carry Schistosoma japonicum. Confirmation is by identification of the Schistosoma japonicum eggs in a faecal sample.

Inclusions: Asiatic schistosomiasis

1F86.3 Other schistosomiases

1F86.4 Cercarial dermatitis

A disease caused by an infection with the parasitic worm Schistosoma. This disease is characterised by tingling, burning, itching of the skin, small reddish pimples, or small blisters. Transmission is by direct contact with contaminated water. Confirmation is by identification of Schistosoma eggs in a faecal, urine, or blood sample.

1F86.5 Schistosomal pneumonitis

1F86.Z Schistosomiasis due to unspecified or unknown Schistosoma species

1F8Y Other specified diseases due to trematodes

1F8Z Diseases due to trematodes, unspecified

1F90 Other and unspecified infestation by parasitic worms

1F90.0 Mixed intestinal helminthiases

1F90.1 Intestinal parasitic infestation not otherwise specified

This concept should be used for parasitic infestation of the intestine only when no more precise details are available.

1F90.2 Intestinal helminthiasis, unspecified

1F90.Y Other specified other and unspecified infestation by parasitic worms

1F90.Z Other and unspecified infestation by parasitic worms, unspecified

1F91 Diphyllobothriasis and sparganosis

Diphyllobothriasis is defined as infection with the cestode Diphyllobothrium latum or other Diphyllobothrium species, which occurs accidentally in humans who ingest water containing infected cyclops, eating raw or inadequately cooked flesh. Manifestations may include abdominal discomfort, diarrhoea, vomiting and megaloblastic anaemia. Massive infections may result in intestinal obstruction.

1F9Z Helminthiases, unspecified

Infestations by ectoparasites (1G00‑1G0Z)

Diseases caused by parasitic organisms which normally live on the surface of the host.

Coded Elsewhere: Epidemic louse-borne typhus fever due to Rickettsia prowazekii (1C30.0)

Recrudescent typhus (1C30.1)

1G00 Pediculosis

A condition of the skin, hair, or genital region caused by an infection with the parasite Pediculus. This disease is characterised by pruritus. This condition also presents with symptoms depending on the site of infection. Transmission is by direct or indirect contact with an infected individual or animal. Confirmation is by identification of Pediculus.

1G00.0 Pediculosis capitis

A condition of the scalp and hair shaft, caused by an infection with the parasite Pediculus humanus capitis. This condition is characterised by pruritus which may lead to sores or thickened discoloured skin. Transmission is by direct or indirect contact with an infected individual or animal. Confirmation is by identification of Pediculus humanus capitis eggs or Pediculus humanus capitis.

1G00.1 Pediculosis corporis

A condition of the skin, caused by an infection with the parasite Pediculus humanus corporis. This condition is characterised by pruritus which may lead to sores or thickened discoloured skin. Transmission is by direct or indirect contact with an infected individual or animal. Confirmation is by identification of Pediculus humanus corporis eggs or Pediculus humanus corporis.

1G00.Z Pediculosis of unspecified site or type

1G01 Myiasis

A disease of the tissues, caused by an infection with fly larvae from the order Diptera. This disease is characterised by a lump developing in the tissue. Transmission is by ingestion of contaminated larvae, direct contact with an infected mosquito, tick, fly, or indirect contact with infected fly eggs. Confirmation is by identification of Diptera from a tissue sample.

Inclusions: infestation by larvae of flies

1G01.0 Ocular myiasis

A disease of the eye, caused by an infection with fly larvae from the order Diptera. This disease is characterised by a lump developing in the tissue. Transmission is by ingestion of contaminated larvae, direct contact with an infected mosquito, tick, fly, or indirect contact with infected fly eggs. Confirmation is by identification of Diptera.

1G01.1 Nasopharyngeal myiasis

1G01.2 Laryngeal myiasis

1G01.3 Cutaneous myiasis

The infestation of the skin or subcutaneous tissues by the larvae of certain flies (Phormia regina, Cordylobia anthropophaga, Cochliomyia hominivorax, C. macellaria, Wohlfahrtia vigil, W. meigeni, W. opaca, Dermatobia hominis, Sarcophaga krameri), characterised by a painful boil-like lesion containing one or more larvae with severe pruritus and local destruction of tissue.

1G01.Y Other specified myiasis

1G01.Z Myiasis, unspecified

1G02 External hirudiniasis

Infestation of the skin by leeches. Sensitisation to antigenic substances deposited in the skin can result in urticarial weals and bullae.

Exclusions: Internal hirudiniasis (1F60‑1F9Z)

1G03 Pthiriasis

Infestation most commonly of pubic hair and less commonly of body hair or eyelashes by the crab louse, Pthirus pubis. Transmission is by direct, typically sexual contact with an infected individual. Confirmation is by identification of Pthirus pubis or its eggs.

Inclusions: Infestation by crab lice

1G04 Scabies

A highly contagious infestation of the skin by the mite Sarcoptes scabiei var. hominis. It may result in epidemics when introduced into institutions such as schools and nursing homes. The mites burrow into the skin, favouring the extremities, genitalia and, in infants, the axillae. The characteristic widespread intensely pruritic papulovesicular rash results largely from the host response rather than directly to burrowing by mites. Where such a response is absent as in immunosuppressed or debilitated patients, unchecked proliferation of mites results in crusted scabies. Sarcoptic mites from other mammals such as dogs may cause a transient pruritic eruption.

1G04.0 Classical scabies

1G04.1 Crusted scabies

Crusted scabies results from unchecked proliferation of the human scabies mite in individuals who are unable to mount an adequate immune response to infestation. Extensive thick crusts containing vast numbers of mites form over the skin, particularly of the extremities. Because itching is usually absent, the diagnosis is frequently overlooked. Patients with crusted scabies may serve as the source for widespread outbreaks of scabies in institutions such as hospitals and care homes.

1G04.Y Other and unspecified scabies

1G05 Tungiasis

A disease of the skin, caused by an infection with the parasite Tunga penetrans. This disease is characterised by lesions (white patch with a black dot in the middle), skin inflammation, or pruritus surrounding the lesion. This disease may also be asymptomatic. Transmission is through the bite of an infected flea, or by direct contact with an infected animal. Confirmation is by identification of Tunga penetrans or travel history.

1G06 Cimicosis

Infestation by bedbugs, which are blood-sucking temporary ectoparasites. The most common species to attack humans is Cimex lectularius. In individuals who are not sensitized by previous exposure, there may be no symptoms or signs other than purpuric macules at the sites of bites. Weals, papules or bullae may occur in sensitized individuals.

1G07 Infestation by mites

Coded Elsewhere: Scabies (1G04)

Cutaneous reactions to zoonotic mites (NE61)

1G07.0 Infestation by Demodex

Infestation with Demodex mites. Demodex folliculorum is a saprophytic mite of the human pilosebaceous unit with a predilection for facial skin and eyelashes. Demodex brevis is found in the sebaceous glands of the eyelash follicle and in the lobules of eyelid meibomian glands. Although infestation is very common and normally symptomless, the mites have been linked to papulopustular rosacea and chronic blepharitis.

1G07.Y Infestation of the skin by other specified parasitic mites

1G0Y Infestation by other specified ectoparasite

1G0Z Infestation by unknown or unspecified ectoparasite

1G2Y Other specified parasitic diseases

1G2Z Unspecified parasitic diseases

Sepsis (1G40‑1G41)

Coding Note: Any type of infection - bacterial, viral, fungal or protozoal, can cause sepsis and must be coded as well. When the site of infection is unknown, select a code for Infection of unspecified site by organism followed by the appropriate code for sepsis.

Exclusions: Plague (1B93)

Acute or fulminant melioidosis (1C42)

Tularaemia (1B94)

Other infection during labour (JB0D)

Injury or harm arising following infusion, transfusion or therapeutic injection, not elsewhere classified (NE80)

Genital tract or pelvic infection following abortion, ectopic or molar pregnancy (JA05.0)

Disseminated gonococcal infection (1A73)

Extraintestinal yersiniosis (1B9A)

Injury or harm arising from a procedure, not elsewhere classified (NE81)

Meningococcal disease (1C1C)

Systemic inflammatory response syndrome of noninfectious origin (MG46)

Coded Elsewhere: Puerperal sepsis (JB40.0)

Sepsis of fetus or newborn (KA60)

Obstetric pyaemic or septic embolism (JB42.3)

1G40 Sepsis without septic shock

Sepsis is defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection.

Coding Note: Any type of infection - bacterial, viral, fungal or protozoal, can cause sepsis and must be coded as well. When the site of infection is unknown, select a code for Infection of unspecified site by organism followed by the appropriate code for sepsis.

Exclusions: Septicaemia (MA15.0)

Sepsis of fetus or newborn (KA60)

1G41 Sepsis with septic shock

Septic shock is a subset of sepsis in which circulatory, cellular and metabolic abnormalities are profound enough to substantially increase mortality.

Coding Note: Any type of infection - bacterial, viral, fungal or protozoal, can cause sepsis and must be coded as well. When the site of infection is unknown, select a code for Infection of unspecified site by organism followed by the appropriate code for sepsis.

Exclusions: Sepsis of fetus or newborn (KA60)

Septicaemia (MA15.0)

1G60 Certain other disorders of infectious origin

Miscellaneous disorders of infectious origin not classifiable elsewhere including those due to algae and oomycetes

1G60.0 Mycetoma of unknown or unspecified type

Mycetoma is a destructive localised chronic infection of skin, subcutaneous tissue and bone, most commonly affecting the foot. It can be caused by either fungi (eumycetoma) or filamentous bacteria (actinomycetoma). Where possible it should be classified more precisely as either actinomycetoma, the commonest type, or eumycetoma

Exclusions: Actinomycetoma (1C43)

Eumycetoma (1F29)

1G60.1 Pythiosis

Pythiosis is a life-threatening infection by the oömycete Pythium insidiosum. Although infection in animals occurs widely across the world, human pythiosis is largely confined to Thailand and, with the exception of ocular disease, is closely associated with underlying haematological disease, especially thalassaemia. There is a high mortality in patients with disseminated or vascular disease. In the latter form, invasion of arterial wall results in vascular occlusion and a frequent need for amputation. Patients with ocular pythiosis commonly require enucleation. A small proportion of infections are limited to the skin and subcutaneous tissues.

1G60.2 Protothecosis

Protothecosis is a rare opportunistic infection in humans caused by achloric algae of the genus Prototheca. The infection is usually localised and may be associated with antecedent local trauma. It is generally located on exposed sites and remains confined to skin and subcutaneous tissues. In immunocompromised patients, however, widespread cutaneous, subcutaneous or deep infection may occur.

1G60.Y Other specified disorders of infectious origin not elsewhere classified

Sequelae of infectious diseases (1G80‑1G8Y)

A sequela is a chronic condition resulting from an acute condition and begins during that acute condition. The acute condition is no longer present. The sequela continues after the acute phase of the condition is resolved. For infectious diseases, the original infection is no longer present.

The sequelae categories indicate infections as the cause of sequelae which are themselves classified elsewhere.

Not to be used for chronic infections. Code the chronic infection to chronic or active infectious disease as appropriate.

Use an additional code, if desired, to identify the specific sequelae.

Coded Elsewhere: Sequelae of inflammatory diseases of central nervous system (1D0Y)

1G80 Sequelae of tuberculosis

Sequela of tuberculosis is a chronic condition resulting from acute tuberculosis. Mycobacterium tuberculosis is no longer active. The sequela continues after the acute phase is resolved.

1G81 Sequelae of trachoma

This refers to a pathological condition resulting from an infectious disease caused by the Chlamydia trachomatis bacterium which produces a characteristic roughening of the inner surface of the eyelids.

1G82 Sequelae of leprosy

This refers to a pathological condition resulting from a chronic disease caused by the bacteria Mycobacterium leprae and Mycobacterium lepromatosis.

1G83 Sequelae of poliomyelitis

Sequelae of poliomyelitis refers to the residuals of acute poliomyelitis as well as other disorders that have an etiological link to either the acute polio infection or to chronic deficits resulting from the acute infection. Disorders that may manifest late in the lives of polio survivors include early advanced degenerative arthritis, sleep disorders, respiratory insufficiency, and a variety of mental disorders.

Exclusions: Post polio progressive muscular atrophy (8B62)

1G84 Sequelae of viral encephalitis

1G85 Sequelae of diphtheria

This refers to conditions that develop as a consequence of a bacterial infection of the respiratory tract with Corynebacterium diphtheriae.

1G8Y Sequelae of other specified infectious diseases

1H0Z Infection, unspecified

CHAPTER 02

Neoplasms

This chapter has 325 four-character categories.

Code range starts with 2A00

An abnormal or uncontrolled cellular proliferation which is not coordinated with an organism's requirements for normal tissue growth, replacement or repair.

Coded Elsewhere: Inherited cancer-predisposing syndromes

This chapter contains the following top level blocks:

* Neoplasms of brain or central nervous system
* Neoplasms of haematopoietic or lymphoid tissues
* Malignant neoplasms, except primary neoplasms of lymphoid, haematopoietic, central nervous system or related tissues
* In situ neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues
* Benign neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues
* Neoplasms of uncertain behaviour, except of lymphoid, haematopoietic, central nervous system or related tissues
* Neoplasms of unknown behaviour, except of lymphoid, haematopoietic, central nervous system or related tissues
* Inherited cancer-predisposing syndromes

Neoplasms of brain or central nervous system (2A00‑2A0Z)

A benign or malignant neoplasm that affects the brain, meninges, or spinal cord. Representative examples of primary neoplasms include astrocytoma, oligodendroglioma, ependymoma, and meningioma.

2A00 Primary neoplasms of brain

2A00.0 Gliomas of brain

2A00.00 Glioblastoma of brain

Glioblastomas are malignant astrocytic tumours (grade IV according to the WHO classification). They represent the most frequent brain tumours in adults. They may occur at any age, but 70% of cases are seen in patients between 45 and 70 years of age. The tumours are usually located in the brain hemispheres, but can be found anywhere in the central nervous system.

Inclusions: glioblastoma NOS

2A00.0Y Other specified gliomas of brain

2A00.0Z Gliomas of brain, unspecified

2A00.1 Embryonal tumours of brain

2A00.10 Medulloblastoma of brain

A malignant, invasive embryonal neoplasm arising from the cerebellum. It occurs predominantly in children and has the tendency to metastasize via the cerebrospinal fluid pathways. Signs and symptoms include truncal ataxia, disturbed gait, lethargy, headache, and vomiting. There are four histologic variants: anaplastic medulloblastoma, desmoplastic/nodular medulloblastoma, large cell medulloblastoma, and medulloblastoma with extensive nodularity.

2A00.11 Central primitive neuroectodermal tumour

A malignant neoplasm that originates in the neuroectoderm. The neuroectoderm constitutes the portion of the ectoderm of the early embryo that gives rise to the central and peripheral nervous systems and includes some glial cell precursors.

2A00.1Y Other specified embryonal tumours of brain

2A00.1Z Embryonal tumours of brain, unspecified

2A00.2 Tumours of neuroepithelial tissue of brain

2A00.20 Tumours of the pineal gland or pineal region

2A00.21 Mixed neuronal-glial tumours

2A00.22 Choroid plexus tumours

2A00.2Y Other specified tumours of neuroepithelial tissue of brain

2A00.2Z Tumours of neuroepithelial tissue of brain, unspecified

2A00.3 Central neurocytoma of brain

Central neurocytoma is a very rare brain tumour of young adults. It is typically found in the lateral ventricles and occasionally in the third ventricle. Symptoms are those of increased intracranial pressure.

2A00.4 Astroblastoma of the brain

A rare glial neoplasm more commonly found in young adults. It is characterised by tumour cells with characteristics suggestive of an astrocytic origin (positive for GFAP), arranged perivascularly. The cells have broad, non-tapering processes radiating towards a central blood vessel. The biologic behaviour of astroblastomas is variable, so no WHO grade has been established, yet.

2A00.5 Primary neoplasm of brain of unknown or unspecified type

2A01 Primary neoplasms of meninges

2A01.0 Meningiomas

2A01.00 Primary malignant meningioma

2A01.0Y Other specified meningiomas

2A01.0Z Meningiomas, unspecified

2A01.1 Mesenchymal tumours of meninges

2A01.2 Primary neoplasm of meninges of unknown or unspecified type

2A02 Primary neoplasm of spinal cord, cranial nerves or remaining parts of central nervous system

2A02.0 Gliomas of spinal cord, cranial nerves or other parts of the central nervous system

2A02.00 Glioblastoma of spinal cord, cranial nerves or other parts of central nervous system

2A02.0Y Other specified gliomas of spinal cord, cranial nerves or other parts of the central nervous system

2A02.0Z Gliomas of spinal cord, cranial nerves or other parts of the central nervous system, unspecified

2A02.1 Tumours of cranial or paraspinal nerves

2A02.10 Malignant peripheral nerve sheath tumour of cranial or paraspinal nerves

Malignant schwannoma is a tumour of the peripheral nervous system that arises in the nerve sheath.

Exclusions: Malignant nerve sheath tumour of peripheral nerves or autonomic nervous system, primary site (2B5E)

2A02.11 Paraspinal neuroblastoma

2A02.12 Malignant neoplasm of the optic nerve

2A02.1Y Other specified tumours of cranial or paraspinal nerves

2A02.1Z Tumours of cranial or paraspinal nerves, unspecified

2A02.2 Primary neoplasm of spinal cord of unknown or unspecified type

2A02.3 Benign neoplasm of cranial nerves

This is a tumour of cranial nerves having none of the characteristics of a malignant neoplasm.

2A02.4 Benign neoplasm of spinal cord

2A0Z Other and unspecified neoplasms of brain or central nervous system

Neoplasms of haematopoietic or lymphoid tissues (2A20‑2B3Z)

A neoplasm arising from hematopoietic cells found in the bone marrow, peripheral blood, lymph nodes and spleen (organs of the hematopoietic system). Hematopoietic cell neoplasms can also involve other anatomic sites (e.g. central nervous system, gastrointestinal tract), either by haematogenous spread, direct tumour infiltration, or neoplastic transformation of extranodal lymphoid tissues. The commonest forms are the various types of leukaemia, Hodgkin and non-Hodgkin lymphomas, myeloproliferative neoplasms and myelodysplastic syndromes.

Myeloproliferative neoplasms (2A20‑2A22)

2A20 Non mast cell myeloproliferative neoplasms

Coded Elsewhere: Acquired thrombocytosis (3B63.1)

2A20.0 Chronic myelogenous leukaemia, BCR-ABL1-positive

Exclusions: Atypical chronic myeloid leukaemia, BCR-ABL1-negative (2A41)

Chronic myelomonocytic leukaemia (2A40)

Other and unspecified myeloproliferative neoplasms (2A22)

Chronic myeloid leukaemia, not elsewhere classified (2B33.2)

2A20.00 Chronic myelogenous leukaemia with blast crisis

2A20.01 Chronic myelogenous leukaemia, Philadelphia chromosome (Ph1) positive

2A20.02 Chronic myelogenous leukaemia, t(9:22)(q34; q11)

2A20.03 Naegeli-type monocytic leukaemia

2A20.0Y Other specified chronic myelogenous leukaemia, BCR-ABL1-positive

2A20.0Z Chronic myelogenous leukaemia, BCR-ABL1-positive, unspecified

2A20.1 Chronic neutrophilic leukaemia

A rare chronic myeloproliferative neoplasm characterised by sustained peripheral blood neutrophilia, bone marrow hypercellularity due to neutrophilic granulocyte proliferation, and hepatosplenomegaly. The neutrophils lack dysplasia and often show toxic granulations. There is no detectable Philadelphia chromosome or BCR/ABL1 fusion gene.

2A20.2 Primary myelofibrosis

Inclusions: chronic idiopathic myelofibrosis

Exclusions: Acute panmyelosis with myelofibrosis (2A60.38)

2A20.3 Chronic eosinophilic leukaemia, not elsewhere classified

A chronic myeloproliferative neoplasm characterised by persistent eosinophilia in the blood, bone marrow and peripheral tissues. Organ damage occurs as a result of leukaemic infiltration or the release of cytokines, enzymes or other proteins by the eosinophils. Chronic eosinophilic leukaemia, not otherwise specified excludes patients with a Ph chromosome, BCR-ABL1 fusion gene or rearrangement of PDGFRA, PDGFRB or FGFR1.

2A20.4 Polycythaemia vera

2A20.5 Non mast cell myeloproliferative neoplasm, unclassifiable

Cases that have definite features of myeloproliferative neoplasms (MPN), but fail to meet the criteria of a specific MPN subtype.

2A20.Y Other specified non mast cell myeloproliferative neoplasms

2A20.Z Non mast cell myeloproliferative neoplasms, unspecified

2A21 Mastocytosis

Mastocytosis is due to a clonal, neoplastic proliferation of mast cells that accumulate in one or more organ systems. Activating mutations of KIT are frequently found. It is characterised by the presence of multifocal compact clusters or cohesive aggregates/infiltrates of abnormal mast cells. The disorder is heterogeneous, ranging from skin lesions that may spontaneously regress to highly aggressive neoplasms associated with multiorgan failure and short survival. Subtypes of mastocytosis are recognised mainly by the distribution of the disease and clinical manifestations. In cutaneous mastocytosis (CM), the mast cell infiltration remains confined to the skin, whereas systemic mastocytosis (SM) is characterised by involvement of at least one extracutaneous organ with or without evidence of skin lesions. Mastocytosis should be strictly separated from mast cell hyperplasia or mast cell activation states without morphological and/or molecular abnormalities that characterize the neoplastic proliferation.

2A21.0 Systemic mastocytosis

Systemic mastocytosis (SM) comprises a heterogeneous group of rare acquired and chronic haematological malignancies that are related to an abnormal proliferation of mast cells in tissue, including bone marrow, with or without skin involvement. SM can be divided into indolent SM (ISM) and aggressive SM (ASM).

2A21.00 Mast cell leukaemia

2A21.0Y Other specified systemic mastocytosis

2A21.0Z Systemic mastocytosis, unspecified

2A21.1 Cutaneous mastocytosis

Cutaneous mastocytosis is characterised by abnormal accumulation and proliferation of cutaneous mast cells. Most types are isolated but cutaneous mastocytosis can occur in association with systemic disease. Clinical forms include cutaneous mastocytoma, urticaria pigmentosa (the most frequent form), pseudoxanthomatous nodular cutaneous mastocytosis, telangiectasia macularis eruptiva perstans and diffuse cutaneous mastocytosis.

2A21.10 Urticaria pigmentosa

Inclusions: Maculopapular cutaneous mastocytosis

2A21.1Y Other specified cutaneous mastocytosis

2A21.1Z Cutaneous mastocytosis, unspecified

2A21.2 Mast cell sarcoma

A rare entity characterised by localised but destructive growth of a tumour consisting of highly atypical, immature mast cells.

2A21.3 Extracutaneous mastocytoma

A localised tumour consisting of mature mast cells.

2A21.Y Other specified mastocytosis

2A21.Z Mastocytosis, unspecified

2A22 Other and unspecified myeloproliferative neoplasms

Exclusions: Chronic myelogenous leukaemia, BCR-ABL1-positive (2A20.0)

Atypical chronic myeloid leukaemia, BCR-ABL1-negative (2A41)

Myelodysplastic syndromes (2A30‑2A3Z)

Clonal hematopoietic disorders characterised by dysplasia and ineffective hematopoiesis in one or more of the hematopoietic cell lines. The dysplasia may be accompanied by an increase in myeloblasts, but the number is less than 20% in marrow and blood, which, according to the WHO guidelines, is the requisite threshold for the diagnosis of acute myeloid leukaemia.

Exclusions: Therapy-related myeloid neoplasms (2A60.2)

Drug-induced aplastic anaemia (3A70.10)

2A30 Refractory anaemia

2A31 Refractory neutropaenia

A myelodysplastic syndrome characterised by the presence of at least 10% dysplastic neutrophils in the bone marrow or the peripheral blood.

2A32 Refractory thrombocytopenia

A myelodysplastic syndrome characterised by the presence of at least 10% dysplastic megakaryocytes, found within at least 30 megakaryocytes examined in the bone marrow.

2A33 Refractory anaemia with ring sideroblasts

A myelodysplastic syndrome characterised by an anaemia in which 15% or more of the erythroid precursors are ringed sideroblasts. The ring sideroblast is an erythroid precursor in which one third or more of the nucleus is encircled by granules which are positive for iron stain.

2A34 Refractory cytopenia with multi-lineage dysplasia

A myelodysplastic syndrome characterised by bi-cytopenia or pancytopenia and dysplastic changes in 10% or more of the cells in two or more of the myeloid cell lines.

2A35 Refractory anaemia with excess of blasts

A myelodysplastic syndrome characterised by bi-cytopenia or pancytopenia and dysplastic changes in one or multiple lineages, with 5-19% myeloblasts in the bone marrow, 2-19% blasts in the blood, or <20% blasts with the presence of Auer rods.

2A36 Myelodysplastic syndrome with isolated del(5q)

A myelodysplastic syndrome characterised by anaemia with or without other cytopenias and/or thrombocytosis and in which the sole cytogenetic abnormality is del(5q). Myeloblasts are <5% in the bone marrow and <1% in the blood.

Inclusions: 5 q- syndrome

2A37 Myelodysplastic syndrome, unclassifiable

A subtype of myelodysplastic syndrome which at disease presentation lacks findings appropriate for classification into any other MDS category, or has an MDS-associated cytogenetic abnormality and cytopenia, but lack sufficient dysplastic changes in any lineage and have <15% ring sideroblasts.

2A38 Refractory cytopenia of childhood

The most common subtype of the myelodysplastic syndromes affecting children. It is characterised by persistent cytopenia with less than 5% blasts in the bone marrow and less than 2% blasts in the peripheral blood.

2A3Y Other specified myelodysplastic syndromes

2A3Z Myelodysplastic syndromes, unspecified

Myelodysplastic and myeloproliferative neoplasms (2A40‑2A4Z)

A category of clonal haematopoietic disorders that have both myelodysplastic and myeloproliferative features at the time of initial presentation.

2A40 Chronic myelomonocytic leukaemia

A myelodysplastic/myeloproliferative neoplasm which is characterised by persistent monocytosis, absence of a Philadelphia chromosome and BCR/ABL1 fusion gene, fewer than 20 percent blasts in the bone marrow and blood, often myelodysplasia, and absence of PDGFRA or PDGFRB rearrangement.

Inclusions: Chronic monocytic leukaemia

Exclusions: Myeloid/lymphoid neoplasm associated with PDGFRA rearrangement (2A50)

Myeloid neoplasm associated with PDGFRB rearrangement (2A51)

2A41 Atypical chronic myeloid leukaemia, BCR-ABL1-negative

A myelodysplastic/myeloproliferative neoplasm characterised by the principal involvement of the neutrophil series with leukocytosis with circulating immature myeloid cells, fewer than 20 percent blasts in the bone marrow and blood, and severe dysgranulopoiesis. The neoplastic cells do not have a Philadelphia chromosome or the BCR/ABL1 fusion gene.

2A42 Juvenile myelomonocytic leukaemia

A myelodysplastic/myeloproliferative neoplasm of childhood that is characterised by proliferation principally of the granulocytic and monocytic lineages. Myelomonocytic proliferation is seen in the bone marrow and the blood. The leukemic cells may infiltrate any tissue, however liver, spleen, lymph nodes, skin, and respiratory tract are the most common sites of involvement.

2A42.0 Juvenile myelomonocytic leukaemia in complete remission

2A42.Y Other specified juvenile myelomonocytic leukaemia

2A42.Z Juvenile myelomonocytic leukaemia, unspecified

2A43 Refractory anaemia with ring sideroblasts associated with marked thrombocytosis

A provisional entity that encompasses cases with morphologic and clinical characteristics of refractory anaemia with ring sideroblasts, marked thrombocytosis, and abnormal megakaryocytes.

2A44 Myeloproliferative and myelodysplastic disease, unclassifiable

This entity includes cases that have clinical, laboratory, and morphologic features that support the diagnosis of both a myelodysplastic syndrome and a myeloproliferative neoplasm, but do not meet the criteria for any of the other entities included in the myelodysplastic/myeloproliferative neoplasm category.

2A4Y Other specified myelodysplastic and myeloproliferative neoplasms

2A4Z Myelodysplastic and myeloproliferative neoplasms, unspecified

Myeloid and lymphoid neoplasms with eosinophilia and abnormalities of PDGFRA, PDGFRB or FGFR1 (2A50‑2A5Z)

A group of rare myeloid and lymphoid neoplasms characterised by rearrangement of the PDGFRA, PDGFRB, or FGFR1 genes, resulting in the formation of fusion transcripts and aberrant tyrosine kinase activity. Eosinophilia is a characteristic finding but it is not always present.

2A50 Myeloid/lymphoid neoplasm associated with PDGFRA rearrangement

2A51 Myeloid neoplasm associated with PDGFRB rearrangement

A distinct type of myeloid neoplasm that occurs in association with rearrangement of PDGFRB gene at 5q32. Patients usually present with a picture resembling chronic myelomonocytic leukaemia and, less often atypical chronic myeloid leukaemia or chronic eosinophilic leukaemia.

2A52 Myeloid or lymphoid neoplasms with FGFR1 abnormalities

Hematologic neoplasms characterised by the rearrangement of the FGFR1 gene, resulting in translocations with an 8p11 breakpoint. Patients may present with a myeloproliferative neoplasm, acute myeloid leukaemia, lymphoblastic lymphoma/leukaemia of T or B-cell lineage, or acute leukaemia of mixed phenotype.

2A5Z Myeloid and lymphoid neoplasms with eosinophilia and abnormalities of PDGFRA, PDGFRB or FGFR1, unspecified

2A60 Acute myeloid leukaemias and related precursor neoplasms

Acute myeloid leukaemia is characterised by clonal expansion of myeloid blasts in the peripheral blood and bone marrow. Clinical manifestations are fever, pallor, anaemia, hemorrhages and recurrent infections.

2A60.0 Acute myeloid leukaemia with recurrent genetic abnormalities

2A60.1 Acute myeloid leukaemia with myelodysplasia-related changes

An acute myeloid leukaemia with at least 20% blasts in the bone marrow or blood, and either a previous history of myelodysplastic syndrome, multilineage dysplasia or typical myelodysplastic syndrome-related cytogenetic abnormalities. There is no history of prior cytotoxic therapy for an unrelated disorder, and there is absence of the genetic abnormalities that are present in acute myeloid leukaemia with recurrent genetic abnormalities.

2A60.2 Therapy-related myeloid neoplasms

Inclusions: therapy-related myelodysplastic syndromes

2A60.20 Therapy related acute myeloid leukaemia or myelodysplastic syndrome

2A60.2Y Other specified therapy-related myeloid neoplasms

2A60.2Z Therapy-related myeloid neoplasms, unspecified

2A60.3 Acute myeloid leukaemia, not elsewhere classified by criteria of other types

Acute myeloid leukaemias specified by morphological criteria should only be classified as such, if recurrent genetic abnormalities, prior history of a myelodysplastic syndrome or myelodysplastic/myeloproliferative neoplasm, or history of cytotoxic chemotherapy and/or radiotherapy are absent.

Exclusions: Acute myeloid leukaemia with recurrent genetic abnormalities (2A60.0)

Therapy-related myeloid neoplasms (2A60.2)

Acute myeloid leukaemia with myelodysplasia-related changes (2A60.1)

2A60.30 Acute myeloid leukaemia with minimal differentiation

An acute myeloid leukaemia (AML) in which the blasts do not show evidence of myeloid differentiation by morphology and conventional cytochemistry.

2A60.31 Acute myeloid leukaemia without maturation

An acute myeloid leukaemia (AML) characterised by blasts without evidence of maturation to more mature neutrophils.

2A60.32 Acute myeloid leukaemia with maturation

An acute myeloid leukaemia (AML) characterised by blasts with evidence of maturation to more mature neutrophils.

2A60.33 Acute myelomonocytic leukaemia

An acute leukaemia characterised by the proliferation of both neutrophil and monocyte precursors.

2A60.34 Acute monoblastic or monocytic leukaemia

Acute monoblastic leukaemia and acute monocytic leukaemia are myeloid leukaemias in which 80% or more of the leukaemic cells are of monocytic lineage including monoblasts, promonocytes and monocytes; a minor neutrophil component, <20%, may be present.

2A60.35 Acute erythroid leukaemia

Inclusions: Erythroleukaemia

2A60.36 Acute megakaryoblastic leukaemia

An acute myeloid leukaemia in which at least 50% of the blasts are of megakaryocytic lineage.

Inclusions: Acute myeloid leukaemia, M7

Acute megakaryocytic leukaemia

2A60.37 Acute basophilic leukaemia

An acute myeloid leukaemia in which the immature cells differentiate towards basophils. This is a rare leukaemia.

2A60.38 Acute panmyelosis with myelofibrosis

An acute myeloid leukaemia characterised by bone marrow fibrosis without preexisting primary myelofibrosis.

Inclusions: Acute myelofibrosis

Exclusions: Cases that meet criteria for AML with myelodysplasia related changes (2A60.1)

2A60.39 Myeloid sarcoma

Myeloid sarcoma is a rare solid tumour of the myelogenous cells occurring in an extramedullary site.

Inclusions: Chloroma

Granulocytic sarcoma

2A60.3Y Other specified acute myeloid leukaemia, not elsewhere classified by criteria of other types

2A60.3Z Acute myeloid leukaemia, unspecified

2A60.4 Myeloid proliferation associated with Down syndrome

Myeloid neoplasms occurring in individuals with Down syndrome. There is an increased risk of acute leukaemias in both children and adults with Down syndrome. In particular, the incidence of acute myeloid leukaemia in Down syndrome children of less than five years of age is particularly high, it is usually an acute megakaryoblastic leukaemia, and is associated with GATA1 gene mutation. This group of disorders also includes the entity transient abnormal myelopoiesis which occurs in neonates and is associated with GATA1 gene mutation.

2A60.40 Transient abnormal myelopoiesis

A myeloid proliferation occurring in newborns with Down syndrome. It is clinically and morphologically indistinguishable from acute myeloid leukaemia and is associated with GATA1 mutations. The blasts display morphologic and immunophenotypic features of megakaryocytic lineage. In the majority of patients the myeloid proliferation undergoes spontaneous remission.

2A60.41 Myeloid leukaemia associated with Down syndrome

Leukaemia of children with Down syndrome. Encompasses both MDS and AML

2A60.4Y Other specified myeloid proliferation associated with Down syndrome

2A60.4Z Myeloid proliferation associated with Down syndrome, unspecified

2A60.5 Blastic plasmacytoid dendritic cell neoplasm

Blastic plasmacytoid dendritic cell neoplasm (BPDCN) is a clinically aggressive tumour derived from the precursors of plasmacytoid dendritic cells (PDCs, also called professional type I interferon–producing cells or plasmacytoid monocytes), with a high frequency of cutaneous and bone marrow involvement and leukaemic dissemination.

There are currently no clues to the etiology of BPDCN, but its association with myelodysplastic syndrome (MDS) in some cases may suggest a related pathogenesis. Gene expression profiling studies have revealed that the neoplastic cells show a gene expression signature similar to that of resting normal PDCs and closer to that of myeloid than of lymphoid precursors.

Inclusions: blastic NK-cell lymphoma

2A60.Y Other specified acute myeloid leukaemias and related precursor neoplasms

2A60.Z Acute myeloid leukaemias and related precursor neoplasms, unspecified

2A61 Acute leukaemias of ambiguous lineage

An acute leukaemia in which the blasts lack sufficient evidence to classify as myeloid or lymphoid or they have morphologic and/or immunophenotypic characteristics of both myeloid and lymphoid cells.

Precursor lymphoid neoplasms (2A70‑2A7Z)

Neoplasms of immature malignant lymphocytes (lymphoblasts) committed to the B-cell or T-cell lineage. Neoplasms involving the bone marrow and the peripheral blood are called precursor lymphoblastic leukaemias or acute lymphoblastic leukaemias. Neoplasms involving primarily lymph nodes or extranodal sites are called lymphoblastic lymphomas.

2A70 Precursor B-lymphoblastic neoplasms

Neoplasms of lymphoblasts committed to the B-cell lineage.

2A70.0 B lymphoblastic leukaemia or lymphoma, not elsewhere classified

Precursor B cell neoplasm without defined recurrent genetic abnormality despite appropriate diagnostics

2A70.1 B lymphoblastic leukaemia or lymphoma with t(9:22) (q34;q11.2); BCR-ABL1

A precursor lymphoid neoplasm which is composed of B-lymphoblasts and carries a translocation between the BCR gene on chromosome 22 and the ABL1 gene on chromosome 9. It results in the production of the p190 kd or p210 kd fusion protein. It has an unfavorable clinical outcome.

2A70.Y Other B-lymphoblastic leukaemia/lymphoma with recurrent genetic abnormalities

2A71 Precursor T-lymphoblastic neoplasms

A neoplasm of lymphoblasts committed to the T-cell lineage, typically composed of small to medium-sized blast cells.

2A7Z Precursor lymphoid neoplasms, unspecified

Mature B-cell neoplasms (2A80‑2A8Z)

Non-Hodgkin lymphomas that originate from mature B lymphocytes. May reside in lymph nodes, lymphatic tissue of different organs or bone marrow and blood (then frequently called leukaemia).

2A80 Follicular lymphoma

Follicular lymphoma (FL) is a neoplasm composed of follicle centre (germinal centre) B-cells (typically both centrocytes and centroblasts/large transformed cells), which usually has at least a partially follicular pattern. t(14;18) with BCL2 rearrangement is frequently observed. If diffuse areas of any size comprised predominantly or entirely of blastic cells are present in any case of follicular lymphoma, a diagnosis of diffuse large B-cell lymphoma is also made. Lymphomas composed of centro cytes and centroblasts with an entirely diffuse pattern in the sampled tissue may be included in this category.

Inclusions: follicular lymphoma with or without diffuse areas

Exclusions: Mature T-cell or NK-cell neoplasms (2A90‑2B2Z)

2A80.0 Follicular lymphoma grade 1

2A80.1 Follicular lymphoma grade 2

2A80.2 Follicular lymphoma grade 3

2A80.3 Primary cutaneous follicle centre lymphoma

A primary lymphoma of the skin composed of various numbers of small and large irregular neoplastic follicle center cells. Its morphologic pattern can be nodular, diffuse, or nodular and diffuse. It presents with solitary or grouped plaques and tumours, and it usually involves the scalp, forehead, or trunk. It rarely involves the legs. This type of cutaneous lymphoma tends to remain localised to the skin, and it has a favorable prognosis.

2A80.4 Paediatric type follicular lymphoma

A variant of follicular lymphoma often involving cervical or other peripheral lymph nodes and the Waldeyer ring. It is frequently localised, and often lacks BCL-2 protein expression and never has a BCL2 translocation. It is usually but not exclusively seen in the pediatric population. The prognosis is usually favorable.

2A80.5 Follicular lymphoma in situ

2A80.6 Follicular lymphoma of small intestine

2A80.Y Other specified follicular lymphoma

2A80.Z Follicular lymphoma, unspecified

2A81 Diffuse large B-cell lymphomas

Non-Hodgkin lymphomas are characterised by a proliferation of predominantly large neoplastic B lymphocytes.

Coded Elsewhere: Diffuse large B-cell lymphoma of small intestine (2B33.5)

2A81.0 Primary mediastinal large B-cell lymphoma

A large B-cell non-Hodgkin lymphoma arising in the mediastinum. Morphologically it is characterised by a massive diffuse lymphocytic proliferation associated with compartmentalizing fibrosis.

2A81.1 Intravascular large B-cell lymphoma

2A81.2 Plasmablastic lymphoma

An aggressive diffuse large B-cell lymphoma frequently arising in the setting of HIV infection and characterised by the presence of large neoplastic cells resembling B-immunoblasts which have the immunophenotypic profile of plasma cells. Sites of involvement include the oral cavity and other extranodal sites

2A81.3 Lymphomatoid granulomatosis

2A81.4 T-cell/histiocyte rich large B-cell lymphoma

A large B-cell lymphoma characterised by the presence of a limited number of scattered neoplastic large B-lymphocytes which are admixed with numerous non-neoplastic T-lymphocytes and frequently histiocytes.

2A81.5 Primary diffuse large B-cell lymphoma of central nervous system

2A81.6 Epstein-Barr Virus-positive diffuse large B-cell lymphoma of the elderly

An aggressive diffuse large B-cell lymphoma affecting patients older than 50 years. Epstein-Barr virus is present in all cases. There is no known history of immunodeficiency or prior lymphoma. The majority of patients present with extranodal disease.

2A81.7 Diffuse large B-cell lymphoma associated with chronic inflammation

A diffuse large B-cell lymphoma arising in body cavities or narrow spaces of long standing chronic inflammation. The classic example is the pyothorax-associated lymphoma that arises in the pleural cavity of patients with a history of long standing pyothorax.

2A81.8 ALK-positive large B-cell lymphoma

A usually aggressive large B-cell lymphoma characterised by the presence of monomorphic immunoblast-like neoplastic B-lymphocytes in a sinusoidal growth pattern. The neoplastic B-lymphocytes express the ALK kinase but they lack the 2;5 translocation.

2A81.9 Primary effusion lymphoma

An aggressive non-Hodgkin B-cell lymphoma composed of large cells, presenting as a serous effusion without detectable tumour masses. It is universally associated with human herpes virus 8 (HHV-8)/Kaposi sarcoma herpes virus (KSHV) [HHV-8/KSHV]. It mostly occurs in the setting of immunodeficiency; most cases have been reported in HIV positive patients. The most common sites of involvement are the pleural, pericardial, and peritoneal cavities. The prognosis is extremely unfavorable.

2A81.A Primary cutaneous diffuse large B-cell lymphoma, leg type

An aggressive primary cutaneous B-cell lymphoma, usually involving the lower leg. It is composed of a generally monotonous proliferation of immunoblasts, or less frequently centroblasts, with few admixed reactive cells. This type of lymphoma occurs most often in the elderly who present with rapidly growing tumours, usually on one or both legs. Dissemination to extracutaneous sites is frequent.

2A81.Y Other specified diffuse large B-cell lymphomas

2A81.Z Diffuse large B-cell lymphoma, not otherwise specified

2A82 Mature B-cell neoplasm with leukaemic behaviour

2A82.0 Chronic lymphocytic leukaemia or small lymphocytic lymphoma

An indolent, mature B-cell neoplasm composed of small, round B-lymphocytes. When the bone marrow and peripheral blood are involved, the term chronic lymphocytic leukaemia is used. The term small lymphocytic lymphoma is restricted to cases which do not show leukemic involvement of the bone marrow and peripheral blood.

Inclusions: Small cell B-cell lymphoma

2A82.00 Chronic lymphocytic leukaemia of B-cell type

Chronic lymphocytic leukaemia/small lymphocytic lymphoma (CLL/SLL) is a neoplasm composed of monomorphic small, round to slightly irregular B lymphocytes in the peripheral blood (PB), bone marrow (BM), spleen and lymph nodes, admixed with prolymphocytes and paraimmunoblasts forming proliferation centres in tissue infiltrates. The CLL/SLL cells usually coexpress CD5 and CD23. In the absence of extramedullary tissue involvement, there must be <5x109/L monoclonal lymphocytes with a CLL phenotype in the PB. The International Workshop on Chronic Lymphocytic Leukemia (IWCLL) report requires that the lymphocytosis be present for at least 3 months and also allows for the diagnosis of CLL to be made with lower lymphocyte counts in patients with cytopenias or disease-related symptoms. Whether patients who would have fulfilled the criteria in the past for CLL but who fulfill the criteria only for monoclonal B lymphocytosis (MBL) are better considered to have low stage CLL or MBL remains to be determined. Some may prefer to still consider many of these cases more like CLL. The term SLL is used for non-leukaemic cases with the tissue morphology and immunophenotype of CLL. The IWCLL definition of SLL requires lymphadenopathy, no cytopenias due to BM infiltration by CLL/SLL and <5x109/L PB B-cells.

Inclusions: Lymphoplasmacytic leukaemia

Exclusions: Lymphoplasmacytic lymphoma (2A85.4)

Coded Elsewhere: Richter syndrome (2A81.Y)

2A82.0Y Other specified chronic lymphocytic leukaemia or small lymphocytic lymphoma

2A82.0Z Chronic lymphocytic leukaemia or small lymphocytic lymphoma, unspecified

2A82.1 B-cell prolymphocytic leukaemia

2A82.10 B-cell prolymphocytic leukaemia in complete remission

2A82.1Y Other specified b-cell prolymphocytic leukaemia

2A82.1Z B-cell prolymphocytic leukaemia, unspecified

2A82.2 Hairy-cell leukaemia

A neoplasm of small B-lymphocytes with hairy projections in bone marrow, spleen, and peripheral blood. Most patients present with splenomegaly and pancytopenia.

Inclusions: Leukaemic reticuloendotheliosis

2A82.3 Splenic B-cell lymphoma or leukaemia, unclassifiable

A small B-cell clonal lymphoproliferative disorder of the spleen that does not fall into any of the other categories of mature B-cell neoplasms.

2A82.Y Other specified mature B-cell neoplasm with leukaemic behaviour

2A82.Z Mature B-cell neoplasm with leukaemic behaviour, unspecified

2A83 Plasma cell neoplasms

Plasma cells, usually secreting monoclonal immunoglobulin (M-protein) and/or immunoglobulin light chains.

2A83.0 Monoclonal gammopathy of undetermined significance

2A83.1 Plasma cell myeloma

A bone marrow-based plasma cell neoplasm usually characterised by presence of a serum monoclonal protein and/or urinary light chains. ”CRAB” criteria (calcium elevation (hypercalcaemia), renal failure, anaemia and bone lesions) separate symptomatic plasma cell myeloma from asymptomatic (smoldering) myeloma.

Inclusions: Kahler disease

Myelomatosis

Medullary plasmacytoma

multiple myeloma

Exclusions: Solitary plasmacytoma (2A83.2)

2A83.2 Solitary plasmacytoma

A single focus of clonal (malignant) plasma cells either in the bone or in another anatomic site without peripheral blood involvement.

Inclusions: Solitary myeloma

2A83.3 Extraosseous plasmacytoma

2A83.4 Plasma cell leukaemia

An aggressive plasma cell neoplasm. It is characterised by the presence of neoplastic plasma cells in the peripheral blood (PB). The neoplastic plasma cells comprise more than 20% of the white cells in the PB or the number of clonal plasma cells in the PB exceeds 2x10⁹/L.

2A83.5 Monoclonal immunoglobulin deposition disease

2A83.50 Heavy chain deposition disease

A disease of the kidney, caused by proliferation and deposition of pieces of truncated or abnormal alpha, gamma, delta, or mu immunoglobulin heavy chain segments of white blood cells. This disease is characterised by fibrillar or granular tissue deposits and renal dysfunction, which may lead to organ failure. Confirmation is by identifying heavy chain deposition tissue biopsy using immunofluorescence under a microscope.

Exclusions: Heavy chain diseases or malignant immunoproliferative diseases (2A84)

Immunoglobulin heavy chain deficiency (4A01.04)

2A83.51 Light and heavy chain deposition disease

A disease of the kidney, caused by proliferation and deposition of pieces of truncated or abnormal light and heavy chain segments of white blood cells. This disease is characterised by fibrillar or granular tissue deposits and renal dysfunction, which may lead to organ failure. Confirmation is by identification of light and heavy chain deposition tissue biopsy under a microscope.

2A83.52 Light chain deposition disease

A disease of the kidney, caused by the deposition of pieces of truncated or abnormal light chain segments of white blood cells. This disease is characterised by fibrillar or granular tissue deposits and renal dysfunction, which may lead to organ failure. Confirmation is by identification of light chain deposition tissue biopsy under an electron microscope.

Exclusions: Immunodeficiencies with isotype or light chain deficiencies with normal number of B cells (4A01.04)

2A83.Y Other specified multiple myeloma and plasma cell neoplasms

2A83.Z Plasma cell neoplasm, unspecified

2A84 Heavy chain diseases or malignant immunoproliferative diseases

A group of rare disorders of immunoglobulin synthesis associated with B-cell proliferative disorders that produce monoclonal heavy chains and typically no light chains.

2A84.0 Alpha heavy chain disease

The small intestinal morphologic changes are consistent with a mucosa-associated lymphoid tissue lymphoma (MALT lymphoma).

2A84.1 Gamma heavy chain disease

A clonal disorder characterised by the secretion of a truncated gamma chain. In most cases, it is associated with morphologic changes also seen in lymphoplasmacytic lymphomas, but the clinical course is typically more aggressive than in lymphoplasmacytic lymphoma/Waldenstrom's macroglobulinemia.

Inclusions: Franklin disease

2A84.2 Mu heavy chain disease

2A84.Y Other specified malignant immunoproliferative diseases

2A84.Z Heavy chain diseases, unspecified

2A85 Other specified mature B-cell neoplasms or lymphoma

2A85.0 Nodal marginal zone lymphoma

A primary nodal B-cell non-Hodgkin lymphoma which morphologically resembles lymph nodes involved by marginal zone lymphomas of extranodal or splenic types, but without evidence of extranodal or splenic disease. This is a rare entity, and most patients present with localised or generalised lymphadenopathy. The clinical course is indolent.

2A85.1 Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue of stomach

A low grade, indolent B-cell lymphoma, usually associated with Helicobacter pylori infection. Morphologically it is characterised by a dense mucosal atypical lymphocytic (centrocyte-like cell) infiltrate with often prominent lymphoepithelial lesions and plasmacytic differentiation. Some of gastric MALT lymphomas carry the t(11;18)(q21;q21). Such cases are resistant to Helicobacter pylori therapy.

2A85.2 Extranodal marginal zone B-cell lymphoma, primary site skin

A low-grade, extranodal marginal zone B-cell lymphoma of the mucosa-associated lymphoid tissue that arises from the skin. It usually presents with multifocal papular or nodular lesions in the arms or trunk. It rarely disseminates to internal organs or progresses to high grade lymphoma.

2A85.3 Extranodal marginal zone B-cell lymphoma, primary site excluding stomach or skin

2A85.4 Lymphoplasmacytic lymphoma

Neoplasm of small B lymphocytes and plasma cells, mostly residing in the bone marrow. Frequently associated with the production of an IgM serum monoclonal protein, then called Waldenström macroglobulinemia (WM).

Inclusions: primary macroglobulinaemia

Waldenström macroglobulinaemia

Waldenström macroglobulinaemia without mention of remission

Exclusions: small cell B-cell lymphoma (2A82.0)

Chronic lymphocytic leukaemia or small lymphocytic lymphoma (2A82.0)

2A85.5 Mantle cell lymphoma

Mantle cell lymphoma is a rare form of malignant non-Hodgkin lymphoma affecting B lymphocytes in the lymph nodes in a region called the ``mantle zone''. It accounts for 2-10% of lymphomas.

Inclusions: Small cell mantle cell lymphoma

2A85.6 Burkitt lymphoma including Burkitt leukaemia

A highly aggressive lymphoma composed of monomorphic medium-sized B-cells with basophilic cytoplasm and numerous mitotic figures. It is often associated with the presence of Epstein-Barr virus (EBV) and is commonly seen in AIDS patients. Three morphologic variants are recognised: classical Burkitt lymphoma, Burkitt lymphoma with plasmacytoid differentiation, and atypical Burkitt/Burkitt-like lymphoma. All cases express the MYC translocation [t(8;14)].

Inclusions: “Burkitt-like” lymphoma

Coded Elsewhere: HIV - [human immunodeficiency virus] disease associated with Burkitt lymphoma (1C62.3Y)

2A85.Y Further specified mature B-cell neoplasms or lymphoma

2A86 B-cell lymphoma, mixed features

2A86.0 Malignant lymphoma of B cell type, not elsewhere classified

Coding Note: If B-cell lineage or involvement is mentioned in conjunction with a specific lymphoma, code to the more specific description.

2A86.1 B-cell lymphoma unclassifiable with features intermediate between Burkitt lymphoma and diffuse large B-cell lymphoma

2A86.2 B-cell lymphoma unclassifiable with features intermediate between classical Hodgkin lymphoma and diffuse large B-cell lymphoma

2A86.Y Other specified B-cell lymphoma, mixed features

2A86.Z B-cell lymphoma, mixed features, unspecified

2A8Z Mature B-cell neoplasms, unspecified

Mature T-cell or NK-cell neoplasms (2A90‑2B2Z)

A group of neoplasms composed of T-lymphocytes with a mature (peripheral/post-thymic) immunophenotypic profile and/or NK-cells.

2A90 Mature T-cell lymphoma, specified types, nodal or systemic

2A90.0 T-cell prolymphocytic leukaemia

An aggressive T-cell leukaemia, characterised by the proliferation of small to medium sized prolymphocytes with a mature T-cell phenotype, involving the blood, bone marrow, lymph nodes, liver, spleen, and skin.

2A90.1 T-cell large granular lymphocytic leukaemia

A T-cell peripheral neoplasm characterised by a persistent (>6 months) increase in the number of peripheral blood large granular lymphocytes, without a clearly identified cause.

2A90.2 Chronic lymphoproliferative disorders of NK-cells

Heterogeneous disorders with a chronic clinical course affecting predominantly adults and characterised by the proliferation of large granular lymphocytes with natural killer cell immunophenotype.

2A90.3 Aggressive NK cell leukaemia

A rare, highly aggressive, Epstein-Barr virus-associated leukaemia, also known as aggressive NK-cell leukaemia/lymphoma; it may represent the leukemic counterpart of nasal type extranodal NK/T-cell lymphomas. It affects primarily teenagers and young adults. It is characterised by the systemic proliferation of NK cells in the peripheral blood, bone marrow, liver, and spleen.

2A90.4 Systemic Epstein-Barr Virus-positive T-cell lymphoma of childhood

This neoplasm of childhood is characterised by a clonal proliferation of EBV-infected T-cells with an activated cytotoxic phenotype. It can occur shortly after primary acute EBV infection or in the setting of chronic active EBV infection (CAEBV).

2A90.5 Adult T-cell lymphoma or leukaemia, human T-cell lymphotropic virus type 1-associated

A peripheral (mature) T-cell neoplasm linked to the human T-cell leukaemia virus type 1 (HTLV-1). Adult T-cell leukaemia/lymphoma is endemic in several regions of the world, in particular Japan, the Caribbean, and parts of Central Africa.

Coded Elsewhere: Adult T-cell leukaemia or lymphoma, skin (2B0Y)

2A90.6 Extranodal NK/T-cell lymphoma, nasal type

An aggressive, predominantly extranodal, mature T-cell non-Hodgkin lymphoma. It is characterised by an often angiocentric and angiodestructive cellular infiltrate composed of EBV positive NK/T cells. The nasal cavity is the most common site of involvement. Patients often present with midfacial destructive lesions (lethal midline granuloma). The disease may disseminate rapidly to various anatomic sites including the gastrointestinal tract, skin, testis, and cervical lymph nodes. It is also known as angiocentric T-cell lymphoma. The term polymorphic reticulosis has been widely used to describe the morphologic changes seen in this type of lymphoma. However, the latter term may also apply to lymphomatoid granulomatosis, which is an angiocentric and angiodestructive EBV positive B-cell lymphoproliferative disorder.

2A90.7 Enteropathy associated T-cell lymphoma

An uncommon mature T-cell lymphoma of intraepithelial lymphocytes. It usually arises from the small intestine, most commonly the jejunum or ileum. Other less frequent primary anatomic sites include the duodenum, stomach, colon, or outside the gastrointestinal tract. Type II of this lymphoma may occur sporadically outside the context of celiac disease.

Inclusions: Enteropathy type intestinal T-cell lymphoma

Intestinal T-cell lymphoma

2A90.8 Hepatosplenic T-cell lymphoma

An extranodal, mature T-cell non-Hodgkin lymphoma that originates from cytotoxic T-cells, usually of gamma/delta T-cell type. It is characterised by the presence of medium-size neoplastic lymphocytes infiltrating the hepatic sinusoids. A similar infiltrating pattern is also present in the spleen and bone marrow that are usually involved at the time of the diagnosis.

2A90.9 Angioimmunoblastic T-cell lymphoma

A mature T-cell non-Hodgkin lymphoma, characterised by systemic disease and a polymorphous infiltrate involving lymph nodes and extranodal sites. The clinical course is typically aggressive.

Inclusions: AILD - [angioimmunoblastic lymphadenopathy with dysproteinaemia]

2A90.A Anaplastic large cell lymphoma, ALK-positive

A T-cell peripheral lymphoma composed of usually large, pleomorphic, CD30 positive T-lymphocytes with abundant cytoplasm characterised by the presence of a translocation involving the ALK gene and expression of ALK fusion protein. Most patients present with peripheral and/or abdominal lymphadenopathy, and often have advanced disease and extranodal involvement.

Inclusions: Anaplastic large cell lymphoma, CD30-positive

2A90.B Anaplastic large cell lymphoma, ALK-negative

A T-cell peripheral lymphoma morphologically indistinguishable from anaplastic large cell lymphoma, ALK-positive. It is characterised by the absence of the translocation involving the ALK gene and lacks expression of ALK fusion protein.

Exclusions: Primary cutaneous CD30-positive T-cell lymphoproliferative disorders (2B03)

2A90.C Peripheral T-cell lymphoma, not otherwise specified

A heterogeneous category of nodal and extranodal mature T-cell lymphomas, which do not correspond to any of the specifically defined entities of mature T-cell lymphoma in the current classification.

Inclusions: T-zone variant Peripheral T-cell lymphoma

Lymphoepithelioid lymphoma

Follicular variant Peripheral T-cell lymphoma

Mature T-cell or NK-cell lymphomas and lymphoproliferative disorders, primary cutaneous specified types (2B00‑2B0Z)

Primary cutaneous T-cell lymphomas (CTCL) and NK-cell lymphomas are malignant lymphoproliferative diseases of unknown cause that are thought to originate from T-lymphocytes in the lymphoid tissue of the skin and by definition are confined to the skin at initial diagnosis. Included in the class is also a small number of lymphoma-like primary cutaneous lymphoproliferative disorders which are not considered to be truly malignant.

Inclusions: Primary cutaneous peripheral T-cell lymphoma

Exclusions: Skin infiltration by nodal or non-cutaneous extranodal lymphoma (2E08)

2B00 Subcutaneous panniculitis-like T-cell lymphoma

Subcutaneous panniculitis-like T-cell lymphoma is a neoplasm of alpha/beta, usually CD8+ T-cells, mainly confined to the subcutis, presenting clinically as subcutaneous nodules which are usually not ulcerated.

2B01 Mycosis fungoides

A peripheral (mature) T-cell lymphoma presenting in the skin with patches/plaques or less commonly with tumours or erythroderma. It is characterised by epidermal and dermal infiltration of small to medium-sized T-cells with cerebriform nuclei.

2B02 Sézary syndrome

A generalised peripheral (mature) T-cell neoplasm characterised by the presence of erythroderma, lymphadenopathy, and neoplastic, cerebriform T-lymphocytes in the blood. Sézary syndrome is an aggressive disease.

2B03 Primary cutaneous CD30-positive T-cell lymphoproliferative disorders

Primary skin disorders characterised immunohistologically by infiltration by neoplastic CD30+ lymphocytes.

2B03.0 Primary cutaneous CD30-positive anaplastic large cell lymphoma

An anaplastic large cell lymphoma that is limited to the skin at the time of diagnosis. Most patients present with solitary or localised skin lesions in a form of nodules or papules, which may be tumours. The t(2;5) translocation that is present in many cases of systemic anaplastic large cell lymphoma is not found in this disease.

2B03.1 Lymphomatoid papulosis

Lymphomatoid papulosis is a proliferation of T-cells, often clonal, characterised clinically by the appearance of crops of dome-shaped papules and nodules which tend to ulcerate and then heal with scarring.

2B0Y Other specified primary cutaneous mature T-cell or NK-cell lymphomas and lymphoproliferative disorders

2B0Z Primary cutaneous T-cell lymphoma of undetermined or unspecified type

2B2Y Other specified mature T-cell or NK-cell neoplasms

2B2Z Mature T-cell or NK-cell neoplasms, unspecified

2B30 Hodgkin lymphoma

Malignant lymphomas, previously known as Hodgkin's disease, characterised by the presence of large tumour cells in an abundant admixture of nonneoplastic cells. There are two distinct subtypes: nodular lymphocyte predominant Hodgkin lymphoma and classical Hodgkin lymphoma. Hodgkin lymphoma involves primarily lymph nodes.

2B30.0 Nodular lymphocyte predominant Hodgkin lymphoma

Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL) is characterised by a nodular, or a nodular and diffuse proliferation of scattered large neoplastic cells known as popcorn or lymphocyte predominant cells (LP cells) —formerly called L&H cells for lymphocytic and/or histiocytic Reed-Sternberg cell variants. At present an overlap between NLPHL and T-cell-rich large B-cell lymphoma cannot be excluded.

2B30.1 Classical Hodgkin lymphoma

Classical Hodgkin lymphoma is a B-cell lymphoma characterised histologically by the presence of large mononuclear Hodgkin cells and multinucleated Reed-Sternberg (HRS) cells.

A monoclonal B-cell lymphoproliferation in the vast majority of cases. It is characterised by a bimodal age distribution (15-30 years of life and late life) and is often associated with EBV infection. In less than 5% of cases it is a monoclonal proliferation of T-lymphocytes. Morphologically, it is characterised by the presence of Reed-Sternberg cells and mononuclear Hodgkin cells. The Reed-Sternberg and mononuclear Hodgkin cells are CD30 positive in nearly all cases and CD15 positive in the majority of cases.

Inclusions: Classical Hodgkin lymphoma, type not specified

2B30.10 Nodular sclerosis classical Hodgkin lymphoma

A subtype of classical Hodgkin lymphoma characterised by collagen bands surrounding lymphoid nodules. The lymphoid nodules contain lacunar and Reed-Sternberg cells. Mediastinal involvement occurs in 80% of patients. The prognosis of nodular sclerosis Hodgkin lymphoma is slightly better than that of mixed cellularity or lymphocyte depleted subtype.

2B30.11 Lymphocyte-rich classical Hodgkin lymphoma

2B30.12 Mixed cellularity classical Hodgkin lymphoma

A subtype of classical Hodgkin lymphoma with a mixed inflammatory stroma containing Hodgkin and Reed-Sternberg cells.

2B30.13 Lymphocyte depleted classical Hodgkin lymphoma

2B30.1Z Classical Hodgkin lymphoma, unspecified

2B30.Z Hodgkin lymphoma, unspecified

2B31 Histiocytic or dendritic cell neoplasms

True histiocytic malignancies are vanishing diagnoses due to improved understanding of the provenance of malignant cells.

2B31.0 Juvenile xanthogranuloma

It is characterised by the presence of lipid-laden, foamy histiocytes and Touton-type giant cells in the dermis.

2B31.1 Histiocytic sarcoma

Inclusions: Malignant Histiocytosis

2B31.2 Langerhans cell histiocytosis

A neoplastic proliferation of Langerhans cells which contain Birbeck granules by ultrastructural examination. Three major overlapping syndromes are recognised: eosinophilic granuloma, Letterer-Siwe disease, and Hand-Schuller-Christian disease. The clinical course is generally related to the number of organs affected at presentation.

Inclusions: Histiocytosis X

2B31.20 Langerhans cell histiocytosis involving the skin

2B31.2Y Other specified Langerhans cell histiocytosis

2B31.2Z Langerhans cell histiocytosis, unspecified

2B31.3 Langerhans cell sarcoma

A neoplastic proliferation of Langerhans cells with overtly malignant cytologic features. It can be considered a higher grade variant of Langerhans cell histiocytosis (LCH) and it can present de novo or progress from antecedent LCH.

2B31.4 Interdigitating dendritic cell sarcoma

A neoplastic proliferation of spindle to ovoid cells which show phenotypic features similar to those of interdigitating dendritic cells. The clinical course is generally aggressive.

2B31.5 Follicular dendritic cell sarcoma

A neoplasm composed of spindle to ovoid cells which have morphologic and immunophenotypic characteristics of follicular dendritic cells. It affects lymph nodes and other sites including the tonsils, gastrointestinal tract, spleen, liver, soft tissues, skin, and oral cavity. It usually behaves as a low grade sarcoma. Recurrences have been reported in up to half of the cases.

2B31.6 Indeterminate cell histiocytosis

A very rare dendritic cell tumour composed of spindle to ovoid cells with a phenotype that is similar to the Langerhans cells. Patients usually present with cutaneous papules, nodules, and plaques. Systemic symptoms are usually absent. The clinical course is variable.

2B31.7 Fibroblastic reticular cell tumour

A very rare dendritic cell tumour affecting the lymph nodes, spleen, and soft tissues. Morphologically it is similar to the interdigitating dendritic cell sarcoma or follicular dendritic cell sarcoma. The tumour cells are positive for cytokeratin and CD68. Clinical outcome is variable.

2B31.Y Other specified histiocytic or dendritic cell neoplasms

2B31.Z Histiocytic or dendritic cell neoplasms, unspecified

2B32 Immunodeficiency-associated lymphoproliferative disorders

Post-transplant lymphoproliferative disorder (PTLD) is a polyclonal (benign) or clonal (malignant) proliferation of lymphoid cells that develops as a consequence of immunosuppression in a recipient of a solid organ or bone marrow allograft. PTLDs comprise a spectrum ranging from early, Epstein-Barr virus (EBV)-driven polyclonal lymphoid proliferations to EBV-positive or EBV-negative lymphomas of predominantly B-cell or less often T-cell type. In other immunodeficiency-associated lymphoproliferative disorders, association with EBV is less pronounced.

Inclusions: PTLD - [Post transplant lymphoproliferative disorder]

2B32.0 Post-transplant lymphoproliferative disorder, early lesion

A lymphoproliferative disorder arising as a result of post-transplant immunosuppression therapy. It is characterised by the lack of tissue destruction and the architectural preservation of the involved tissues. It includes two morphologic variants: plasmacytic hyperplasia and infectious mononucleosis-like lymphoproliferative disorders.

2B32.1 Reactive plasmacytic hyperplasia

2B32.2 Post-transplant lymphoproliferative disorder, Infectious mononucleosis-like

2B32.3 Polymorphic post-transplant lymphoproliferative disorder

2B32.Y Other specified immunodeficiency-associated lymphoproliferative disorders

2B32.Z Immunodeficiency-associated lymphoproliferative disorders, unspecified

2B33 Malignant haematopoietic neoplasms without further specification

Coding Note: Only to be designated in cases with incomplete diagnostics.

2B33.0 Acute leukaemia, not elsewhere classified

Coding Note: Only to be designated in cases with incomplete diagnostics.

2B33.1 Myeloid leukaemia

2B33.2 Chronic myeloid leukaemia, not elsewhere classified

Coding Note: Only to be designated in cases. with incomplete diagnostics

2B33.3 Lymphoid leukaemia, not elsewhere classified

Coding Note: Only to be designated in cases with incomplete diagnostics.

2B33.4 Leukaemia, unspecified

Coding Note: Only to be designated in cases with incomplete diagnostics.

2B33.5 Malignant lymphoma, not elsewhere classified

Coding Note: Only to be designated in cases with incomplete diagnostics.

Coded Elsewhere: Enteropathy associated T-cell lymphoma (2A90.7)

2B33.Y Other malignant haematopoietic neoplasms without further specification

Coding Note: Only to be designated in cases with incomplete diagnostics.

2B3Z Neoplasms of haematopoietic or lymphoid tissues, unspecified

Malignant neoplasms, except primary neoplasms of lymphoid, haematopoietic, central nervous system or related tissues (2B50‑2E2Z)

Coding Note: For use of this category, reference should be made to the mortality coding rules and guidelines in the Reference Guide.

Exclusions: Neoplasms of brain or central nervous system (2A00‑2A0Z)

Neoplasms of haematopoietic or lymphoid tissues (2A20‑2B3Z)

Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic, central nervous system or related tissues (2B50‑2D3Z)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

A usually aggressive malignant mesenchymal cell tumour most commonly arising from muscle, fat, fibrous tissue, bone, cartilage, and blood vessels. Sarcomas occur in both children and adults. The prognosis depends largely on the degree of differentiation (grade) of the tumour. Representative subtypes are liposarcoma, leiomyosarcoma, osteosarcoma, and chondrosarcoma.

Exclusions: Mesenchymal tumours of meninges (2A01.1)

Tumours of cranial or paraspinal nerves (2A02.1)

2B50 Chondrosarcoma, primary site

Exclusions: Osteosarcoma, primary site (2B51)

2B50.0 Chondrosarcoma of bone or articular cartilage of limbs

2B50.1 Chondrosarcoma of bone or articular cartilage of pelvis

2B50.2 Chondrosarcoma of bone or articular cartilage of ribs, sternum or clavicle

2B50.Y Chondrosarcoma of bone or articular cartilage of other specified sites

2B50.Z Chondrosarcoma of bone or articular cartilage of unspecified sites

2B51 Osteosarcoma, primary site

A usually aggressive malignant bone-forming mesenchymal tumour, predominantly affecting adolescents and young adults. It usually involves bones and less frequently extraosseous sites. It often involves the long bones (particularly distal femur, proximal tibia, and proximal humerus). Pain with or without a palpable mass is the most frequent clinical symptom. It may spread to other anatomic sites, particularly the lungs.

2B51.0 Osteosarcoma of bone or articular cartilage of jaw

2B51.1 Osteosarcoma of bone or articular cartilage of limbs

2B51.2 Osteosarcoma of bone or articular cartilage of pelvis

2B51.Y Osteosarcoma of bone or articular cartilage of other specified sites

2B51.Z Osteosarcoma of bone or articular cartilage of unspecified sites

2B52 Ewing sarcoma, primary site

A small round cell tumour that lacks morphologic, immunohistochemical, and electron microscopic evidence of neuroectodermal differentiation. It represents one of the two ends of the spectrum called Ewing's sarcoma/peripheral neuroectodermal tumour. It affects mostly males under age 20, and it can occur in soft tissue or bone. Pain and the presence of a mass are the most common clinical symptoms.

2B52.0 Ewing sarcoma of bone or articular cartilage of limbs

2B52.1 Ewing sarcoma of bone or articular cartilage of pelvis

2B52.2 Ewing sarcoma of bone or articular cartilage of ribs

2B52.3 Ewing sarcoma of soft tissue

A rare malignant neoplasm of the soft tissues. It is typically a disease of children and young adults. It is characterised by t(11:22) (q24: q12) resulting in the expression of EWS/FLI-1 chimeric transcript. Most commonly occurs in the paravertebral region, chest wall, pelvis and lower extremities.

2B52.Y Ewing sarcoma of bone and articular cartilage of other specified sites

2B52.Z Ewing sarcoma of bone and articular cartilage of unspecified sites

2B53 Fibroblastic or myofibroblastic tumour, primary site

2B53.0 Myxofibrosarcoma, primary site

2B53.1 Fibroblastic or myofibroblastic tumour of skin

2B53.Y Other specified fibroblastic or myofibroblastic tumour, primary site

2B53.Z Fibroblastic or myofibroblastic tumour, primary site, unspecified

2B54 Unclassified pleomorphic sarcoma, primary site

A pleomorphic sarcoma characterised by the presence of fibrohistiocytic cells and spindle cells arranged in a storiform pattern.

2B54.0 Unclassified pleomorphic sarcoma of skin

A rare malignant neoplasm arising from the skin. It is characterised by the presence of spindle cells in a storiform pattern and histiocytes with abundant cytoplasm.

Inclusions: malignant fibrous histiocytoma of skin

2B54.1 Unclassified pleomorphic sarcoma of retroperitoneum or peritoneum

2B54.Y Unclassified pleomorphic sarcoma, primary site, other specified site

2B54.Z Unclassified pleomorphic sarcoma, primary site, unspecified site

2B55 Rhabdomyosarcoma, primary site

Rhabdomyosarcoma is a malignant soft tissue tumour which develops from cells of striated muscle. It is the most common form of tumour found in children and adolescents.

2B55.0 Rhabdomyosarcoma of the oral cavity or pharynx

2B55.1 Rhabdomyosarcoma of respiratory or intrathoracic organs

2B55.2 Rhabdomyosarcoma of male genital organs

2B55.Y Rhabdomyosarcoma, other specified primary site

2B55.Z Rhabdomyosarcoma, unspecified primary site

2B56 Angiosarcoma, primary site

2B56.0 Angiosarcoma of heart

2B56.1 Angiosarcoma of skin

A malignant tumour arising from the endothelial cells of the blood vessels. Microscopically, it is characterised by frequently open vascular anastomosing and branching channels. The malignant cells that line the vascular channels are spindle or epithelioid and often display hyperchromatic nuclei. Angiosarcomas most frequently occur in the skin and breast. Patients with long-standing lymphoedema are at increased risk of developing angiosarcoma.

2B56.2 Angiosarcoma of breast

A malignant vascular neoplasm arising from the breast.

2B56.3 Angiosarcoma of liver

A malignant vascular neoplasm arising from the liver.

Inclusions: Kupffer cell sarcoma of liver

2B56.Y Angiosarcoma, other specified primary site

2B56.Z Angiosarcoma, unspecified primary site

2B57 Kaposi sarcoma, primary site

A malignant neoplasm characterised by a vascular proliferation which usually contains blunt endothelial cells. Erythrocyte extravasation and hemosiderin deposition are frequently present. The most frequent site of involvement is the skin; however it may also occur internally. It generally develops in people with compromised immune systems including those with acquired immune deficiency syndrome (AIDS).

2B57.0 Kaposi sarcoma of lung

2B57.1 Kaposi sarcoma of skin

A Kaposi sarcoma arising from the skin. It presents with patches, plaques, or nodules.

2B57.2 Kaposi sarcoma of gastrointestinal sites

2B57.Y Kaposi sarcoma of other specified primary sites

2B57.Z Kaposi sarcoma of unspecified primary site

2B58 Leiomyosarcoma, primary site

2B58.0 Leiomyosarcoma of retroperitoneum or peritoneum

2B58.1 Leiomyosarcoma of uterus

2B58.2 Leiomyosarcoma of stomach

This is a malignant nonepithelial tumour that arises from cells lining the stomach that develop into smooth-muscle.

2B58.Y Leiomyosarcoma, other specified primary site

2B58.Z Leiomyosarcoma, unspecified primary site

2B59 Liposarcoma, primary site

Liposarcoma, a type of soft tissue sarcoma, describes a group of lipomatous tumours of varying severity ranging from slow-growing to aggressive and metastatic. Liposarcomas are most often located in the lower extremities or retroperitoneum, but they can also occur in the upper extremities, neck, peritoneal cavity, spermatic cord, breast, vulva and axilla.

2B59.0 Liposarcoma of soft tissue of limb

2B59.1 Liposarcoma of retroperitoneum or peritoneum

2B59.2 Liposarcoma of male genital organs

2B59.Y Liposarcoma, other specified primary site

2B59.Z Liposarcoma, unspecified primary site

2B5A Synovial sarcoma, primary site

A malignant neoplasm characterised by the chromosomal translocation t(X;18)(p11;q11). It can occur at any age, but mainly affects young adults, more commonly males. Although any site can be affected, the vast majority of the cases arise in the deep soft tissues of extremities, especially around the knee. Microscopically, synovial sarcoma is classified as monophasic (with a spindle or epithelial cell component) or biphasic (with both spindle and epithelial cell components). Synovial sarcomas can recur or metastasize to the lungs, bones, and lymph nodes.

2B5A.0 Synovial sarcoma of soft tissues of limb

2B5A.1 Synovial sarcoma of respiratory or intra-thoracic organs

2B5A.Y Synovial sarcoma, other specified primary site

2B5A.Z Synovial sarcoma, unspecified primary site

2B5B Gastrointestinal stromal tumour, primary site

This is the most common mesenchymal tumour that arises in the gastrointestinal tract. It is generally immunohistochemically positive for CD117 (KIT), phenotypically paralleling Cajal-cell differentiation, and most examples contain KIT- or PDGFRA-activating mutations. It is most frequent in the stomach and to a lesser degree in the small intestine. The prognosis depends on the tumour size and the mitotic activity.

2B5B.0 Gastrointestinal stromal tumour of stomach

A gastrointestinal stromal tumour that arises from the stomach. It covers a spectrum of benign to malignant mesenchymal neoplasms and includes most gastric smooth muscle tumours, leiomyoblastomas, and tumours formerly called gastrointestinal autonomic nerve tumours.

2B5B.1 Gastrointestinal stromal tumour of small intestine

A gastrointestinal stromal tumour that arises from the small intestine. It usually affects adults over fifty years of age. The majority of cases have spindle cell morphology. The prognosis depends on the tumour size and the mitotic activity.

2B5B.Y Gastrointestinal stromal tumour of other gastrointestinal sites

2B5B.Z Gastrointestinal stromal tumour of unspecified gastrointestinal sites

2B5C Endometrial stromal sarcoma, primary site

A malignant, infiltrating mesenchymal tumour arising from the uterine corpus, cervix, vagina, and the ovary. Based on its morphologic characteristics, it is classified as either a low grade or an undifferentiated (high grade) stromal sarcoma. The low grade endometrioid stromal sarcoma is characterised by the presence of oval to spindle-shape cells that resemble the cells of the endometrial stroma, without evidence of significant atypia and pleomorphism. Numerous small vessels are also present. The undifferentiated stromal sarcoma is characterised by an aggressive clinical course, the presence of significant cellular atypia, pleomorphism, and high mitotic activity.

2B5D Malignant mixed epithelial mesenchymal tumour, primary site

2B5D.0 Malignant mixed epithelial mesenchymal tumour of ovary

Malignant mixed epithelial mesenchymal tumour of the ovary is a rare and very aggressive neoplasm presenting most commonly in postmenopausal women and is composed of adenocarcinomatous and sarcomatous elements and, depending on the types of these elements, can be classified as homologous or heterologous. It often has a poor prognosis.

2B5D.1 Malignant mixed epithelial and mesenchymal tumour of corpus uteri

A primary malignant neoplasm of the uterine corpus characterised by the presence of an epithelial and a mesenchymal component. This category includes carcinosarcoma, carcinofibroma, and adenosarcoma.

2B5D.Y Malignant mixed epithelial mesenchymal tumour, other specified primary site

2B5D.Z Malignant mixed epithelial mesenchymal tumour, unspecified primary site

2B5E Malignant nerve sheath tumour of peripheral nerves or autonomic nervous system, primary site

Exclusions: Malignant peripheral nerve sheath tumour of cranial or paraspinal nerves (2A02.10)

2B5F Sarcoma, not elsewhere classified, primary site

2B5F.0 Sarcoma, not elsewhere classified of uterus

Coded Elsewhere: Endometrial stromal sarcoma, primary site (2B5C)

Leiomyosarcoma of uterus (2B58.1)

Rhabdomyosarcoma of corpus uteri (2B55.Y)

2B5F.1 Sarcoma, not elsewhere classified of retroperitoneum or peritoneum

2B5F.10 Myosarcomas of omentum

2B5F.1Y Other specified sarcoma, not elsewhere classified of retroperitoneum or peritoneum

2B5F.1Z Sarcoma, not elsewhere classified of retroperitoneum or peritoneum, unspecified

2B5F.2 Sarcoma, not elsewhere classified of other specified sites

2B5F.3 Sarcoma, not elsewhere classified, primary site unknown

2B5G Myosarcoma of uterus, part not specified

Coded Elsewhere: Leiomyosarcoma of uterus (2B58.1)

Rhabdomyosarcoma of corpus uteri (2B55.Y)

2B5H Well differentiated lipomatous tumour, primary site

2B5J Malignant miscellaneous tumours of bone or articular cartilage of other or unspecified sites

Exclusions: Neoplasms of haematopoietic or lymphoid tissues (2A20‑2B3Z)

2B5K Unspecified malignant soft tissue tumours or sarcomas of bone or articular cartilage of other or unspecified sites

2B5Y Other specified malignant mesenchymal neoplasms

2B5Z Malignant mesenchymal neoplasm of unspecified type

Malignant neoplasms of lip, oral cavity or pharynx (2B60‑2B6Y)

Squamous cell carcinomas amount to more than 90% of malignant tumours of the oral cavity and oropharynx. As in other parts of the upper aerodigestive tract, there is a strong and synergistic association with tobacco smoking and alcohol abuse. In some regions, particularly the Indian subcontinent, oral cancer is among the most frequent malignancies, largely due to tobacco chewing.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B60 Malignant neoplasms of lip

Malignant neoplasms originating from the transitional epithelium of the lip (excluding oral mucosa and skin of the outer lip) or from the underlying anatomical structures (e.g. orbicularis oris muscle).

Exclusions: Malignant neoplasm of skin of lip (2C30‑2C3Z)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B60.0 Basal cell carcinoma of lip

A basal cell carcinoma arising from the lip.

2B60.1 Squamous cell carcinoma of lip

Squamous cell carcinoma located on or originating in the mucosa or vermilion of the lip, including the vermilion border but excluding the skin of the lip.

Exclusions: Squamous cell carcinoma of skin of lip (2C31)

2B60.Y Other specified malignant neoplasms of lip

2B60.Z Malignant neoplasms of lip, unspecified

2B61 Malignant neoplasms of base of tongue

A primary neoplasm involving the base of the tongue, often associated with chronic alcohol and tobacco use, older age, certain geographic locations, a family history of upper aerodigestive tract cancers and/or certain nutritional deficiencies and infectious agents.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B61.0 Squamous cell carcinoma of the base of the tongue

A carcinoma that arises from the base of the tongue. Representative examples include squamous cell carcinoma, adenoid cystic carcinoma, and mucoepidermoid carcinoma.

2B61.Y Other specified malignant neoplasms of base of tongue

2B61.Z Malignant neoplasms of base of tongue, unspecified

2B62 Malignant neoplasms of other or unspecified parts of tongue

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B62.0 Squamous cell carcinoma of other or unspecified parts of tongue

2B62.1 Malignant neoplasms of lingual tonsil

2B62.10 Squamous cell carcinoma of lingual tonsil

2B62.1Z Malignant neoplasms of lingual tonsil, unspecified

2B62.Y Other specified malignant neoplasms of other or unspecified parts of tongue

2B62.Z Malignant neoplasms of other or unspecified parts of tongue, unspecified

2B63 Malignant neoplasms of gum

Exclusions: Benign osteogenic tumours of bone or articular cartilage of skull or face (2E83.0)

Benign osteogenic tumours of bone or articular cartilage of lower jaw (2E83.1)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B63.0 Squamous cell carcinoma of gum

2B63.Y Other specified malignant neoplasm of gum

2B63.Z Malignant neoplasms of gum, unspecified

2B64 Malignant neoplasms of floor of mouth

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B64.0 Squamous cell carcinoma of floor of mouth

2B64.Y Other specified malignant neoplasm of floor of mouth

2B64.Z Malignant neoplasms of floor of mouth, unspecified

2B65 Malignant neoplasms of palate

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B65.0 Adenocarcinoma of palate

2B65.1 Squamous cell carcinoma of palate

2B65.Y Other specified malignant neoplasm of palate

2B65.Z Malignant neoplasms of palate, unspecified

2B66 Malignant neoplasms of other or unspecified parts of mouth

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B66.0 Squamous cell carcinoma of other or unspecified parts of mouth

2B66.Y Other specified malignant neoplasms of other or unspecified parts of mouth

2B66.Z Malignant neoplasms of other or unspecified parts of mouth, unspecified

2B67 Malignant neoplasms of parotid gland

Salivary gland tumours can show a striking range of morphological diversity between different tumour types and sometimes within an individual tumour mass. In addition, hybrid tumours, dedifferentiation and the propensity for some benign tumours to progress to malignancy can confound histopathological interpretation. These features, together with the relative rarity of a number of tumours, can sometimes make diagnosis difficult, despite the abundance of named tumour entities. The increasing use of pre-operative fine needle aspiration biopsies also needs to be taken into account, as artifactual changes may be superimposed on the tumours. Unfortunately, the morphological variability of these tumours is mirrored by the immunocytochemical profiles, so that special stains are rarely useful in routine diagnosis of salivary gland epithelial neoplasms.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B67.0 Adenocarcinoma of parotid gland

2B67.1 Squamous cell carcinoma of parotid gland

2B67.Y Other specified malignant neoplasms of parotid gland

2B67.Z Malignant neoplasms of parotid gland, unspecified

2B68 Malignant neoplasms of submandibular or sublingual glands

Salivary gland tumours can show a striking range of morphological diversity between different tumour types and sometimes within an individual tumour mass. In addition, hybrid tumours, dedifferentiation and the propensity for some benign tumours to progress to malignancy can confound histopathological interpretation. These features, together with the relative rarity of a number of tumours, can sometimes make diagnosis difficult, despite the abundance of named tumour entities. The increasing use of pre-operative fine needle aspiration biopsies also needs to be taken into account, as artifactual changes may be superimposed on the tumours. Unfortunately, the morphological variability of these tumours is mirrored by the immunocytochemical profiles, so that special stains are rarely useful in routine diagnosis of salivary gland epithelial neoplasms.

Exclusions: Malignant neoplasms of parotid gland (2B67)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B68.0 Adenocarcinoma of submandibular or sublingual glands

2B68.1 Squamous cell carcinoma of submandibular or sublingual glands

2B68.2 Other specified malignant neoplasms of submandibular or sublingual glands

2B68.Z Malignant neoplasms of submandibular or sublingual glands, unspecified

2B69 Malignant neoplasms of tonsil

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

Coded Elsewhere: Malignant neoplasms of pharyngeal tonsil (2B6B.2)

Malignant neoplasms of lingual tonsil (2B62.1)

2B69.0 Squamous cell carcinoma of tonsil

2B69.1 Other specified malignant neoplasms of tonsil

2B69.Z Malignant neoplasms of tonsil, unspecified

2B6A Malignant neoplasms of oropharynx

Malignant neoplasms of the oral cavity and pharynx

Exclusions: Malignant neoplasms of palate (2B65)

Malignant neoplasms of tonsil (2B69)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B6A.0 Squamous cell carcinoma of oropharynx

A squamous cell carcinoma arising from the oropharynx. It predominantly affects adults in their fifth and sixth decades of life and is associated with alcohol and tobacco use. Human papillomavirus is present in approximately half of the cases. It is characterised by a tendency to metastasize early to the lymph nodes. When the tumour is small, patients are often asymptomatic. Physical examination may reveal erythematous or white lesions or plaques. The majority of patients present with locally advanced disease. Signs and symptoms include mucosal ulceration, pain, bleeding, weight loss, neck swelling, and difficulty speaking, chewing, and swallowing. Patients may also present with swollen neck lymph nodes without any symptoms from the oropharyngeal tumour. The most significant prognostic factors are the size of the tumour and the lymph nodes status.

2B6A.Y Other specified malignant neoplasms of oropharynx

2B6A.Z Malignant neoplasms of oropharynx, unspecified

2B6B Malignant neoplasms of nasopharynx

A wide variety of tumours can arise in the nasopharynx, but it is nasopharyngeal carcinoma that has fascinated generations of oncologists, pathologists, scientists and epidemiologists. It shows marked geographic differences, with highest incidence rates in Southern China. In some endemic areas, the incidence has declined by about 30% over the past two decades, suggesting that environmental or lifestyle factors may play a major role and that the disease is, to some extent, preventable. Nasopharyngeal carcinoma shows a very strong association with Epstein-Barr virus (EBV) infection, irrespective of the ethnic origin of the patients. This association has pioneered a new paradigm of utilizing viral serological tests for the diagnosis of cancer and for screening in high-risk populations. Nasopharyngeal carcinoma is generally responsive to radiation therapy, and the clinical outcome has greatly improved over the years, due to refinements in staging and to improved therapy protocols. The unusual and often deceptive histological features of nasopharyngeal carcinoma have generated controversies over the nature of the tumour and still pose a challenge to surgical pathologists. There have possibly been more names invented for the various histological subtypes of nasopharyngeal carcinoma than any other tumour type.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B6B.0 Squamous cell carcinoma of nasopharynx

2B6B.1 Malignant epithelial neoplasms of nasopharynx, unspecified type

2B6B.2 Malignant neoplasms of pharyngeal tonsil

2B6B.20 Squamous cell carcinoma of pharyngeal tonsil

2B6B.21 Other or unspecified malignant epithelial neoplasm of pharyngeal tonsil

2B6B.2Y Other specified malignant neoplasms of pharyngeal tonsil

2B6B.2Z Malignant neoplasm of pharyngeal tonsil without mention of type

2B6B.Y Other specified malignant neoplasms of nasopharynx

2B6B.Z Malignant neoplasms of nasopharynx, unspecified

2B6C Malignant neoplasms of piriform sinus

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B6C.0 Squamous cell carcinoma of piriform sinus

2B6C.Y Other specified malignant neoplasms of piriform sinus

2B6C.Z Malignant neoplasms of piriform sinus, unspecified

2B6D Malignant neoplasms of hypopharynx

A malignant neoplasm arising in the hypopharynx.

Exclusions: Malignant neoplasms of piriform sinus (2B6C)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B6D.0 Squamous cell carcinoma of hypopharynx and variants

A squamous cell carcinoma arising from the hypopharynx. Signs and symptoms include dysphagia, hemoptysis, and the presence of a neck mass.

2B6D.Y Other specified malignant neoplasms of hypopharynx

2B6D.Z Malignant neoplasms of hypopharynx, unspecified

2B6E Malignant neoplasms of other or ill-defined sites in the lip, oral cavity or pharynx

Exclusions: Malignant neoplasm of oral cavity NOS (2B66)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B6E.0 Squamous cell carcinoma of other or ill-defined sites in the lip, oral cavity or pharynx

2B6E.Y Other specified malignant neoplasms of other or ill-defined sites in the lip, oral cavity or pharynx

2B6E.Z Malignant neoplasms of other or ill-defined sites in the lip, oral cavity or pharynx, unspecified

2B6Y Other specified malignant neoplasms of lip, oral cavity or pharynx

Malignant neoplasms of digestive organs (2B70‑2C1Z)

A primary malignant neoplasm involving any part of the gastrointestinal system.

Exclusions: Malignant neoplasm metastasis in digestive system (2D80‑2D8Z)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

Malignant neoplasms of lip, oral cavity or pharynx (2B60‑2B6Y)

2B70 Malignant neoplasms of oesophagus

A primary malignant neoplasm involving the oesophagus

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B70.0 Adenocarcinoma of oesophagus

A malignant tumour with glandular differentiation arising predominantly from Barrett mucosa in the lower third of the esophagus. Grossly, esophageal adenocarcinomas are similar to esophageal squamous cell carcinomas. Microscopically, adenocarcinomas arising in the setting of Barrett esophagus are typically papillary and/or tubular. The prognosis is poor.

2B70.00 Barrett adenocarcinoma

Barrett adenocarcinoma is defined as adenocarcinoma of lower oesophagus and gastroesophageal junction associated with Barrett's oesophagus.

2B70.0Y Other specified adenocarcinoma of oesophagus

2B70.0Z Adenocarcinoma of oesophagus, unspecified

2B70.1 Squamous cell carcinoma of oesophagus

A squamous cell carcinoma arising from the esophagus. It can be associated with a long history of tobacco and alcohol abuse and is exceedingly rare before the age of 30. The median age is around 65 in both males and females, but the incidence in males is much higher than in females. It is located mostly in the middle and lower third of the esophagus. Grossly, polypoid, ulcerated, plaque-like and occult lesions have been described. The microscopic features are the same as in other squamous cell carcinomas. Any degree of differentiation may occur, and variation within a single tumour is common. The prognosis is poor.

2B70.Y Other specified malignant neoplasms of oesophagus

2B70.Z Malignant neoplasms of oesophagus, unspecified

2B71 Malignant neoplasms of oesophagogastric junction

Malignant neoplasms that arise from the cells of the oesophagogastric junction (OGJ), which is defined as the point at which the oesophagus ends and the stomach begins. This mainly defines adenocarcinomas that straddle the junction of the oesophagus and stomach. This definition includes many tumours formally called cancers of the gastric cardia.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B71.0 Adenocarcinoma of oesophagogastric junction

An adenocarcinoma that arises from and straddles the junction of the stomach and esophagus. The category of adenocarcinomas of the gastroesophageal junction also includes the majority of adenocarcinomas previously called gastric cardia adenocarcinomas. Squamous cell carcinomas that affect or cross the junction of the stomach and esophagus are classified as carcinomas of the distal esophagus. Adenocarcinoma of the gastroesophageal junction occurs more often in Caucasian middle aged and elderly males. Clinical signs and symptoms include dysphagia, abdominal pain, and weight loss. The prognosis depends on the completeness of the surgical resection, the number of lymph nodes involved by cancer, and the presence or absence of postoperative complications.

2B71.Y Other specified malignant neoplasm of oesophagogastric junction

2B71.Z Malignant neoplasms of oesophagogastric junction, unspecified

2B72 Malignant neoplasms of stomach

A primary or metastatic malignant neoplasm involving the stomach.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

Coded Elsewhere: Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue of stomach (2A85.1)

Leiomyosarcoma of stomach (2B58.2)

Gastrointestinal stromal tumour of stomach (2B5B.0)

Gastric malignant lymphoma (2B33.5)

2B72.0 Adenocarcinoma of stomach

An adenocarcinoma arising from the stomach glandular epithelium. Gastric adenocarcinoma is primarily a disease of older individuals. It most commonly develops after a long period of atrophic gastritis and is strongly associated with Helicobacter pylori infection. The lack of early symptoms often delays the diagnosis of gastric cancer. The majority of patients present with advanced tumours which have poor rates of curability. Microscopically, two important histologic types of gastric adenocarcinoma are recognised: the intestinal and diffuse type. The overall prognosis of gastric adenocarcinomas is poor, even in patients who receive a curative resection.

2B72.1 Malignant neuroendocrine neoplasm of stomach

A neoplasm with neuroendocrine differentiation that arises from the stomach. It includes well differentiated neuroendocrine tumours (low and intermediate grade) and poorly differentiated neuroendocrine carcinomas (high grade).

Inclusions: carcinoid and other malignant neuroendocrine neoplasms

Coded Elsewhere: Neuroendocrine neoplasm of duodenum (2B80.01)

Neuroendocrine neoplasms of appendix (2B81.2)

2B72.Y Other specified malignant neoplasms of stomach

2B72.Z Malignant neoplasms of stomach, unspecified

Malignant neoplasms of intestine (2B80‑2C0Z)

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B80 Malignant neoplasms of small intestine

A primary malignant neoplasm involving the small intestine.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

Coded Elsewhere: Enteropathy associated T-cell lymphoma (2A90.7)

Gastrointestinal stromal tumour of small intestine (2B5B.1)

Malignant lymphoma of small intestine (2B33.5)

Malignant neoplasm of jejunum (2B80.1Z)

Malignant neoplasm of ileum (2B80.1Z)

Small intestinal leiomyosarcoma (2B58.Y)

2B80.0 Malignant neoplasms of duodenum

A primary malignant neoplasm that affects the duodenum. Representative examples include carcinoma, lymphoma, and sarcoma.

Coded Elsewhere: Lymphoma of duodenum (2B33.5)

Malignant mesenchymal tumour of the duodenum (2B5F.2)

2B80.00 Adenocarcinoma of duodenum

An adenocarcinoma that arises from the duodenum.

2B80.01 Neuroendocrine neoplasm of duodenum

Neoplasms that arise from the cells of neuroendocrine system lining the duodenum.

2B80.0Y Other specified malignant neoplasms of the duodenum

2B80.0Z Malignant neoplasms of duodenum, unspecified

2B80.1 Malignant neoplasms of jejunum or ileum

2B80.10 Adenocarcinoma of jejunum or ileum

2B80.11 Neuroendocrine neoplasms of jejunum or ileum

Neoplasms that arise from the cells of neuroendocrine system lining the jejunum or ileum including well-differentiated (low- to intermediated grade) neuroendocrine tumours. These include carcinoid tumour.

2B80.1Y Other specified malignant neoplasms of jejunum or ileum

2B80.1Z Malignant neoplasms of jejunum or ileum, unspecified

2B80.2 Malignant neoplasms of small intestine, site unspecified

2B80.20 Adenocarcinoma of small intestine, site unspecified

A malignant tumour with glandular differentiation arising from epithelium of small intestine.

Exclusions: Neuroendocrine neoplasms of small intestine, site unspecified (2B80.21)

2B80.21 Neuroendocrine neoplasms of small intestine, site unspecified

Neoplasms that arise from the cells of neuroendocrine system lining the small intestine.

2B80.2Y Other specified malignant neoplasms of small intestine, site unspecified

2B80.Y Other specified malignant neoplasms of small intestine

2B80.Z Malignant neoplasms of small intestine, unspecified

2B81 Malignant neoplasms of appendix

A primary malignant neoplasm that affects the appendix.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

Coded Elsewhere: Lymphoma of the appendix (2B33.5)

2B81.0 Adenocarcinoma of appendix

A malignant neoplasm arising from the glandular epithelium of the appendix. Most are mucinous adenocarcinomas.

2B81.00 Mucinous adenocarcinoma of appendix

An adenocarcinoma, often cystic, with large amounts of extracellular mucin

2B81.2 Neuroendocrine neoplasms of appendix

Malignant neoplasms with neuroendocrine differentiation that arise in the appendix. Most are well differentiated neuroendocrine tumours (low and intermediate grade), i.e. carcinoids. Poorly differentiated neuroendocrine carcinomas (high grade) are exceedingly rare.

2B81.Y Other specified malignant neoplasms of appendix

2B81.Z Malignant neoplasms of appendix, unspecified

Malignant neoplasms of large intestine (2B90‑2B9Y)

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2B90 Malignant neoplasms of colon

Primary malignant neoplasms arising in the colon.

Exclusions: Malignant neoplasms of appendix (2B81)

Coded Elsewhere: Gardner syndrome (LD2D.3)

Malignant Lymphoma of colon (2B33.5)

Gastrointestinal stromal tumour of colon (2B5B.Y)

Kaposi sarcoma of colon (2B57.2)

Leiomyosarcoma of colon (2B58.Y)

2B90.0 Malignant neoplasm of ascending colon and right flexure of colon

2B90.00 Adenocarcinoma of ascending colon or right flexure of colon

A malignant tumour with glandular differentiation arising from epithelium of ascending colon and right flexure.

2B90.0Y Other specified malignant neoplasm of ascending colon and right flexure of colon

2B90.0Z Malignant neoplasm of ascending colon and right flexure of colon, unspecified

2B90.1 Malignant neoplasm of descending colon and splenic flexure of colon

2B90.10 Adenocarcinoma of descending colon or splenic flexure of colon

A malignant tumour with glandular differentiation arising from epithelium of descending colon and splenic flexure.

2B90.1Y Other specified malignant neoplasm of descending colon and splenic flexure of colon

2B90.1Z Malignant neoplasm of descending colon and splenic flexure of colon, unspecified

2B90.2 Malignant neoplasm of transverse colon

2B90.20 Adenocarcinoma of transverse colon

A malignant tumour with glandular differentiation arising from epithelium of transverse colon.

2B90.2Y Other specified malignant neoplasm of transverse colon

2B90.2Z Malignant neoplasm of transverse colon, unspecified

2B90.3 Malignant neoplasm of sigmoid colon

Exclusions: Malignant neoplasms of rectosigmoid junction (2B91)

2B90.30 Adenocarcinoma of sigmoid colon

A malignant tumour with glandular differentiation arising from epithelium of descending colon and splenic flexure.

2B90.3Y Other specified malignant neoplasm of sigmoid colon

2B90.3Z Malignant neoplasm of sigmoid colon, unspecified

2B90.Y Other specified malignant neoplasms of colon

2B90.Z Malignant neoplasms of colon, unspecified

2B91 Malignant neoplasms of rectosigmoid junction

2B91.0 Adenocarcinoma of rectosigmoid junction

A malignant tumour with glandular differentiation arising from epithelium of rectosigmoid junction

2B91.Y Other specified malignant neoplasms of rectosigmoid junction

2B91.Z Malignant neoplasms of rectosigmoid junction, unspecified

2B92 Malignant neoplasms of rectum

Coded Elsewhere: Malignant mesenchymal tumour of rectum (2B5F.2)

2B92.0 Adenocarcinomas of rectum

An adenocarcinoma arising from the rectum. It is more frequently seen in populations with a Western type diet and in patients with a history of chronic inflammatory bowel disease.

2B92.1 Neuroendocrine neoplasms of rectum

Malignant neoplasms with neuroendocrine differentiation that arise in the rectum. Most are well differentiated neuroendocrine tumours (low and intermediate grade), i.e. carcinoids. Poorly differentiated neuroendocrine carcinomas (high grade) are rare.

2B92.Y Other specified malignant neoplasms of rectum

2B92.Z Malignant neoplasms of rectum, unspecified

2B93 Malignant neoplasms of large intestine, site unspecified

2B93.0 Adenocarcinoma of large intestine, site unspecified

2B93.Y Other specified malignant neoplasms of large intestine, site unspecified

2B93.Z Malignant neoplasms of large intestine, site and type unspecified

2B9Y Other specified malignant neoplasms of large intestine

2C00 Malignant neoplasms of anus or anal canal

A primary malignant neoplasm that arises in the anal canal up to the junction with perianal, hair-bearing skin. Representative examples include carcinomas and melanomas. Tumours of the anal margin are classified with skin tumours.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C00.0 Adenocarcinoma of anus or anal canal

An adenocarcinoma arising in the anal canal epithelium, including the mucosal surface, the anal glands, and the lining of fistulous tracts.

2C00.1 Melanoma of anus or anal canal

A form of cancer that develops in melanocytes, the cells that produce pigment melanin in the skin.

2C00.2 Neuroendocrine neoplasm of anus or anal canal

Neoplasms that arise from the cells of the neuroendocrine system lining the anus and anal canal.

2C00.3 Squamous cell carcinoma of anus or anal canal

A squamous cell carcinoma (SCC) arising from the anal canal up to the junction with the anal margin (perianal, hair-bearing skin). Human papillomavirus is detected in the majority of cases. Homosexual HIV-positive men have an increased risk of developing anal squamous cell carcinoma in comparison to the general male population. The prognosis is generally better for anal margin SCC than for anal canal SCC. The former are classified with skin tumours.

2C00.Y Other specified malignant neoplasms of anus or anal canal

2C00.Z Malignant neoplasms of anus or anal canal, unspecified

2C0Y Other specified malignant neoplasms of intestine

2C0Z Malignant neoplasms of intestine, unspecified

2C10 Malignant neoplasm of pancreas

A primary malignant tumour of the pancreas. Most are adenocarcinomas.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C10.0 Adenocarcinoma of pancreas

An adenocarcinoma which arises from the exocrine pancreas. Ductal adenocarcinoma and its variants are the most common types of pancreatic adenocarcinoma.

2C10.1 Neuroendocrine neoplasms of pancreas

A neoplasm with neuroendocrine differentiation that arises from the pancreas. It includes neuroendocrine tumours (low and intermediate grade) and neuroendocrine carcinomas (high grade).

2C10.Y Other specified malignant neoplasms of pancreas

2C10.Z Malignant neoplasm of pancreas, unspecified

2C11 Malignant neoplasms of other or ill-defined digestive organs

A primary malignant tumour involving a digestive organ or organs not coded elsewhere (including intestinal tract [part unspecified], overlapping lesions of the digestive tract and other ill-defined sites within the digestive system)

Exclusions: Malignant neoplasms of retroperitoneum (2C50)

Malignant neoplasms of peritoneum (2C51)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C11.0 Adenocarcinoma of other or ill-defined digestive organs

2C11.1 Mucinous carcinoma of other or ill-defined digestive organs

2C11.2 Other specified malignant neoplasms of other or ill-defined digestive organs

2C11.Z Malignant neoplasms of other or ill-defined digestive organs, unspecified

2C12 Malignant neoplasms of liver or intrahepatic bile ducts

The most frequent and important hepatic neoplasm is the primary hepatocellular carcinoma (HCC). In many parts of the world, in particular Africa and Asia, it poses a significant disease burden. In these high incidence regions, chronic infection with hepatitis B virus (HBV) is the principal underlying cause, with the exception of Japan which has a high prevalence of hepatitis C infection. HBV vaccination has become a powerful tool in reducing cirrhosis and HCC, but implementation is still suboptimal in several high risk regions. In Western countries, chronic alcohol abuse is a major aetiological factor. Hepatic cholangiocarcinoma has a different geographical distribution, with peak incidences in Northern Thailand. Here, it is caused by chronic infection with the liver fluke, Opisthorchis viverrini, which is ingested through infected raw fish.

Exclusions: Secondary malignant neoplasm of liver (2D80)

Malignant neoplasm of biliary tract NOS (2C17)

2C12.0 Malignant neoplasm of liver

2C12.00 Combined hepatocellular-cholangiocarcinoma

Combined hepatocellular-cholangiocarcinoma is a tumour containing unequivocal, intimately mixed elements of both hepatocellular carcinoma and cholangiocarcinoma.

Inclusions: Hepatocholangiocarcinoma

2C12.01 Hepatoblastoma

A malignant liver neoplasm that occurs almost exclusively in infants, although isolated cases in older children and adults have been reported. Grossly, hepatoblastoma is solid, well circumscribed, and more often solitary than multiple. Microscopically, most of the tumours are composed exclusively of immature hepatocytic elements. About a fourth of hepatoblastomas contain a stromal component that may be undifferentiated or develop into bone or cartilage.

2C12.02 Hepatocellular carcinoma of liver

A carcinoma that arises from the hepatocytes.

2C12.03 Mesothelial carcinoma of liver

2C12.0Y Other specified malignant neoplasm of liver

2C12.0Z Malignant neoplasm of liver, unspecified

2C12.1 Malignant neoplasm of intrahepatic bile ducts

2C12.10 Intrahepatic cholangiocarcinoma

A carcinoma that arises from the intrahepatic bile duct epithelium in any site of the intrahepatic biliary tree. Grossly, the malignant lesions are solid, nodular, and grayish. Morphologically, the vast majority of cases are adenocarcinomas. Early detection is difficult and the prognosis is generally poor.

2C12.1Y Other specified malignant neoplasms of intrahepatic bile ducts

2C12.1Z Malignant neoplasm of intrahepatic bile ducts, unspecified

2C13 Malignant neoplasms of gallbladder

A malignant tumour arising from the epithelium of the gallbladder. It is usually associated with the presence of gallstones. Clinical symptoms are not specific and usually present late in the course. Morphologically, adenocarcinoma is the most common type, however squamous cell carcinomas, adenosquamous carcinomas, signet ring carcinomas, and undifferentiated carcinomas can also occur.

2C13.0 Adenocarcinoma of the gallbladder

An adenocarcinoma arising from the gallbladder. It is the most common malignant tumour of the gallbladder, typically in the fundus; it is usually well to moderately differentiated. The incidence is higher in patients with gallstones than in patients without gallstones. Signs and symptoms usually present late in the course of the disease and are reminiscent of those of chronic cholecystitis including right upper quadrant pain. Histologic variants include adenocarcinoma of the intestinal type, clear cell adenocarcinoma, mucinous adenocarcinoma, papillary adenocarcinoma, and signet ring adenocarcinoma.

2C13.Y Other specified malignant neoplasm of gallbladder

2C13.Z Malignant neoplasms of gallbladder, unspecified

2C14 Malignant neoplasms of proximal biliary tract, cystic duct

2C14.0 Adenocarcinoma of proximal biliary tract, cystic duct

2C14.1 Mucinous cystic neoplasm with associated invasive carcinoma of cystic duct

2C14.2 Neuroendocrine neoplasms of cystic duct

2C14.Y Other specified malignant neoplasms of biliary tract, cystic duct

2C14.Z Malignant neoplasms of proximal biliary tract, cystic duct, unspecified

2C15 Malignant neoplasms of biliary tract, distal bile duct

2C15.0 Adenocarcinoma of biliary tract, distal bile duct

An adenocarcinoma that arises from the common bile duct distal to the insertion of the cystic duct.

2C15.1 Mucinous cystic neoplasm with associated invasive carcinoma of distal bile duct

2C15.2 Neuroendocrine neoplasms of distal bile duct

2C15.Y Other specified malignant neoplasms of biliary tract, distal bile duct

2C15.Z Malignant neoplasms of biliary tract, distal bile duct, unspecified

2C16 Malignant neoplasms of ampulla of Vater

2C16.0 Adenocarcinoma of ampulla of Vater

A malignant glandular epithelial tumour arising in the ampulla of Vater

2C16.1 Neuroendocrine neoplasms of ampulla of Vater

2C16.Y Other specified malignant neoplasms of ampulla of Vater

2C16.Z Malignant neoplasms of ampulla of Vater, unspecified

2C17 Malignant neoplasms of other or unspecified parts of biliary tract

Exclusions: Malignant neoplasm of intrahepatic bile duct (2C12)

Coded Elsewhere: Malignant mesenchymal tumours of gallbladder or bile ducts (2B5F.2)

2C17.0 Adenocarcinoma of other or unspecified parts of biliary tract

2C17.1 Mucinous cystic neoplasm with associated invasive carcinoma of other or unspecified parts of biliary tract

2C17.2 Neuroendocrine neoplasms of other or unspecified parts of biliary tract

2C17.Y Other specified malignant neoplasms of overlapping lesion of biliary tract

2C17.Z Malignant neoplasms of other or unspecified parts of biliary tract, unspecified

2C18 Malignant neoplasms of perihilar bile duct

“Includes left, right and common hepatic ducts to the origin of the cystic duct”

2C18.0 Hilar cholangiocarcinoma

Klatskin tumour is an extra-hepatic cholangiocarcinoma arising in the junction of the main right or left hepatic ducts to form the common hepatic duct.

2C18.1 Mucinous cystic neoplasm with associated invasive carcinoma of perihilar bile duct

2C18.2 Neuroendocrine neoplasm of perihilar bile duct

2C18.Y Other specified malignant neoplasms of perihilar bile duct

2C18.Z Malignant neoplasms of perihilar bile duct, unspecified

2C1Z Malignant neoplasms of digestive organs, unspecified

Malignant neoplasms of middle ear, respiratory or intrathoracic organs (2C20‑2C2Z)

Exclusions: Mesotheliomas of peritoneum (2C51.2)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C20 Malignant neoplasms of nasal cavity

From the chapter on Nasal Cavity (H&N BB) Although the nasal cavity and paranasal sinuses occupy a relatively small anatomical space, they are the site of origin of some of the more complex, histologically diverse group of tumours in the entire human body. These include neoplasms derived from mucosal epithelium, seromucinous glands, soft tissues, bone, cartilage, neural/neuroectodermal tissue, haematolymphoid cells and the odontogenic apparatus. Many of the tumours are similar to those found elsewhere in the body but a few, such as the olfactory neuroblastoma, are unique to this site.

Exclusions: Malignant neoplasm of nose NOS (2C29)

Malignant neoplasm of olfactory bulb (2A02)

Malignant neoplasm of posterior margin of nasal septum and choana (2B6B)

Malignant neoplasm of skin of nose (2C30‑2C3Z)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C20.0 Adenocarcinoma of nasal cavity

2C20.1 Malignant neuroepitheliomatous neoplasm of nasal cavity

2C20.2 Melanoma of nasal cavity

2C20.3 Olfactory neuroblastoma

2C20.4 Squamous cell carcinoma of nasal cavity

2C20.Y Other specified malignant neoplasm of nasal cavity

2C20.Z Malignant neoplasms of nasal cavity, unspecified

2C21 Malignant neoplasms of middle ear

Malignant neoplasm originating in the middle ear.

Exclusions: malignant neoplasm of skin of (external) ear (2C30‑2C3Z)

malignant neoplasm of bone of ear (meatus) (2B50‑2B5Z)

malignant neoplasm of cartilage of ear (2B50‑2B5Z)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C21.0 Adenocarcinoma of middle ear

2C21.1 Squamous cell carcinoma of middle ear

2C21.2 Unspecified malignant epithelial neoplasm of middle ear

2C21.Y Other specified malignant neoplasm of middle ear

2C21.Z Malignant neoplasms of middle ear, unspecified

2C22 Malignant neoplasms of accessory sinuses

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C22.0 Adenocarcinoma of accessory sinuses

2C22.1 Squamous cell carcinoma of accessory sinuses

2C22.10 Squamous cell carcinoma of sphenoidal sinus

2C22.1Y Squamous cell carcinoma of other specified accessory sinuses

2C22.2 Malignant epithelial neoplasms of accessory sinuses, unspecified type

2C22.3 Melanomas of accessory sinuses

2C22.Y Other specified malignant neoplasms of accessory sinuses

2C22.Z Malignant neoplasms of accessory sinuses, unspecified

2C23 Malignant neoplasms of larynx

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C23.1 Malignant neoplasms of glottis of larynx

2C23.10 Squamous cell carcinoma of larynx, glottis

A squamous cell carcinoma of the larynx that arises from the glottic area. It may remain localised for a long period then in late disease stage, it may spread to the opposite true vocal cord, supraglottic and subglottic areas, and the soft tissues of the neck. Hoarseness is the presenting symptom.

2C23.1Y Other specified malignant neoplasms of larynx, glottis

2C23.2 Malignant neoplasms of supraglottis of larynx

Exclusions: Malignant neoplasm of anterior surface of epiglottis (2B6A)

2C23.20 Squamous cell carcinoma of larynx, supraglottis

A squamous cell carcinoma of the larynx that arises from the supraglottic area. Signs and symptoms include dysphagia, a sensation of foreign body in the throat, and hemoptysis. It spreads to the space anterior to the epiglottis, pyriform sinus, and base of the tongue.

2C23.2Y Other specified malignant neoplasms of larynx, supraglottis

2C23.3 Malignant neoplasms of subglottis of larynx

A primary or metastatic malignant neoplasm involving the subglottis.

2C23.30 Squamous cell carcinoma of larynx, subglottis

A squamous cell carcinoma of the larynx that arises from the subglottic area. Symptoms include dyspnea and stridor. It spreads to the hypopharynx, trachea, and thyroid gland.

2C23.31 Adenocarcinoma of larynx, subglottis

2C23.3Y Other specified malignant neoplasms of larynx, subglottis

2C23.4 Malignant neoplasm of laryngeal cartilage

2C23.5 Malignant neoplasm of overlapping lesion of larynx

2C23.Z Malignant neoplasms of larynx, unspecified

2C24 Malignant neoplasms of trachea

A primary or metastatic malignant neoplasm involving the trachea

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

trachea carina cancer (2C25)

2C24.0 Adenocarcinoma of trachea

2C24.1 Squamous cell carcinoma of trachea

2C24.2 Malignant epithelial neoplasms of trachea, unspecified type

2C24.Y Other specified malignant neoplasms of trachea

2C24.Z Malignant neoplasms of trachea, unspecified

2C25 Malignant neoplasms of bronchus or lung

Primary malignant neoplasm originating from tissues of bronchus or lung.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C25.0 Adenocarcinoma of bronchus or lung

A carcinoma that arises from the lung and is characterised by the presence of malignant glandular epithelial cells. There is a male predilection with a male to female ratio of 2:1. Usually lung adenocarcinoma is asymptomatic and is identified through screening studies or as an incidental radiologic finding. If clinical symptoms are present they include shortness of breath, cough, hemoptysis, chest pain, and fever. Tobacco smoke is a known risk factor.

2C25.1 Small cell carcinoma of bronchus or lung

A highly aggressive subtype of lung carcinoma characterised by the presence of malignant small cells and necrosis. Metastatic disease is usually present at the time of diagnosis.

2C25.2 Squamous cell carcinoma of bronchus or lung

A carcinoma arising from malignant squamous bronchial epithelial cells and characterised by the presence of keratinization and/or intercellular bridges. Cigarette smoking and arsenic exposure are strongly associated with squamous cell lung carcinoma.

2C25.3 Large cell carcinoma of bronchus or lung

2C25.4 Carcinoid or other malignant neuroendocrine neoplasms of bronchus or lung

2C25.5 Unspecified malignant epithelial neoplasm of bronchus or lung

2C25.Y Other specified malignant neoplasms of bronchus or lung

2C25.Z Malignant neoplasms of bronchus or lung, unspecified

2C26 Malignant neoplasms of the pleura

A primary or metastatic malignant neoplasm affecting the pleura. A representative example of primary malignant pleural neoplasm is the malignant pleural mesothelioma. A representative example of metastatic malignant neoplasm to the pleura is when a metastatic carcinoma has spread to the pleura from another anatomic site.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C26.0 Mesothelioma of pleura

Malignant mesothelioma is a fatal asbestos-associated malignancy arising in the lining cells (mesothelium) of the pleural and peritoneal cavities, as well as in the pericardium and the tunica vaginalis.

2C26.Y Other specified malignant neoplasms of the pleura

2C26.Z Malignant neoplasms of the pleura, unspecified

2C27 Malignant neoplasms of thymus

Primary malignant neoplasm involving the thymus. This category includes malignant thymomas, primary thymic carcinomas and carcinoid tumour or other neuroendocrine neoplasms of thymus.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C27.0 Carcinoma of thymus

A diverse group of carcinomas of the thymus gland, previously known as thymoma type C. It includes morphologic variants derived from purely epithelial cells, as well as from cells with neuroendocrine differentiation.

2C27.1 Carcinoid tumour or other neuroendocrine neoplasms of thymus

Thymic neuroendocrine carcinoma is a type of thymic epithelial neoplasm displaying evidence of neuroendocrine differentiation.

2C27.2 Malignant thymoma

A thymoma that has an aggressive clinical course (capsular invasion, infiltration of the surrounding tissues) and can metastasize. Although any morphologic subtype of thymoma may eventually have a malignant clinical course, this term is most often associated with thymoma types B3 and C.

2C27.Y Other specified malignant neoplasms of thymus

2C27.Z Malignant neoplasms of thymus, unspecified

2C28 Malignant neoplasms of heart, mediastinum or non-mesothelioma of pleura

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C28.0 Malignant germ cell neoplasms of heart, mediastinum or non-mesothelioma of pleura

2C28.1 Other specified malignant neoplasms of heart, mediastinum or non-mesothelioma of pleura

2C28.Z Malignant neoplasms of heart, mediastinum or non-mesothelioma of pleura, unspecified

2C29 Malignant neoplasms of other or ill-defined sites in the respiratory system or intrathoracic organs

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C29.0 Squamous cell carcinomas of other and ill-defined sites in the respiratory system or intrathoracic organs

2C29.1 Other specified malignant neoplasms of other or ill-defined sites in the respiratory system or intrathoracic organs

2C29.Z Malignant neoplasms of other or ill-defined sites in the respiratory system or intrathoracic organs, unspecified

2C2Y Other specified malignant neoplasms of middle ear, respiratory or intrathoracic organs

2C2Z Malignant neoplasms of middle ear, respiratory or intrathoracic organs, unspecified

Malignant neoplasms of skin (2C30‑2C3Z)

A primary or metastatic tumour involving the skin. Primary malignant skin tumours most often are carcinomas (either basal cell or squamous cell carcinomas that arise from cells in the epidermis) or melanomas that arise from pigment-containing skin melanocytes. Metastatic tumours to the skin include carcinomas and lymphomas.

Exclusions: Carcinoma in situ of skin (2E64)

Metastatic malignant neoplasm involving skin (2E08)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C30 Melanoma of skin

A primary melanoma arising from atypical melanocytes in the skin. Precursor lesions include acquired and congenital melanocytic nevi, and dysplastic nevi. Several histologic variants have been recognised, including superficial spreading melanoma, acral lentiginous melanoma, nodular melanoma, and lentigo maligna melanoma.

Exclusions: Melanoma of penis (2C81.1)

Melanoma of vulva (2C70.1)

2C30.0 Superficial spreading melanoma, primary

The commonest form of melanoma, superficial spreading malignant melanoma accounts for about 70 per cent of all melanomas. It characteristically presents as an asymptomatic pigmented cutaneous macule which is asymmetrical in shape and displays variability in both hue and pigment intensity. It has a relatively long phase of progressive superficial extension (radial growth) before penetrating deeper into the dermis and entering an invasive vertical growth phase.

2C30.1 Nodular melanoma, primary

Variant of melanoma carrying a poor prognosis due to the fact that there is little or no prodromal radial (superficial) growth phase before deep invasion (vertical growth). The lesion presents as an elevated, reddish, bluish or dark brown coloured, dome-shaped tumour. Ulceration or bleeding from the lesion occurs frequently. It occurs most frequently in the fifth or sixth decade.

2C30.2 Lentigo maligna melanoma, primary

Lentigo maligna malignant melanoma is a form of melanoma which occurs within a lentigo maligna when neoplastic cells no longer remain confined to the epidermis (in situ radial growth) but invade the dermis (vertical growth). The lentigo maligna from which it arises may have been present as an irregularly pigmented macule on sun-exposed skin for many years before dermal invasion supervenes. Clinical differentiation from lentigo maligna may not be possible in the early stages of invasion but as the tumour progresses a focal thickening or nodule within the lentigo maligna will become apparent.

Exclusions: Lentigo maligna (2E63.00)

2C30.3 Acral lentiginous melanoma, primary

Acral lentiginous malignant melanoma is a distinct and uncommon form of melanoma affecting either palmar and plantar skin or the nail apparatus. It is usually preceded by a slowly progressive in situ phase which may be overlooked. It typically presents either as an enlarging area of macular pigmentation on the palms and soles or as a longitudinal pigmented band within the nail plate. More aggressive tumours present as ulcerated nodules which, when involving the nail apparatus, can destroy the nail plate. Acral lentiginous malignant melanoma accounts for a high proportion of melanomas seen in dark-skinned people.

2C30.Y Other specified melanoma of skin

2C30.Z Melanoma of skin, unspecified

2C31 Squamous cell carcinoma of skin

A carcinoma arising from the squamous cells of the epidermis. Skin squamous cell carcinoma is most commonly found on sun-exposed areas. The majority of the tumours are well-differentiated.

Coded Elsewhere: Squamous cell carcinoma of penis (2C81.0)

2C31.0 Verrucous squamous cell carcinoma of skin

Verrucous squamous cell carcinoma is a rare variant of well-differentiated squamous cell carcinoma with low malignant potential. It occurs principally on the glans and prepuce of the penis and on the sole of the foot.

Exclusions: Verrucous squamous cell carcinoma of vulva (2C70.2)

2C31.1 Keratoacanthoma

Keratoacanthoma is a relatively common keratinocytic epidermal tumour which shows resemblances to squamous cell carcinoma of the skin, from which it may be difficult to distinguish either clinically or histopathologically. It is characterised by rapid growth over a few weeks to months, followed by spontaneous resolution over 4-6 months. Because it is not possible to predict its benign behaviour with complete certainty during its initial growth phase, the designation "Well-differentiated squamous cell carcinoma (keratoacanthoma type)" is also used.

2C31.Z Cutaneous squamous cell carcinoma

2C32 Basal cell carcinoma of skin

Basal cell carcinoma or BCC is the most common malignancy in humans. It is believed that BCCs arise from pluripotential cells in the basal layer of the epidermis or, less commonly, hair follicle. BCCs typically occur in areas of chronic sun exposure and present as slowly enlarging reddish papules, plaques or nodules on the head and neck, although the superficial variant is often located on the trunk. BCCs frequently ulcerate and become crusted. Although they rarely metastasize, they can cause significant local destruction and disfigurement if neglected or inadequately treated, particularly if of the sclerosing or infiltrative subtype.

2C32.0 Nodular basal cell carcinoma of skin

This is the most common form of basal cell carcinoma and is typically located on the head or neck. It starts as a small translucent nodule which will frequently necrose and ulcerate as it enlarges. Telangiectatic blood vessels can often be detected just under the tumour surface. A minority may be pigmented and give rise to difficulty in distinguishing them from melanoma.

2C32.1 Sclerosing basal cell carcinoma of skin

This form of basal cell carcinoma is composed of thin strands, cords and columns of malignant cells which infiltrate between collagen bundles of the dermis. It may infiltrate widely and deeply before it becomes clinically obvious. It typically starts as a pale, poorly-defined indurated plaque which may not come to medical attention until it starts to bleed and crust.

2C32.2 Superficial basal cell carcinoma of skin

Superficial basal cell carcinomas are often multiple and appear as pink or red barely elevated patches varying in size from a few mm to over 10 cm in diameter. A fine pearly border can usually be seen on careful inspection. They occur most frequently on the trunk.

2C32.Y Other specified basal cell carcinoma of skin

2C32.Z Basal cell carcinoma of skin, unspecified

2C33 Adnexal carcinoma of skin

A carcinoma arising from the sebaceous glands, sweat glands, or the hair follicles. Representative examples include sebaceous carcinoma, apocrine carcinoma, eccrine carcinoma, and pilomatrical carcinoma.

Inclusions: Primary cutaneous mucinous carcinoma

Primary cutaneous adenoid cystic carcinoma

Appendageal carcinoma of skin

2C34 Cutaneous neuroendocrine carcinoma

Cutaneous neuroendocrine carcinoma is a primary cutaneous cancer arising from a subset of skin neuroendocrine cells (Merkel cells, giving the name Merkel cell carcinoma (MCC)).

2C35 Cutaneous sarcoma

A group of generally rare malignant neoplasms arising from mesenchymal elements in the dermis including fibroblasts, pilar smooth muscle and vascular endothelium.

Coded Elsewhere: Angiosarcoma of skin (2B56.1)

Kaposi sarcoma of skin (2B57.1)

Cutaneous leiomyosarcoma (2B58.Y)

Dermatofibrosarcoma protuberans (2B53.Y)

2C3Y Other specified malignant neoplasms of skin

2C3Z Malignant neoplasm of skin of unknown or unspecified type

Malignant neoplasms of peripheral nerves or autonomic nervous system (2C40‑2C4Z)

Exclusions: Malignant nerve sheath tumour of peripheral nerves or autonomic nervous system, primary site (2B5E)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C40 Malignant neuroepitheliomatous neoplasms of peripheral nerves or autonomic nervous system

2C41 Malignant perineurioma

2C4Y Other specified malignant neoplasms of peripheral nerves and autonomic nervous system

2C4Z Malignant neoplasms of peripheral nerves or autonomic nervous system, unspecified

Malignant neoplasms of retroperitoneum, peritoneum or omentum (2C50‑2C5Z)

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C50 Malignant neoplasms of retroperitoneum

A primary or metastatic malignant neoplasm involving the retroperitoneum. The vast majority of cases are carcinomas, lymphomas, or sarcomas.

Exclusions: Malignant neoplasms of omentum (2C52)

Malignant neoplasms of peritoneum (2C51)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C50.0 Cystic, mucinous or serous carcinoma of retroperitoneum

2C50.Y Other specified malignant neoplasms of retroperitoneum

2C50.Z Malignant neoplasms of retroperitoneum, unspecified

2C51 Malignant neoplasms of peritoneum

Exclusions: Malignant neoplasms of retroperitoneum (2C50)

Malignant neoplasms of omentum (2C52)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C51.0 Adenocarcinomas of peritoneum

2C51.1 Cystic, mucinous or serous carcinoma of peritoneum

2C51.2 Mesotheliomas of peritoneum

A benign or malignant mesothelial neoplasm that arises from the peritoneum.

2C51.20 Mesothelioma of mesocolon

2C51.21 Mesothelioma of mesentery

2C51.2Y Mesotheliomas of other specified sites of peritoneum

2C51.2Z Mesotheliomas of peritoneum, site unspecified

2C51.Y Other specified malignant neoplasms of peritoneum

2C51.Z Malignant neoplasms of peritoneum, unspecified

2C52 Malignant neoplasms of omentum

Exclusions: Malignant neoplasms of retroperitoneum (2C50)

Malignant neoplasms of peritoneum (2C51)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

Coded Elsewhere: Myosarcomas of omentum (2B5F.10)

2C52.0 Cystic, mucinous or serous carcinoma of omentum

2C52.Y Other specified malignant neoplasms of omentum

2C52.Z Malignant neoplasms of omentum, unspecified

2C53 Malignant neoplasm involving overlapping sites of retroperitoneum, peritoneum or omentum

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C53.0 Adenocarcinoma involving overlapping sites of retroperitoneum, peritoneum or omentum

2C53.1 Mesothelioma involving overlapping sites of retroperitoneum, peritoneum or omentum

2C53.Y Other specified malignant neoplasm involving overlapping sites of retroperitoneum, peritoneum or omentum

2C53.Z Malignant neoplasm involving overlapping sites of retroperitoneum, peritoneum or omentum, unspecified

2C5Y Other specified malignant neoplasms of retroperitoneum, peritoneum or omentum

2C5Z Malignant neoplasms of retroperitoneum, peritoneum or omentum, unspecified

Malignant neoplasms of breast (2C60‑2C6Z)

The category refers to primary malignant neoplasms of parenchyma, connective, and soft tissue of the breast, including nipple and areola.

Inclusions: malignant neoplasm of connective tissue of breast

Exclusions: Malignant neoplasm of skin of breast (2C30‑2C3Z)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C60 Carcinoma of breast, specialised type

2C61 Invasive carcinoma of breast

2C61.0 Invasive ductal carcinoma of breast

2C61.1 Invasive lobular carcinoma of breast

An infiltrating lobular adenocarcinoma. The malignant cells lack cohesion and are arranged individually or in a linear manner (Indian files), or as narrow trabeculae within the stroma. The malignant cells are usually smaller than those of ductal carcinoma, are less pleomorphic, and have fewer mitotic figures.

2C61.2 Invasive pleomorphic lobular carcinoma of breast

A grade II invasive lobular carcinoma of the breast, characterised by the presence of neoplastic cells with large and atypical nuclei.

2C61.3 Invasive carcinoma of breast with mixed ductal and lobular features

An invasive ductal breast carcinoma associated with a lobular carcinomatous component. The lobular carcinomatous component may be in situ or invasive.

2C61.4 Invasive carcinoma of breast, unidentifiable type

A carcinoma that infiltrates the breast parenchyma and where the histopathological type could not be identified.

2C62 Inflammatory carcinoma of breast

An advanced, invasive breast adenocarcinoma characterised by the presence of distinct changes in the overlying skin. These changes include diffuse erythema, edema, peau d'orange (skin of an orange) appearance, tenderness, induration, warmth, enlargement, and in some cases a palpable mass. The skin changes are the consequence of lymphatic obstruction from the underlying invasive breast adenocarcinoma. Microscopically, the dermal lymphatics show prominent infiltration by malignant cells. The invasive breast adenocarcinoma is usually of ductal, NOS type. There is not significant inflammatory cell infiltrate present, despite the name of this carcinoma.

2C63 Malignant phyllodes tumour of breast

A phyllodes tumour of the breast characterised by infiltrative margins and a sarcomatous stromal component. The sarcomatous stroma usually displays features of fibrosarcoma. Liposarcomatous, osteosarcomatous, or rhabdomyosarcomatous elements may also be present.

2C64 Solid papillary carcinoma of breast with evidence of invasion

2C65 Hereditary breast and ovarian cancer syndrome

2C6Y Other specified malignant neoplasms of breast

2C6Z Malignant neoplasms of breast, unspecified

Malignant neoplasms of female genital organs (2C70‑2C7Z)

A primary or metastatic malignant neoplasm involving the female reproductive system. Representative examples include endometrial carcinoma, cervical carcinoma, ovarian carcinoma, uterine corpus leiomyosarcoma, adenosarcoma, malignant mixed mesodermal (mullerian) tumour, and gestational choriocarcinoma.

Coding Note: Includes Malignant neoplasm of skin of female genital organs

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C70 Malignant neoplasms of vulva

Squamous cell carcinoma of the vulva occurs predominantly in the older age group. Although the incidence rate of vulvar intraepithelial neoplasia is increasing, that of squamous cell carcinoma of the vulva is declining, reflecting earlier detection and more successful treatment. In addition to human papillomavirus infection, cigarette smoking is a putative risk factor for vulvar squamous cell carcinoma. There are three known precursor lesions: vulvar intraepithelial neoplasia, lichen sclerosus and chronic granulomatous disease. Other important epithelial malignancies of the vulva are Paget disease and Bartholin gland carcinoma. They are much less

common than squamous lesions, and the risk factors are largely unknown. Prominent non-epithelial tumours are malignant melanoma and sarcoma botryoides.

Coding Note: Includes skin of vulva.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C70.0 Basal cell carcinoma of vulva

A slow growing, locally infiltrating carcinoma that arises from the vulva. It is characterised by the presence of malignant cells that resemble the basal cells that are present in the epidermis.

2C70.1 Melanoma of vulva

2C70.2 Squamous cell carcinoma of vulva

An invasive squamous cell carcinoma arising from the vulva. Risk factors include the human papilloma virus and cigarette smoking. Precursor lesions include the vulvar intraepithelial neoplasia, lichen sclerosus with associated squamous cell hyperplasia, and chronic granulomatous vulvar disease such as granuloma inguinale. Symptoms include vulvar pruritus or irritation, discharge, bleeding, and pain. The following morphologic variants have been identified: keratinizing, non-keratinizing, basaloid, warty, verrucous, keratoacanthoma-like, and squamous cell carcinoma with tumour giant cells. Risk factors for recurrence include advanced stage, tumour diameter greater than 2.5 cm, multifocality, capillary-like space involvement, associated vulvar intraepithelial neoplasia grades 2 or 3, and margins of resection involved by tumour.

Coded Elsewhere: Verrucous squamous cell carcinoma of vulva (2C31.0)

2C70.Y Other specified malignant neoplasms of vulva

Coding Note: Includes skin of vulva.

2C70.Z Malignant neoplasms of vulva, unspecified

Coding Note: Includes skin of vulva.

2C71 Malignant neoplasms of vagina

A primary or metastatic malignant tumour involving the vagina. Representative examples include carcinomas and sarcomas.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C71.0 Adenocarcinoma of vagina

An adenocarcinoma arising from the vagina. Morphologic variants include the clear cell, endometrioid, mesonephric, and mucinous adenocarcinoma.

2C71.1 Melanoma of vagina

A primary malignant neoplasm of the vagina composed of malignant melanocytes.

2C71.2 Squamous cell carcinoma of vagina

A squamous cell carcinoma arising from the vagina. Human papillomavirus infection is associated with the development of vaginal intraepithelial neoplasia and invasive squamous cell carcinoma. Signs and symptoms include painless bleeding, postcoital bleeding, and urinary tract symptoms. Morphologically it resembles squamous cell carcinomas in other anatomic sites.

2C71.Y Other specified malignant neoplasms of vagina

2C71.Z Malignant neoplasms of vagina, unspecified

2C72 Malignant neoplasms of uterine ligament, parametrium, or uterine adnexa

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C72.0 Adenocarcinoma of uterine ligament, parametrium, or uterine adnexa

2C72.1 Mucinous or serous carcinoma of uterine ligament, parametrium, or uterine adnexa

2C72.3 Carcinosarcomas of uterine ligament, parametrium, or uterine adnexa

2C72.Y Other specified malignant neoplasms of uterine ligament, parametrium, or uterine adnexa

2C72.Z Malignant neoplasms of uterine ligament, parametrium, or uterine adnexa, unspecified

2C73 Malignant neoplasms of ovary

A primary or metastatic malignant neoplasm involving the ovary. Most primary malignant ovarian neoplasms are either carcinomas (serous, mucinous, or endometrioid adenocarcinomas) or malignant germ cell tumours. Metastatic malignant neoplasms to the ovary include carcinomas, lymphomas, and melanomas.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

Coded Elsewhere: Hereditary breast and ovarian cancer syndrome (2C65)

2C73.0 Carcinomas of ovary

2C73.00 Clear cell adenocarcinoma of ovary

A malignant glandular epithelial tumour characterised by the presence of clear and hobnail cells. The tumour is highly associated with ovarian endometriosis, pelvic endometriosis and paraendocrine hypercalcemia.

2C73.01 Endometrioid adenocarcinoma of ovary

An endometrioid adenocarcinoma arising from the ovary. It comprises 10% to 25% of all primary ovarian carcinomas. Grossly, endometrioid carcinoma may present as a cystic or solid mass. Microscopically, the tumour greatly resembles the appearance of the ordinary type of endometrial adenocarcinoma. As a group, endometrioid carcinoma has a prognosis twice as good as that of serous or mucinous carcinoma.

2C73.02 Low grade serous adenocarcinoma of ovary

A slow-growing serous adenocarcinoma that arises from the ovary. It usually originates from borderline neoplastic processes or adenofibromas. It is characterised by the presence of low grade cytologic features and infrequent mitotic figures.

2C73.03 High grade serous adenocarcinoma of ovary

2C73.04 Mucinous adenocarcinoma of ovary

An invasive adenocarcinoma that arises from the ovary and is characterised by the presence of malignant epithelial cells that contain intracytoplasmic mucin. There is cellular atypia, increased layering of cells, complexity of glands, and papillary formations.

2C73.0Y Other specified carcinomas of ovary

2C73.0Z Carcinomas of ovary, unspecified

2C73.1 Dysgerminoma of ovary

A malignant germ cell tumour arising from the ovary. Morphologically, it is identical to seminoma and consists of a monotonous population of germ cells with abundant pale cytoplasm and uniform nuclei. The stroma invariably contains chronic inflammatory cells, mostly T-lymphocytes. It responds to chemotherapy or radiotherapy and the prognosis relates to the tumour stage.

Inclusions: Malignant dysgerminomatous germ cell tumour of ovary

2C73.2 Granulosa cell malignant tumour of ovary

An aggressive granulosa cell tumour that arises from the ovary and metastasizes to other anatomic sites.

2C73.3 Malignant teratoma of ovary

A malignant germ cell tumour arising from the ovary. It usually affects females in their first two decades of life. It contains variable amounts of immature embryonal tissues. Based on the amount of immature neuroepithelial component, immature teratomas are graded from 1 to 3. The stage and grade of the tumour and the grade of the metastatic tumour are the important factors that predict prognosis. The use of cisplatin-based combination chemotherapy has significantly improved the survival rates of the patients.

Coded Elsewhere: Struma ovarii (5A02.Y)

2C73.4 Serous cystadenoma, borderline malignancy of ovary

2C73.5 Endodermal sinus tumour, unspecified site, female

2C73.Y Other specified malignant neoplasms of the ovary

2C73.Z Malignant neoplasms of ovary, unspecified

2C74 Malignant neoplasms of fallopian tube

Tumours of the fallopian tube are much less common than the corresponding ovarian neoplasms; however, histologically the same surface epithelial-stromal tumour subtypes are recognised. Sex cord-stromal and germ cell tumours are rare. Hydatidiform moles and gestational choriocarcinoma are uncommon complications of tubal ectopic pregnancy. The wolffian adnexal tumour is also infrequent and typically occurs in the leaves of the broad ligament. The risk factors appear similar to those of the ovary. Fallopian tube carcinomas are a component of the hereditary breast-ovarian cancer syndrome caused by BRCA1 and BRCA2 germline mutations.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C74.0 Adenocarcinoma of fallopian tube

An adenocarcinoma that arises from the fallopian tube. Histologic subtypes include clear cell, endometrioid, serous, and mucinous adenocarcinoma. It spreads to adjacent organs, regional lymph nodes, and peritoneum.

2C74.Y Other specified malignant neoplasms of fallopian tube

2C74.Z Malignant neoplasms of fallopian tube, unspecified

2C75 Malignant neoplasms of placenta

Exclusions: hydatidiform mole, NOS (JA02)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C75.0 Malignant trophoblastic neoplasms of placenta

A diverse group of pregnancy-related tumours characterised by excessive proliferation of trophoblasts. Representative examples include hydatidiform mole, gestational choriocarcinoma, and placental site trophoblastic tumour.

2C75.Y Other specified malignant neoplasms of placenta

2C75.Z Malignant neoplasms of placenta, unspecified

2C76 Malignant neoplasms of corpus uteri

A malignant neoplasm that affects the uterine corpus. Representative examples include endometrial carcinoma, carcinosarcoma, leiomyosarcoma, and adenosarcoma.

Exclusions: Endometrial stromal sarcoma, primary site (2B5C)

2C76.0 Endometrial endometrioid adenocarcinoma

2C76.1 Endometrial mucinous adenocarcinoma

2C76.2 Endometrial clear cell adenocarcinoma

2C76.3 Endometrial serous adenocarcinoma

2C76.4 Endometrial mixed adenocarcinoma

2C76.40 Endometrial squamous cell carcinoma

2C76.41 Endometrial small cell carcinoma

2C76.42 Endometrial undifferentiated carcinoma

2C76.43 Carcinosarcoma of uterus

2C76.4Z Endometrial mixed adenocarcinoma, unspecified

2C76.Y Other specified malignant neoplasms of corpus uteri

2C76.Z Malignant neoplasms of corpus uteri, unspecified

2C77 Malignant neoplasms of cervix uteri

Primary or metastatic malignant neoplasm involving the cervix.

2C77.0 Squamous cell carcinoma of cervix uteri

A squamous cell carcinoma arising from the cervical epithelium. It usually evolves from a precancerous cervical lesion. Increased numbers of sexual partners and human papillomavirus (HPV) infection are risk factors for cervical squamous cell carcinoma. The following histologic patterns have been described: Conventional squamous cell carcinoma, papillary squamous cell carcinoma, transitional cell carcinoma, lymphoepithelioma-like carcinoma, verrucous carcinoma, condylomatous carcinoma and spindle cell carcinoma. Survival is most closely related to the stage of disease at the time of diagnosis.

2C77.1 Adenocarcinoma of cervix uteri

An adenocarcinoma arising from the cervical epithelium. It accounts for approximately 15% of invasive cervical carcinomas. Increased numbers of sexual partners and human papillomavirus (HPV) infection are risk factors. Grossly, advanced cervical adenocarcinoma may present as an exophytic mass, an ulcerated lesion, or diffuse cervical enlargement. Microscopically, the majority of cervical adenocarcinomas are of the endocervical (mucinous) type.

2C77.2 Adenosquamous carcinoma of cervix uteri

2C77.3 Neuroendocrine carcinoma of cervix uteri

2C77.Y Other specified malignant neoplasms of cervix uteri

2C77.Z Malignant neoplasms of cervix uteri, unspecified

2C78 Malignant neoplasms of uterus, part not specified

2C79 Malignant neoplasm involving overlapping sites of female genital organs

Inclusions: Malignant neoplasm of female genital organs whose point of origin cannot be classified to any other existing entity

2C7Y Other specified malignant neoplasms of female genital organs

Coding Note: Includes Malignant neoplasm of skin of female genital organs

2C7Z Malignant neoplasms of female genital organs, unspecified

Coding Note: Includes Malignant neoplasm of skin of female genital organs

Malignant neoplasms of male genital organs (2C80‑2C8Z)

A primary or metastatic malignant neoplasm involving the male reproductive system. Representative examples include prostate carcinoma, penile carcinoma, testicular seminoma, and testicular embryonal carcinoma.

Coding Note: Includes malignant neoplasm of skin of male genital organs

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C80 Malignant neoplasms of testis

A primary or metastatic malignant neoplasm that affects the testis. Representative examples include seminoma, embryonal carcinoma, sarcoma, leukaemia, and lymphoma.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C80.2 Germ cell tumour of testis

A germ cell tumour arising from the testis. Representative examples include teratoma, seminoma, embryonal carcinoma, and yolk sac tumour.

2C80.Y Other specified malignant neoplasms of testis

2C80.Z Malignant neoplasms of testis, unspecified

2C81 Malignant neoplasms of penis

A primary or metastatic malignant neoplasm that affects the penis. Representative examples include penile carcinoma and penile sarcoma.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

Coded Elsewhere: Verrucous squamous cell carcinoma of penis (2C31.0)

2C81.0 Squamous cell carcinoma of penis

A squamous cell carcinoma arising from the penis. It occurs chiefly in the squamous epithelium of the glans, coronal sulcus, and foreskin. Etiologic factors include phimosis, lichen sclerosus, smoking, ultraviolet irradiation, history of warts or condylomas, and lack of circumcision. Human papilloma virus is present in a subset of penile squamous cell carcinomas. Patients may present with an exophytic or flat ulcerative mass in the glans or a large primary tumour with inguinal nodal and skin metastases. Morphologic variants include the basaloid carcinoma, warty (condylomatous) carcinoma, verrucous carcinoma, and sarcomatoid (spindle cell) carcinoma.

Coded Elsewhere: Verrucous squamous cell carcinoma of penis (2C31.0)

2C81.1 Melanoma of penis

Inclusions: Melanoma of skin of penis

Melanoma of mucocutaneous epithelium of penis

2C81.Y Other specified malignant neoplasm of penis

2C81.Z Malignant neoplasms of penis, unspecified

2C82 Malignant neoplasms of prostate

Prostate cancer contributes significantly to the overall cancer burden, being the most frequent malignant neoplasia in men. The number of cases has continuously increased over the past decades, partly due to the higher life expectancy. An additional factor is the Western lifestyle, characterised by a highly caloric diet and lack of physical exercise. Epidemiological data indicates that black people are most susceptible, followed by white people, while Asian people have the lowest risk. The extent to which prostate cancer mortality can be reduced by PSA screening is currently being evaluated. Histopathological diagnosis and grading play a major role in the management of prostate cancer.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C82.0 Adenocarcinoma of prostate

An adenocarcinoma arising from the prostate gland. It is one of the most common malignant tumours afflicting men. The majority of adenocarcinomas arise in the peripheral zone and a minority occurs in the central or the transitional zone of the prostate gland. Grading of prostatic adenocarcinoma predicts disease progression and correlates with survival. Several grading systems have been proposed, of which the Gleason system is the most commonly used. Gleason sums of 2 to 4 represent well-differentiated disease, 5 to 7 moderately differentiated disease and 8 to 10 poorly differentiated disease. Prostatic-specific antigen (PSA) serum test is widely used as a screening test for the early detection of prostatic adenocarcinoma.

2C82.Y Other specified malignant neoplasms of prostate

2C82.Z Malignant neoplasms of prostate, unspecified

2C83 Malignant neoplasms of scrotum

Inclusions: malignant neoplasm of skin of scrotum

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C83.0 Squamous cell carcinoma of scrotum

2C83.Y Other specified malignant neoplasms of scrotum

2C83.Z Malignant neoplasms of scrotum, unspecified

2C84 Malignant neoplasms of other specified male genital organs

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C8Z Malignant neoplasms of male genital organs, unspecified

Coding Note: Includes malignant neoplasm of skin of male genital organs

Malignant neoplasms of urinary tract (2C90‑2C9Z)

A primary or metastatic malignant tumour involving the urinary system. Common tumour types include carcinomas, lymphomas, and sarcomas.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C90 Malignant neoplasms of kidney, except renal pelvis

Cancer of the kidney amounts to 2% of the total human cancer burden, with approximately 190,000 new cases diagnosed each year. They occur in all world regions, with a preference for developed countries. Etiological factors include environmental carcinogens (tobacco smoking) and lifestyle factors, in particular obesity. Although renal tumours can be completely removed surgically, haematogeneous metastasis is frequent and may occur already at an early stage of the disease. The pattern of somatic mutations in kidney tumours has been extensively investigated and has become, in addition to histopathology, a major criterion for classification. Kidney tumours also occur in the setting of several inherited cancer syndromes, including von Hippel-Lindau disease.

Exclusions: Malignant neoplasm of renal calyces (2C91)

Malignant neoplasms of renal pelvis (2C91)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C90.0 Renal cell carcinoma of kidney, except renal pelvis

A carcinoma arising from the renal parenchyma. The incidence of renal cell carcinoma has increased by 35% from 1973 to 1991. There is a strong correlation between cigarette smoking and the development of renal cell carcinoma. The clinical presentation includes: haematuria, flank pain and a palpable lumbar mass. A high percentage of renal cell carcinomas are diagnosed when an ultrasound is performed for other purposes. Diagnostic procedures include: ultrasound, intravenous pyelography and computed tomography (CT).

2C90.Y Other specified malignant neoplasms of kidney, except renal pelvis

2C90.Z Malignant neoplasms of kidney, except renal pelvis, unspecified

2C91 Malignant neoplasms of renal pelvis

Abnormal malignant growth of the cells within the renal pelvis.

Inclusions: malignant neoplasm of pelviureteric junction

malignant neoplasm of renal calyces

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C91.0 Urothelial carcinoma of renal pelvis

2C91.Y Other specified malignant neoplasms of renal pelvis

2C91.Z Malignant neoplasms of renal pelvis, unspecified

2C92 Malignant neoplasms of ureter

A primary or metastatic malignant tumour involving the ureter. The majority are carcinomas.

Exclusions: malignant neoplasm of ureteric orifice of bladder (2C94)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C92.0 Urothelial carcinoma of ureter

2C92.Y Other specified malignant neoplasms of ureter

2C92.Z Malignant neoplasms of ureter, unspecified

2C93 Malignant neoplasms of urethra or paraurethral gland

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C93.0 Adenocarcinoma of urethra or paraurethral gland

2C93.1 Squamous cell carcinoma of urethra or paraurethral gland

2C93.2 Urothelial carcinoma of urethra or paraurethral gland

2C93.Y Other specified malignant neoplasms of urethra or paraurethral gland

2C93.Z Malignant neoplasms of urethra or paraurethral gland, unspecified

2C94 Malignant neoplasms of bladder

A primary or metastatic malignant neoplasm involving the bladder.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C94.0 Adenocarcinoma of urinary bladder

A rare adenocarcinoma arising from metaplastic bladder epithelium. It is frequently associated with long-standing local irritation. The majority of cases originate from the trigone and the posterior wall of the bladder.

2C94.1 Squamous cell carcinoma of urinary bladder

A squamous cell carcinoma of the bladder arising from metaplastic epithelium. It represents less than 10% of bladder carcinomas. The exception is the Middle East along the Nile Valley, where it represents the most common form of carcinoma because of the endemic nature of schistosomiasis. Bladder squamous cell carcinoma is often associated with long-standing chronic inflammation of the bladder and usually has a poor prognosis. The diagnosis of squamous cell carcinoma of the bladder should be reserved for those tumours that are predominantly keratin forming.

2C94.2 Urothelial carcinoma of bladder

2C94.Y Other specified malignant neoplasms of bladder

2C94.Z Malignant neoplasms of bladder, unspecified

2C95 Malignant neoplasm involving overlapping sites of urinary organs

Malignant neoplasm of urinary organs whose point of origin cannot be classified to any other existing category

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2C95.0 Adenocarcinoma involving overlapping sites of urinary organs

2C95.1 Squamous cell carcinomas involving overlapping sites of urinary organs

2C95.2 Urothelial carcinoma involving overlapping sites of urinary organs

2C95.Y Other specified malignant neoplasms of overlapping lesion of urinary organs

2C95.Z Malignant neoplasm involving overlapping sites of urinary organs, unspecified

2C9Y Other specified malignant neoplasms of urinary tract

2C9Z Malignant neoplasms of urinary tract, unspecified

Malignant neoplasms of eye or ocular adnexa (2D00‑2D0Z)

A malignant neoplasm affecting the structures of the eye.

Exclusions: Malignant neoplasm of optic nerve (2A02)

Malignant neoplasm of skin of eyelid (2C30‑2C3Z)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

Coded Elsewhere: Melanoma of uvea (2D0Y)

2D00 Malignant neoplasm of conjunctiva

A malignant growth of cells within the conjunctiva of the eye.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2D00.0 Melanoma of conjunctiva

A malignant melanoma within the conjunctiva of the eye.

2D00.1 Malignant neoplasm of caruncle

This is a broad group of diseases involving unregulated cell growth of a small, red portion of the corner of the eye that contains modified sebaceous and sweat glands.

2D00.2 Squamous cell carcinoma of conjunctiva

2D00.Y Other specified malignant neoplasm of conjunctiva

2D00.Z Malignant neoplasm of conjunctiva, unspecified

2D01 Malignant neoplasm of cornea

A malignant growth of cells within the cornea of the eye.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2D01.0 Melanoma of cornea

A melanoma within the cornea of the eye.

2D01.1 Squamous cell carcinoma of cornea

2D01.Y Other specified malignant neoplasms of cornea

2D01.Z Malignant neoplasm of cornea, unspecified

2D02 Malignant neoplasm of retina

Abnormal growth of cells comprising the retina with malignant characteristics.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2D02.0 Adenocarcinoma of retinal pigment epithelium

This is a cancer of an epithelium that originates in glandular tissue. Epithelial tissue includes, but is not limited to, the surface layer of skin, glands, and a variety of other tissue that lines the cavities and organs of the body. This diagnosis is with the pigmented cell layer just outside the neurosensory retina that nourishes retinal visual cells, and is firmly attached to the underlying choroid and overlying retinal visual cells.

2D02.1 Malignant neuroepithelial tumours of retina

2D02.2 Retinoblastoma

Retinoblastoma is the most common intraocular malignancy in children. It is a life threatening condition but is potentially curable. It can be hereditary or non-hereditary, unilateral or bilateral (unilateral retinoblastoma, bilateral retinoblastoma, see these terms).

2D02.Y Other specified malignant neoplasm of retina

2D02.Z Malignant neoplasm of retina, unspecified

2D03 Malignant neoplasm of lacrimal apparatus

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2D03.0 Adenocarcinoma of the lacrimal apparatus

2D03.1 Mucoepidermoid carcinoma of lacrimal apparatus

2D03.2 Squamous cell carcinoma of the lacrimal apparatus

2D03.Y Other specified malignant neoplasm of lacrimal apparatus

2D03.Z Malignant neoplasm of lacrimal apparatus, unspecified

2D04 Malignant neoplasm of orbit

A primary or metastatic malignant neoplasm involving the orbit.

Exclusions: Benign neoplasm of orbital bone (2E83.0)

malignant neoplasm of orbital bone (2B50‑2B5Z)

2D05 Malignant neoplasm of choroid

2D05.0 Melanoma of choroid

2D05.Y Other specified malignant neoplasm of choroid

2D05.Z Malignant neoplasm of choroid, unspecified

2D06 Malignant neoplasm of ciliary body

Inclusions: Malignant neoplasm of eyeball

2D06.0 Adenocarcinoma of ciliary epithelium

2D06.1 Malignant medulloepithelioma of ciliary body

2D06.3 Malignant neuroepithelial tumours of ciliary body

2D06.4 Melanoma of ciliary body

2D06.Y Other specified malignant neoplasm of ciliary body

2D06.Z Malignant neoplasm of ciliary body, unspecified

2D07 Malignant neoplasm of iris

2D07.0 Adenocarcinoma of iris epithelium

2D07.1 Malignant neuroepithelial tumours of iris

2D07.2 Melanoma of iris

2D07.Y Other specified malignant neoplasm of iris

2D07.Z Malignant neoplasm of iris, unspecified

2D0Y Other specified malignant neoplasms of eye or ocular adnexa

2D0Z Malignant neoplasms of eye or ocular adnexa, unspecified

Malignant neoplasms of endocrine glands (2D10‑2D1Z)

A malignant neoplasm affecting the endocrine glands. Representative examples include thyroid gland carcinoma, parathyroid gland carcinoma, pituitary gland carcinoma, and adrenal cortex carcinoma.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2D10 Malignant neoplasms of thyroid gland

A primary or metastatic malignant neoplasm affecting the thyroid gland.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

Coded Elsewhere: Thyroid lymphoma (2B33.5)

2D10.0 Follicular carcinoma of thyroid gland

A differentiated adenocarcinoma arising from the follicular cells of the thyroid gland. The nuclear features which characterise the thyroid gland papillary carcinoma are absent. Radiation exposure is a risk factor and it comprises approximately 10% to 15% of thyroid cancers. Clinically, it usually presents as a solitary mass in the thyroid gland. It is generally unifocal and thickly encapsulated and shows invasion of the capsule or the vessels. Diagnostic procedures include: thyroid ultrasound and fine needle biopsy.

2D10.1 Papillary carcinoma of thyroid gland

A differentiated adenocarcinoma arising from the follicular cells of the thyroid gland. Radiation exposure is a risk factor and it is the most common malignant thyroid lesion, comprising 75% to 80% of all thyroid cancers in iodine sufficient countries. Diagnostic procedures include: thyroid ultrasound, and fine needle biopsy. Microscopically, the diagnosis is based on the distinct characteristics of the malignant cells, which include enlargement, oval shape, elongation, and overlapping of the nuclei. The nuclei also display clearing or have a ground glass appearance.

2D10.2 Poorly differentiated carcinoma of thyroid gland

2D10.3 Undifferentiated carcinoma of thyroid gland

A primary carcinoma of the thyroid gland composed of undifferentiated cells. The malignant cells demonstrate evidence of epithelial differentiation, either by immunohistochemistry or electron microscopic studies. Microscopically, in the majority of cases there is a mixture of spindle, epithelioid, and giant cells. The vast majority of the patients present with a rapidly enlarging neck mass. The clinical course is invariably aggressive.

Inclusions: anaplastic carcinoma of thyroid gland

2D10.4 Medullary carcinoma of thyroid gland

A neuroendocrine carcinoma arising from the C-cells of the thyroid gland. It is closely associated with multiple endocrine neoplasia syndromes. Approximately 10% to 20% of medullary thyroid carcinomas are familial. Patients usually present with a thyroid nodule that is painless and firm. In the majority of cases nodal involvement is present at diagnosis.

2D10.Y Other specified malignant neoplasms of thyroid gland

2D10.Z Malignant neoplasms of thyroid gland, unspecified

2D11 Malignant neoplasms of adrenal gland

Tumours arising from the adrenal cortex include adenomas and carcinomas. These are rare neoplasms but may cause a variety of hormonal symptoms, including hyperaldosteronism, Cushing syndrome, and virilisation. A small fraction of adrenocortical tumours are associated with an inherited tumour syndrome, including Li-Fraumeni syndrome and Carney complex.

Benign and malignant phaeochromocytomas arise in the adrenal medulla and are derived from chromaffin cells of neural crest origin. Phaeochromocytomas may occur in the setting of several hereditary conditions, including multiple endocrine neoplasia types 2a and 2b, von Hippel Lindau disease and neurofibromatosis.

Extra adrenal paragangliomas arise from chromaffin cells in sympathoadrenal and parasympathetic paraganglia. They occur in many parts of the body and can pose a significant challenge to surgeons and oncologists. Some function as chemoreceptors, others are endocrinologically active. Familial paragangliomas are associated with mutations of the mitochondrial complex II genes.

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2D11.0 Adenocarcinoma of adrenal gland

2D11.1 Malignant phaeochromocytoma of adrenal gland

2D11.2 Neuroblastoma of adrenal gland

Neuroblastomas are malignant tumours that form in certain types of the nerve tissue. It most often begins in the adrenal gland. About 1 out of 3 neuroblastomas start in the adrenal glands and about 1 out of 4 begin in sympathetic nerve ganglia in the abdomen. Most of the rest start in sympathetic ganglia near the spine in the chest or neck, or in the pelvis.

2D11.Y Other specified malignant neoplasms of adrenal gland

2D11.Z Malignant neoplasms of adrenal gland, unspecified

2D12 Malignant neoplasms of other endocrine glands or related structures

Exclusions: Malignant neoplasms of adrenal gland (2D11)

Malignant neoplasms of testis (2C80)

Malignant neoplasms of ovary (2C73)

Malignant neoplasm of pancreas (2C10)

Malignant neoplasms of thyroid gland (2D10)

Malignant neoplasms of thymus (2C27)

Malignant mesenchymal neoplasms (2B50‑2B5Z)

2D12.0 Malignant epithelial neoplasms of other endocrine glands or related structures, unspecified type

2D12.1 Adenocarcinoma of other endocrine glands or related structures

2D12.Y Other specified malignant neoplasms of other endocrine glands or related structures

2D12.Z Malignant neoplasms of other endocrine glands or related structures, unspecified

2D1Z Malignant neoplasms of endocrine glands, unspecified

2D3Y Other specified malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic, central nervous system or related tissues

2D3Z Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, haematopoietic, central nervous system or related tissues, unspecified

Malignant neoplasms of ill-defined or unspecified primary sites (2D40‑2D4Z)

Exclusions: Malignant mesenchymal neoplasms (2B50‑2B5Z)

2D40 Adenocarcinoma of unspecified site

A common cancer characterised by the presence of malignant glandular cells. Morphologically, adenocarcinomas are classified according to the growth pattern (e.g., papillary, alveolar) or according to the secreting product (e.g., mucinous, serous). Representative examples of adenocarcinoma are ductal and lobular breast carcinoma, lung adenocarcinoma, renal cell carcinoma, hepatocellular carcinoma (hepatoma), colon adenocarcinoma, and prostate adenocarcinoma.

2D41 Unspecified carcinoma of unspecified site

2D42 Malignant neoplasms of ill-defined sites

Malignant neoplasms of ill defined sites is used for cases where the documentation refers to a site that includes multiple organ systems and tissue types that should be coded separately.

2D43 Malignant neoplasms of independent, multiple primary sites

Coding Note: Use additional codes to identify individual neoplasms.

2D44 Malignant neoplasm, primary site unknown, so stated

2D4Y Other specified malignant neoplasms of unspecified primary sites

2D4Z Unspecified malignant neoplasms of unspecified sites

Malignant neoplasm metastases (2D50‑2E2Z)

Spread of a malignant neoplasm into secondary sites.

2D50 Malignant neoplasm metastasis in brain

A malignant neoplasm that has spread to the brain from another anatomic site or system. The majority are carcinomas (usually lung or breast carcinomas).

2D51 Malignant neoplasm metastasis in meninges

2D52 Malignant neoplasm metastasis in spinal cord, cranial nerves or remaining parts of central nervous system

Malignant neoplasm metastasis in lymph nodes (2D60‑2D6Z)

Exclusions: Neoplasms of haematopoietic or lymphoid tissues (2A20‑2B3Z)

2D60 Malignant neoplasm metastasis in lymph node of a single region

2D60.0 Malignant neoplasm metastasis in lymph nodes of head, face or neck

2D60.1 Malignant neoplasm metastasis in intrathoracic lymph nodes

2D60.2 Malignant neoplasm metastasis in intra-abdominal lymph nodes

2D60.3 Malignant neoplasm metastasis in axillary lymph nodes

2D60.4 Malignant neoplasm metastasis in inguinal lymph nodes

2D60.5 Malignant neoplasm metastasis in intrapelvic lymph nodes

2D60.Y Other specified malignant neoplasm metastasis in lymph node of a single region

2D60.Z Malignant neoplasm metastasis in lymph node of a single region, unspecified

2D61 Malignant neoplasm metastases in lymph nodes of multiple regions

2D6Z Metastatic malignant neoplasm to unspecified lymph node

Malignant neoplasm metastasis in thoracic or respiratory organs (2D70‑2D7Z)

2D70 Malignant neoplasm metastasis in lung

Exclusions: Malignant neoplasms of bronchus or lung (2C25)

2D71 Malignant neoplasm metastasis in mediastinum

The spread of cancer to the mediastinum from an adjacent or distant anatomic site.

2D72 Malignant neoplasm metastasis in pleura

The spread of cancer to the pleura from an adjacent or distant anatomic site.

2D73 Malignant neoplasm metastasis in upper respiratory tract organs

2D7Y Malignant neoplasm metastasis in other specified thoracic organs

2D7Z Malignant neoplasm metastasis in thoracic or respiratory organs, unspecified

Malignant neoplasm metastasis in digestive system (2D80‑2D8Z)

2D80 Malignant neoplasm metastasis in liver or intrahepatic bile duct

Malignant neoplasms that have metastasized to the liver from extrahepatic primary tumours.

2D80.0 Malignant neoplasm metastasis in liver

2D80.1 Malignant neoplasm metastasis in intrahepatic bile duct

2D81 Malignant neoplasm metastasis in pancreas

A malignant neoplasm that has spread to the pancreas from another anatomic site. Representative examples include metastatic carcinomas from the gastrointestinal tract, metastatic melanomas, and renal cell carcinomas.

2D82 Malignant neoplasm metastasis in extrahepatic bile ducts

2D83 Malignant neoplasm metastasis in ampulla of Vater

2D84 Malignant neoplasm metastasis in the small intestine

The spread of cancer to the small intestine. This may be from a primary intestinal cancer, or from a cancer at a distant site.

2D85 Malignant neoplasm metastasis in large intestine

The spread of cancer to the large intestine; this may be from a primary colon or rectal cancer to another location in the large intestine, or from a cancer at a distant site or organ.

2D86 Malignant neoplasm metastasis in anus

Malignant tumour that metastasized in the anus and anal canal.

2D8Y Malignant neoplasm metastasis in other specified digestive system organ

2D8Z Malignant neoplasm metastasis in unspecified digestive system organ

Malignant neoplasm metastasis in retroperitoneum or peritoneum (2D90‑2D91)

2D90 Malignant neoplasm metastasis in retroperitoneum

2D91 Malignant neoplasm metastasis in peritoneum

Malignant neoplasm metastasis in other sites (2E00‑2E0Y)

2E00 Malignant neoplasm metastasis in kidney or renal pelvis

The spread of the cancer to the kidney. This may be from a primary kidney cancer involving the opposite kidney, or from a cancer at a distant site.

2E01 Malignant neoplasm metastasis in bladder

Tumours of the urinary bladder that originate from an extravesical, non-urothelial tract neoplasm

2E02 Malignant neoplasm metastasis in other or unspecified urinary system organs

2E03 Malignant neoplasm metastasis in bone or bone marrow

The spread of a malignant neoplasm from a primary site to the skeletal system. The majority of metastatic neoplasms to the bone are carcinomas.

2E04 Malignant neoplasm metastasis in soft tissue

2E05 Malignant neoplasm metastasis in female reproductive system

2E05.0 Malignant neoplasm metastasis in ovary

The spread of the cancer to the ovary. This may be from a primary ovarian cancer involving the opposite ovary, or from a cancer at a distant site.

2E05.Y Malignant neoplasm metastasis in other female reproductive system organs

2E05.Z Malignant neoplasm metastasis in female reproductive system, unspecified

2E06 Malignant neoplasm metastasis in male genital organs

2E07 Malignant neoplasm metastasis in adrenal gland

A malignant tumour that has spread to the adrenal gland from an adjacent or distant anatomic site. The majority of cases are metastatic carcinomas, and less frequently lymphomas.

2E08 Metastatic malignant neoplasm involving skin

Involvement of the skin by metastatic spread from a known or unknown primary malignant neoplasm. The secondary deposit may result from local migration of malignant cells, or from regional lymphatic or haematogenous spread from more distant sites.

2E09 Malignant neoplasm metastasis in peripheral nervous system

2E0Y Malignant neoplasm metastasis in other specified sites

2E2Z Malignant neoplasm metastasis, unspecified

In situ neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues (2E60‑2E6Z)

2E60 Carcinoma in situ of oral cavity, oesophagus or stomach

Exclusions: Melanoma in situ neoplasms (2E63)

2E60.0 Carcinoma in situ of lip, oral cavity or pharynx

Exclusions: Carcinoma in situ of aryepiglottic fold, laryngeal aspect (2E62.0)

Carcinoma in situ of epiglottis nos (2E62.0)

Carcinoma in situ of epiglottis, suprahyoid portion (2E62.0)

Carcinoma in situ of skin of lip (2E64)

2E60.1 Carcinoma in situ of oesophagus

Stage 0 includes: For squamous cell carcinoma: Tis (HGD), N0, M0, G1, GX, tumour location: Any. For adenocarcinoma: Tis (HGD), N0, M0, G1, GX. Tis: High-grade dysplasia. N0: No regional lymph node metastasis. M0: No distant metastasis. G1: Well differentiated. GX: Grade cannot be assessed-stage grouping as G1. tumour location: Location of the primary cancer site is defined by the position of the upper (proximal) edge of the tumour in the esophagus.

Coded Elsewhere: Oesophageal adenocarcinoma in situ (2E60.1)

2E60.2 Carcinoma in situ of stomach

Stage 0 includes: Tis, N0, M0. Tis: Carcinoma in situ: intraepithelial tumour without invasion of the lamina propria. N0: No regional lymph node metastasis. M0: No distant metastasis.

2E61 Carcinoma in situ of other or unspecified digestive organs

Exclusions: Melanoma in situ neoplasms (2E63)

2E61.0 Carcinoma in situ of colon

Stage 0 includes: Tis, N0, M0. Tis: Carcinoma in situ: intraepithelial or invasion of lamina propria. N0: No regional lymph node metastasis. M0: No distant metastasis.

2E61.1 Carcinoma in situ of rectum

Malignant epithelial tumour of rectum that has not invaded adjacent tissue of the large intestine.

2E61.2 Carcinoma in situ of anal canal

Malignant epithelial tumour that has not invaded beyond the epithelium of the anal canal.

Exclusions: Carcinoma in situ of anal margin (2E64.2)

Carcinoma in situ of anal skin (2E64)

Carcinoma in situ of perianal skin (2E64.2)

2E61.3 Carcinoma in situ of gallbladder, biliary tract or ampulla of Vater

an early form of cancer without invasion of tumour cells into the surrounding tissue, usually before penetration through the basement membrane.

2E61.Y Carcinoma in situ of other specified digestive organs

2E61.Z Carcinoma in situ of unspecified digestive organs

2E62 Carcinoma in situ of middle ear or respiratory system

Exclusions: Melanoma in situ neoplasms (2E63)

2E62.0 Carcinoma in situ of larynx

Exclusions: Carcinoma in situ of aryepiglottic fold, hypopharyngeal aspect (2E60.0)

Carcinoma in situ of aryepiglottic fold, marginal zone (2E60.0)

Carcinoma in situ of aryepiglottic fold, NOS (2E60.0)

2E62.1 Carcinoma in situ of trachea

2E62.2 Carcinoma in situ of bronchus or lung

2E62.Y Carcinoma in situ of other specified sites of middle ear or respiratory system

2E62.Z Carcinoma in situ of unspecified sites of middle ear or respiratory system

2E63 Melanoma in situ neoplasms

Stage 0 includes: Tis, N0, M0. Tis: Melanoma in situ. N0: No regional lymph node metastases. M0: No detectable evidence of distant metastases.

2E63.0 Melanoma in situ of skin

Malignant melanoma confined to the epidermis and described as being in radial growth phase.

2E63.00 Lentigo maligna

An atypical proliferation of atypical melanocytes in the dermal-epidermal junction, without infiltration of the papillary or reticular dermis. The melanocytic proliferation is associated with actinic damage and epidermal atrophy. It usually occurs in the sun-exposed skin of elderly people. It is a form of melanoma in situ and in approximately 5% of cases it progresses to lentigo maligna melanoma.

2E63.0Z Melanoma in situ of skin, unspecified

2E63.1 Melanoma in situ of conjunctiva

2E63.Y Melanoma in situ neoplasms, other specified site

2E63.Z Melanoma in situ neoplasms, unspecified site

2E64 Carcinoma in situ of skin

Stage 0 includes: Tis, N0, M0. Tis: Carcinoma in situ. N0: No regional lymph node metastasis. M0: No clinical or radiographic evidence of distant metastasis.

Exclusions: Melanoma in situ neoplasms (2E63)

Coded Elsewhere: Carcinoma in situ of vulva (2E67.1)

Carcinoma in situ of penis (2E67.4)

2E64.0 Intraepidermal squamous cell carcinoma

Malignant squamous neoplasia confined to the epidermis of extragenital skin and known commonly as Bowen disease. It arises most frequently on chronically sun-exposed glabrous skin of the head and neck or lower legs. It typically presents as single or multiple well-demarcated scaly erythematous patches, nodules or plaques which histologically show extensive keratinocytic atypia. It may develop from preexisting actinic keratosis (Actinic intraepidermal squamous cell carcinoma). Although it is most commonly associated with exposure to ultraviolet radiation, other carcinogens such as arsenic and tar may be implicated. Human papilloma virus may represent an additional risk factor in immunosuppressed patients.

2E64.00 Bowen disease of skin

Intraepidermal squamous cell carcinoma due to predisposing factors including chronic human papilloma virus infection, arsenic ingestion, ionising radtiation and chronic immunosuppression.

2E64.01 Actinic intraepidermal squamous cell carcinoma

Intraepidermal squamous cell carcinoma attributable to chronic exposure to ultraviolet radiation and typically developing from a pre-existing actinic keratosis

2E64.0Y Other specified intraepidermal squamous cell carcinoma

2E64.0Z Intraepidermal squamous cell carcinoma, unspecified

2E64.1 Extramammary Paget disease of skin

An intraepithelial adenocarcinoma of apocrine gland-bearing skin and mucous membrane. Clinically it presents as sharply demarcated erythematous plaques most commonly affecting the vulva in women and perianal skin in men.

Coded Elsewhere: Vulvar Paget disease (2E67.11)

2E64.2 Carcinoma in situ of anal margin or perianal skin

Carcinoma in situ of anal margin or perianal skin is most commonly squamous and related to oncogenic HPV strains, HIV infection or both. It may present as warty pigmented patches (Bowenoid papulosis).

2E64.Y Other specified carcinoma in situ of skin

2E64.Z Carcinoma in situ of skin, unspecified

2E65 Carcinoma in situ of breast

Exclusions: carcinoma in situ of skin of breast (2E64)

melanoma in situ of breast (skin) (2E63)

2E65.0 Lobular carcinoma in situ of breast

2E65.1 Lobular carcinoma in situ of breast, pleomorphic subtype

2E65.2 Ductal carcinoma in situ of breast

Exclusions: Atypical ductal hyperplasia of breast (2F75)

2E65.3 Ductal carcinoma in situ of breast, comedo subtype

2E65.4 Mixed ductal and lobular carcinoma in situ of breast

The co-existence of ductal and lobular carcinoma in situ in the breast, without evidence of stromal invasion.

2E65.5 Paget disease of nipple

Paget disease of the nipple describes a rare presentation of breast cancer, seen most frequently in women aged 50-60, manifesting with nipple drainage and itching, erythema, crusty, excoriated nipple, thickened plaques and hyperpigmentation (less frequently). It is due to tumour cells invading the nipple-areola complex and represents 1%-3% of all new breast cancer diagnoses.

2E65.Y Other specified carcinoma in situ of breast

2E65.Z Carcinoma in situ of breast, unspecified

2E66 Carcinoma in situ of cervix uteri

Exclusions: melanoma in situ of cervix (2E63)

Low grade squamous intraepithelial lesion of cervix uteri (GA15.7)

2E66.2 High grade squamous intraepithelial lesion of cervix uteri

2E66.Y Other specified carcinoma in situ of cervix uteri

2E66.Z Carcinoma in situ of cervix uteri, unspecified

2E67 Carcinoma in situ of other or unspecified genital organs

Exclusions: Melanoma in situ neoplasms (2E63)

2E67.0 Carcinoma in situ of endometrium

2E67.1 Carcinoma in situ of vulva

Exclusions: Low grade squamous intraepithelial lesion of vulva (GA13.1)

2E67.11 Vulvar Paget disease

An uncommon intraepithelial malignant neoplasm of eccrine or apocrine origin, arising from the vulva. It usually affects post-menopausal women. In approximately 10-20% of the cases there is an associated anorectal, or urothelial carcinoma or a skin appendage adenocarcinoma identified. It presents as a red, eczematous lesion. Microscopically, it is characterised by the presence of the typical Paget cells which are large, round cells with abundant cytoplasm and prominent nuclei.

2E67.12 Vulvar intraepithelial neoplasia, HPV-independent

Vulvar intraepithelial neoplasia (VIN), HPV-independent, is a non-invasive precursor of HPV-independent squamous cell carcinoma of the vulva, characterized by atypia of the basal and parabasal keratinocytes in an otherwise well-differentiated epithelium.

Exclusions: Low grade squamous intraepithelial lesion of vulva (GA13.1)

2E67.13 High grade squamous intraepithelial lesion of vulva, HPV-associated

Squamous intraepithelial lesions (SILs) of the vulva (also known as vulvar intraepithelial neoplasia [VIN]), HPV-associated, are proliferations of squamous cells driven by HPV infection, showing maturation abnormalities and nuclear hyperchromasia that do not extend beyond the basement membrane.

Coded Elsewhere: Bowenoid papulosis of the vulva (1A95.1)

2E67.2 Carcinoma in situ of vagina

2E67.22 High grade squamous intraepithelial lesion of vagina

2E67.2Y Other specified carcinoma in situ of vagina

2E67.2Z Carcinoma in situ of vagina, unspecified

2E67.3 Carcinoma in situ of other or unspecified female genital organs

2E67.4 Carcinoma in situ of penis

This comprises both squamous carcinoma in situ and extramammary Paget disease of the penis. The former is an uncommon precancerous disease of penile skin. Lesions usually appear on the glans or inner aspect of the foreskin and are almost always found in uncircumcised men. If left untreated, 10-30% of cases develop into invasive squamous cell carcinoma of the penis. When it affects the skin of the shaft or prepuce it is commonly called Bowen disease. If it affects the glans or inner surface of the prepuce it may also be referred to as penile intraepithelial neoplasia (or in the past as erythroplasia of Queyrat). Extramammary Paget disease of penis is a rare form of carcinoma in situ involving penile skin or glans penis.

Coded Elsewhere: Extramammary Paget disease of penis (2E64.1)

2E67.40 Squamous cell carcinoma in situ of skin of penis

Squamous cell carcinoma affecting the skin of the prepuce or of the shaft of the penis and commonly called Bowen disease. HPV infection and chronic exposure to psoralen photochemotherapy are predisposing factors.

Inclusions: Bowen disease of skin of penis

2E67.41 Squamous cell carcinoma in situ of mucocutaneous epithelium of penis

Inclusions: Penile intraepithelial neoplasia of inner preputial epithelium

Penile intraepithelial neoplasia of glans penis

2E67.5 High grade intraepithelial lesion of prostate

High grade prostatic intraepithelial neoplasia characterised by the presence of severe architectural and cytologic abnormalities.

Inclusions: high grade prostatic intraepithelial neoplasia

Exclusions: low grade dysplasia of prostate (GA91.6)

2E67.6 Carcinoma in situ of other or unspecified male genital organs

2E68 Carcinoma in situ of bladder

Stage 0is includes: Tis, N0, M0. Tis: Carcinoma in situ: flat tumour. N0: No regional lymph node metastasis. M0: No distant metastasis.

2E69 Carcinoma in situ of other or unspecified urinary organs

2E6A Carcinoma in situ of the eye or ocular adnexa

2E6A.0 Carcinoma in situ of the conjunctiva

Exclusions: Melanoma in situ of conjunctiva (2E63.1)

2E6A.1 Carcinoma in situ of the cornea

2E6A.Y Carcinoma in situ of other and unspecified part of the eye and adnexa

2E6B Carcinoma in situ of thyroid and other endocrine glands

Exclusions: Carcinoma in situ of ovary (2E67.3)

Carcinoma in situ of testis (2E67.6)

2E6Y Carcinoma in situ of other specified site

2E6Z Carcinoma in situ of unspecified site

Benign neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues (2E80‑2F5Z)

A neoplasm which is characterised by the absence of morphologic features associated with malignancy (severe cytologic atypia, tumour cell necrosis, and high mitotic rate). Benign neoplasms remain confined to the original site of growth and only rarely metastasize to other anatomic sites.

Benign mesenchymal neoplasms (2E80‑2E8Z)

Bening neoplasms of muscle, fat, fibrous tissue, bone, cartilage, and blood vessels.

2E80 Benign lipomatous neoplasm

A benign tumour composed of adipose (fatty) tissue. The most common representative of this category is the lipoma.

2E80.0 Lipoma

2E80.00 Superficial subcutaneous lipoma

A benign well-circumscribed mesenchymal neoplasm composed of mature adipocytes and commonly known as a lipoma.

2E80.01 Deep subfascial lipoma

Deep subfascial lipomata are benign neoplasms of adipose tissue which arise deep to the deep fascia and have a tendency to infiltrate between and into muscle. They may occur at any body site and may cause diagnostic difficulty. They are well recognised to occur on the forehead beneath the frontalis muscle (frontalis-associated lipoma).

Inclusions: Frontalis-associated lipoma

Infiltrating lipoma of soft tissue

Intramuscular lipoma of soft tissue

2E80.02 Deep internal or visceral lipoma

2E80.0Y Lipoma, other specified site

2E80.0Z Lipoma, unspecified site

2E80.1 Lipoblastoma

2E80.Y Other specified benign lipomatous neoplasm

2E80.Z Benign lipomatous neoplasm, unspecified

2E81 Benign vascular neoplasms

Exclusions: Blue naevus (2F20)

Pigmented naevus (2F20)

Coded Elsewhere: Lobular capillary haemangioma (2F26)

2E81.0 Neoplastic haemangioma

Exclusions: Benign vascular neoplasms of infancy and childhood (2E81.2)

Infantile haemangioma (2E81.2)

Coded Elsewhere: Pulmonary sclerosing haemangioma (2F00.Y)

2E81.00 Umbilical cord haemangioma

tumour composed of thin walled blood vessels lined by endothelium present within the cord

2E81.01 Conjunctival haemangioma or haemolymphangioma

2E81.0Y Neoplastic haemangioma of other specified site

2E81.0Z Neoplastic haemangioma, unspecified site

2E81.1 Benign lymphatic neoplasms

Benign circumscribed or diffuse neoplasms of lymphatic vessels. They are much less common than lymphatic malformations and are distinguished from the latter by proliferative growth and the potential to become widely disseminated.

Exclusions: Lymphatic malformations (LA90.1)

2E81.10 Disseminated lymphangiomatosis

A rare disorder characterised by widespread proliferation of aberrant lymphatic vessels which typically infiltrate vital organs in the thorax and abdomen.

2E81.11 Acquired progressive lymphangioma

Acquired progressive lymphangioma is a benign localised but slowly progressive tumour of lymphatic vessels that typically presents as reddish or bruise‐like plaques on the abdominal wall, thigh or calf of young adolescents.

Exclusions: Lymphatic malformations (LA90.1)

2E81.1Y Other specified benign lymphatic neoplasms

2E81.1Z Benign lymphatic neoplasms, unspecified

2E81.2 Benign vascular neoplasms of infancy and childhood

The commonest benign vascular neoplasm of infancy is infantile haemangioma. Less common neoplasms are congenital haemangioma, spindle cell haemangioma, tufted angioma and kaposiform haemangioendothelioma.

2E81.20 Focal infantile haemangioma

Infantile haemangioma is a common benign vascular neoplasm which develops in about 4% of infants. It appears within weeks of birth as a blanched, blushed, or telangiectatic area that then rapidly proliferates for several months before entering a prolonged process of involution lasting up to 12 years, leaving a residual variably prominent scar. A solitary focal tumour is seen in about 85% of cases. Over half of cases are located on the head and neck. Complications include bleeding, infection, ulceration and, in tumours situated close to the eye, amblyopia.

Inclusions: Strawberry naevus

2E81.21 Multifocal infantile haemangioma

Infantile haemangioma is multifocal in up to 25% of cases with numbers ranging from a few to many dozens. If more than 5 cutaneous tumours are present there is an increased risk of associated internal haemangiomatosis, especially of the liver.

2E81.2Y Other specified benign vascular neoplasms of infancy and childhood

2E81.2Z Benign vascular neoplasms of infancy and childhood, unspecified

2E81.Y Other specified benign vascular neoplasms

2E81.Z Benign vascular neoplasms, unspecified

2E82 Benign chondrogenic tumours

2E82.0 Benign chondrogenic tumours of bone or articular cartilage of limbs

2E82.1 Benign chondrogenic tumours of bone or articular cartilage of other specified sites

2E82.Z Benign chondrogenic tumours, site unspecified

2E83 Benign osteogenic tumours

A neoplasm arising from the bone or articular cartilage that does not invade adjacent tissues or metastasize to other anatomic sites. Representative examples include benign fibrous histiocytoma of bone, osteoma, osteoblastoma, chondroblastoma, and enchondroma.

2E83.0 Benign osteogenic tumours of bone or articular cartilage of skull or face

2E83.1 Benign osteogenic tumours of bone or articular cartilage of lower jaw

2E83.2 Benign osteogenic tumours of bone or articular cartilage of vertebral column

Exclusions: Benign osteogenic tumour of sacrum (2E83.4)

2E83.3 Benign osteogenic tumours of bone or articular cartilage of ribs, sternum or clavicle

2E83.4 Benign osteogenic tumours of bone or articular cartilage of pelvic bones, sacrum or coccyx

2E83.5 Benign osteogenic tumours of bone or articular cartilage of limbs

2E83.Y Benign osteogenic tumour of other specified site

2E83.Z Benign osteogenic tumour of unspecified site

2E84 Benign fibrogenic or myofibrogenic tumour

2E84.0 Benign fibrogenic or myofibrogenic tumour of skin

2E84.Y Benign fibrogenic or myofibrogenic tumour of other specified sites

2E84.Z Benign fibrogenic or myofibrogenic tumour, site unknown

2E85 Benign fibrohistiocytic tumour

Exclusions: Benign neoplasm of peripheral nerves or autonomic nervous system (2E90‑2F3Z)

Benign lymphatic neoplasms (2E81.1)

Benign lipomatous neoplasm (2E80)

Haemangioma (2E81)

Benign neoplasm of uterine ligament, any (2F31)

Benign vascular neoplasms (2E81)

Leiomyoma of uterus (2E86.0)

Benign neoplasm of connective tissue of breast (2F30)

2E85.0 Benign fibrohistiocytic tumour of soft tissues of limbs

2E85.1 Benign fibrohistiocytic tumour of retroperitoneum or peritoneum

Exclusions: Benign lipomatous neoplasm (2E80)

Benign neoplasm of mesothelial tissue (2F10)

2E85.2 Benign fibrohistiocytic tumour of skin

2E85.Y Benign fibrohistiocytic tumour of other specified sites

2E85.Z Benign fibrohistiocytic tumour, site unspecified

2E86 Benign smooth muscle or skeletal muscle tumour

2E86.0 Leiomyoma of uterus

A well-circumscribed benign smooth muscle neoplasm characterised by the presence of spindle cells with cigar-shaped nuclei, interlacing fascicles, and a whorled pattern.

Exclusions: Leiomyoma of ovary (2E86.1)

Leiomyoma of fallopian tube (2E86.1)

Leiomyoma of broad ligament (2E86.1)

Leiomyoma of vagina (2E86.1)

Leiomyoma of vulva (2E86.1)

Benign non-mesenchymal neoplasms of uterus (2F31)

2E86.1 Leiomyoma of other or unspecified sites

2E86.2 Rhabdomyoma

2E86.Y Other specified benign smooth muscle or skeletal muscle tumour

2E86.Z Benign smooth muscle or skeletal muscle tumour, unspecified

2E87 Benign gastrointestinal stromal tumour

2E88 Benign endometrial stromal nodule

2E89 Benign mesenchymal tumours of uncertain differentiation

2E89.0 Benign tumours of uncertain differentiation, bone or cartilage

2E89.1 Benign tumours of uncertain differentiation, soft tissue

2E89.Y Benign mesenchymal tumours of uncertain differentiation of other specified site

2E89.Z Benign mesenchymal tumours of uncertain differentiation of unspecified site

2E8A Other mixed or unspecified benign mesenchymal tumours

2E8Y Other specified benign mesenchymal neoplasm

2E8Z Benign mesenchymal neoplasms, unspecified

Benign non-mesenchymal neoplasms (2E90‑2F3Z)

2E90 Benign neoplasm of lip, oral cavity or pharynx

2E90.0 Benign neoplasm of lip

A neoplasm without malignant characteristics arising from the lip.

Exclusions: Benign neoplasm of skin of lip (2F20‑2F2Z)

2E90.1 Benign neoplasm of tongue

Abnormal growth, without malignant characteristics, of the cells that comprise the tongue.

2E90.2 Benign neoplasm of floor of mouth

2E90.3 Benign neoplasm of other or unspecified parts of mouth

Exclusions: Benign neoplasm of nasopharyngeal surface of soft palate (2E90.6)

benign odontogenic neoplasms (2E83.0)

mucosa of lip (2E90.0)

2E90.4 Benign neoplasm of tonsil

Exclusions: benign neoplasm of pharyngeal tonsil (2E90.6)

benign neoplasm of lingual tonsil (2E90.1)

benign neoplasm of tonsillar pillars (2E90.5)

benign neoplasm of tonsillar fossa (2E90.5)

2E90.5 Benign neoplasm of oropharynx

A neoplasm of the oropharynx which is characterised by the absence of morphologic features associated with malignancy (severe cytologic atypia, tumour cell necrosis, and high mitotic rate). Benign neoplasms remain confined to the original site of growth and only rarely metastasize to other anatomic sites.

Exclusions: Benign neoplasm of epiglottis, NOS (2F00)

Benign neoplasm of epiglottis, suprahyoid portion (2F00)

2E90.6 Benign neoplasm of nasopharynx

A neoplasm of the nasopharynx which is characterised by the absence of morphologic features associated with malignancy (severe cytologic atypia, tumour cell necrosis, and high mitotic rate). Benign neoplasms remain confined to the original site of growth and only rarely metastasize to other anatomic sites.

2E90.7 Benign neoplasm of hypopharynx

2E90.8 Benign neoplasm of pharynx, unspecified

2E91 Benign neoplasm of major salivary glands

Exclusions: Benign neoplasms of minor salivary glands NOS (2E90.3)

2E91.0 Benign neoplasm of parotid gland

2E91.1 Benign neoplasm of other specified major salivary glands

2E91.Z Benign neoplasm of unspecified major salivary glands

2E92 Benign neoplasm of digestive organs

A neoplasm of other and/or ill-defined parts of the digestive system which is characterised by the absence of morphologic features associated with malignancy (severe cytologic atypia, tumour cell necrosis, and high mitotic rate). Benign neoplasms remain confined to the original site of growth and only rarely metastasize to other anatomic sites.

2E92.0 Benign neoplasm of oesophagus

A non-metastasizing neoplasm arising from the esophageal wall.

Coded Elsewhere: Benign mesenchymal tumour of oesophagus (2E8Z)

2E92.1 Benign neoplasm of stomach

A non-metastasizing neoplasm arising from the gastric wall.

Coded Elsewhere: Benign mesenchymal tumour of stomach (2E8Y)

2E92.2 Benign neoplasm of duodenum

A non-metastasizing neoplasm arising from the wall of the duodenum.

Coded Elsewhere: Benign mesenchymal tumour of duodenum (2E8Z)

2E92.3 Benign neoplasm of other or unspecified parts of small intestine

Exclusions: Benign neoplasm of duodenum (2E92.2)

Coded Elsewhere: Benign mesenchymal tumour of small intestine (2E8Z)

2E92.4 Benign neoplasm of the large intestine

A non-metastasizing neoplasm arising from the wall of the colon and rectum.

Coded Elsewhere: Benign mesenchymal tumour of large intestine (2E8Z)

2E92.40 Polyposis syndrome

Intestinal polyposis syndromes can be divided, based on histology, into the broad categories of familial adenomatous polyposis (FAP), hamartomatous polyposis syndromes, and other rare polyposis syndromes, such as hereditary-mixed polyposis syndrome (HMPS).

Coded Elsewhere: Gardner syndrome (LD2D.3)

Peutz-Jeghers syndrome (LD2D.0)

Cronkhite-Canada syndrome (LD27.01)

Familial adenomatous polyposis (2B90.Y)

Juvenile gastrointestinal polyposis (2B90.Y)

2E92.4Y Other specified benign neoplasm of the large intestine

2E92.4Z Benign neoplasm of the large intestine, unspecified

2E92.5 Benign neoplasm of anus or anal canal

Primary benign tumour that forms in tissues lining the anus and anal canal.

Exclusions: Benign neoplasm of perianal skin (2F20‑2F2Z)

Benign neoplasm of anal margin (2F20‑2F2Z)

Benign neoplasm of anal skin (2F20‑2F2Z)

2E92.6 Benign neoplasm of gallbladder, extrahepatic bile ducts or ampulla of Vater

Coded Elsewhere: Benign mesenchymal tumour of gallbladder, extrahepatic bile ducts or ampulla of Vater (2E8Z)

Adenoma of bile ducts (2E92.6)

2E92.7 Benign neoplasm of liver or intrahepatic bile ducts

Coded Elsewhere: Focal nodular hyperplasia of liver (DB99.Y)

Angiomyolipoma of liver (2E80.02)

Haemangioma of liver (2E81.0Y)

2E92.8 Benign neoplasm of pancreas

A non-metastasizing neoplasm arising from the pancreas.

Exclusions: Benign neoplasm of endocrine pancreas (2E92.9)

2E92.9 Benign neoplasm of endocrine pancreas

Inclusions: Islet cell tumour

benign neoplasm of islets of Langerhans

2E92.Y Benign neoplasm of other specified digestive organs

2E92.Z Benign neoplasm of unspecified digestive organs

Benign neoplasm of respiratory or intrathoracic organs (2F00‑2F0Z)

2F00 Benign neoplasm of middle ear or respiratory system

2F00.0 Middle ear endocrine tumour

2F00.1 Recurrent respiratory papillomatosis

Recurrent respiratory papillomatosis is a rare respiratory disease characterised by the development of exophytic papillomas, affecting the mucosa of the upper aero-digestive tract (with a strong predilection for the larynx), caused by an infection with human papilloma virus. Symptoms at presentation may include hoarseness, chronic cough, dyspnoea, recurrent upper respiratory tract infections, pneumonia, dysphagia, stridor, and/or failure to thrive.

2F00.2 Laryngeal endocrine tumour

2F00.Y Other specified benign neoplasm of middle ear or respiratory system

2F00.Z Benign neoplasm of middle ear or respiratory system, unspecified

2F01 Benign neoplasm of intrathoracic organs

2F0Y Benign neoplasms of other specified respiratory and intrathoracic organs

2F0Z Benign neoplasms of unspecified respiratory and intrathoracic organs

2F10 Benign neoplasm of mesothelial tissue

A benign neoplasm arising from mesothelial cells. It is characterised by the formation of glandular and tubular patterns. It can occur in several anatomic sites including the pleura, peritoneum, and epididymis.

Benign cutaneous neoplasms (2F20‑2F2Z)

Abnormal growth of the cells that comprise the tissues of the skin, without any evidence of malignancy.

Coded Elsewhere: Benign vascular neoplasms of infancy and childhood (2E81.2)

2F20 Benign cutaneous melanocytic neoplasms

Inclusions: Mole

Pigmented naevus

Benign melanocytic naevus

2F20.0 Common acquired melanocytic naevus

2F20.00 Multiple benign melanocytic naevi

The presence of multiple benign melanocytic naevi (often taken as more than 20 naevi >2mm in diameter), an independent risk factor for the development of melanoma with highest risk associated with highest numbers of naevi (>100).

2F20.0Y Other specified common acquired melanocytic naevus

2F20.0Z Common acquired melanocytic naevus, unspecified

2F20.1 Atypical melanocytic naevus

Solitary or multiple, slightly raised, pigmented lesions with irregular borders, usually measuring more than 0.6cm in greatest dimension. Morphologically, there is melanocytic atypia and the differential diagnosis from melanoma may be difficult. Patients are at an increased risk for the development of melanoma.

Inclusions: Dysplastic naevus, unspecified

2F20.2 Congenital melanocytic naevus

Congenital melanocytic naevi are circumscribed areas of skin pigmentation present at birth as a result of abnormal intrauterine proliferation of melanocytes within the dermis, the epidermis or both. They may range in size from a few millimetres to many centimetres in diameter. If their projected or final adult maximal diameter is greater than 20 cm they are termed giant congenital melanocytic naevi.

2F20.20 Giant congenital melanocytic naevus

A congenital melanocytic naevus (CMN) with a predicted or final adult maximal diameter of 400 mm or more. Giant CMNs are commonly centred on the dorsal surface of the body between the vertex and the buttocks but may occur elsewhere; they may be associated with multiple smaller satellite naevi (congenital or tardive), hypertrichosis, lipomas or benign proliferative nodules. There is a risk of pre-pubertal melanoma within giant CMN or the central nervous system (CNS). Leptomeningeal melanocytosis or focal neuromelanosis, found in 10-15% of cases, is often associated with other CNS tumours, hydrocephalus, epilepsy, arachnoid cysts, or Dandy-Walker malformation.

2F20.2Y Other specified congenital melanocytic naevus

2F20.2Z Congenital melanocytic naevus, unspecified

2F20.3 Generalised eruptive melanocytic naevi

This phenomenon describes the rapid simultaneous appearance of multiple melanocytic naevi, often hundreds in number, on previously uninvolved sun-exposed skin. The phenomenon has been linked to immunosuppression, particularly in renal transplant recipients and in individuals receiving cancer chemotherapy, and may be considered a more advanced counterpart of generalised eruptive lentiginosis.

Exclusions: Multiple benign melanocytic naevi (2F20.00)

Generalized eruptive lentiginosis (ED61)

2F20.Y Other specific types of melanocytic naevus

2F20.Z Melanocytic naevus, unspecified

2F21 Benign keratinocytic acanthomas

A group of benign discrete epidermal proliferative disorders including seborrhoeic keratosis and clear cell acanthoma.

2F21.0 Seborrhoeic keratosis

Seborrhoeic keratoses are very common benign neoplasms of epidermal keratinocytes which increase in prevalence and number with age. They are commonly multiple and are very variable in shape and colour. Because of the sometimes intense pigmentation they are frequently mistaken for melanocytic tumours.

Inclusions: Basal cell papilloma

Seborrheic wart

2F21.Y Other specified benign keratinocytic acanthomas

2F22 Benign neoplasms of epidermal appendages

A range of benign neoplasms arising from the hair follicle, its associated glands or from sweat glands.

2F23 Benign dermal fibrous or fibrohistiocytic neoplasms

Benign dermal neoplasms due to abnormal proliferation of fibroblasts, myofibroblasts or primitive mesenchymal cells.

2F23.0 Dermatofibroma

A common benign skin tumour which presents as a firm dermal papule or nodule, most commonly on the lower limbs. Histologically it is characterised by coarse, haphazardly arranged collagen bundles and a variable cellular infiltrate including fibrocytes.

2F23.Y Other specified benign dermal fibrous or fibrohistiocytic neoplasms

2F24 Benign cutaneous neoplasms of neural or nerve sheath origin

2F25 Cherry angioma

Inclusions: Campbell de Morgan spot

Senile angioma

2F26 Lobular capillary haemangioma

Historically called pyogenic granuloma, this is a common benign proliferation of capillary blood vessels which may be induced by trauma or by certain drugs. It presents as one or more bright red papules or nodules often located around the mouth or on a terminal phalanx in relation to the nail. Bleeding, ulceration and crusting frequently occur. BRAF mutations within vascular endothelial cells may be present, indicating that this is, in at least a proportion of cases, a true neoplastic process.

Inclusions: Lobular capillary haemangioma of skin

2F2Y Other specified benign cutaneous neoplasms

2F2Z Benign cutaneous neoplasm of unspecified type

2F30 Benign neoplasm of breast

A non-metastasizing neoplasm arising from the breast parenchyma.

Exclusions: Benign neoplasm of skin of breast (2F20‑2F2Z)

Lipoma (2E80.0)

2F30.0 Tubular adenoma of breast

A benign, well circumscribed neoplasm that arises from the breast. It is composed entirely of tubular structures that contain epithelial and myoepithelial cells.

2F30.1 Lactating adenoma of breast

A tubular type adenoma of the breast in which, during pregnancy and lactation, the epithelial cells show extensive secretory changes.

2F30.2 Intraductal papilloma of breast

A benign papillary neoplasm that arises anywhere in the ductal system of the breast. It is characterised by fibrovascular structures lined by benign epithelial and myoepithelial proliferations. Intraductal breast papillomas are classified as central, when they arise in large ducts, or peripheral, when they arise in the terminal ductal lobular units.

2F30.3 Benign phyllodes tumour of breast

A usually unilateral, benign and well circumscribed biphasic neoplasm that arises from the breast. It usually affects middle-aged women. It is characterised by the presence of a double layer of epithelial cells that are arranged in clefts, surrounded by a cellular, monomorphic spindle cell mesenchymal component. Mitoses are rare. Necrotic changes may be present in large tumours.

2F30.4 Fibromatosis of breast

2F30.5 Fibroadenoma of breast

A benign tumour of the breast characterised by the presence of stromal and epithelial elements. It presents as a painless, solitary, slow growing, firm, and mobile mass. It is the most common benign breast lesion. It usually occurs in women of childbearing age. The majority of fibroadenomas do not recur after complete excision. A slightly increased risk of developing cancer within fibroadenomas or in the breast tissue of patients previously treated for fibroadenomas has been reported.

2F30.6 Extensive adenomatosis of nipple

Rare benign nipple condition presenting as pruritus, burning or pain symptoms with clinical signs showing a nipple which appears ulcerated, crusting, scaling, indurated and erthymatous. Differential diagnosis are Paget, psoriasis, etc.

2F30.Y Other specified benign neoplasm of breast

2F30.Z Benign neoplasm of breast, unspecified

2F31 Benign non-mesenchymal neoplasms of uterus

Other non-malignant tumours of the uterus not detailed elsewhere.

Exclusions: Leiomyoma of uterus (2E86.0)

2F31.0 Benign non-mesenchymal neoplasm of uterus, cervix uteri

Exclusions: Low grade squamous intraepithelial lesion of cervix uteri (GA15.7)

2F31.1 Benign non-mesenchymal neoplasm of uterus, corpus uteri

2F31.2 Benign non-mesenchymal neoplasms of uterus, other parts

2F32 Benign neoplasm of ovary

A non-metastasizing neoplasm that arises from the ovary. Representative examples include serous cystadenoma, mucinous cystadenoma, clear cell adenofibroma, benign Brenner tumour, thecoma, and fibroma.

Coded Elsewhere: Struma ovarii (5A02.Y)

2F32.0 Cystic teratoma

A condition of the ovary, caused by abnormal proliferation due to genetic mutations, abnormal growth or division of germ cells. This condition is characterised by a benign ovarian neoplasm, and abdominal pain, mass or swelling, or abnormal uterine bleeding, and may lead to ovarian torsion or cystic rupture. Confirmation is by imaging.

2F32.1 Ovarian fibroma

A condition of the ovary, caused by abnormal proliferation due to genetic mutations, abnormal growth or division of cells. This condition is characterised by a benign sex chord ovarian tumour. Confirmation is by imaging.

2F32.2 Meigs' syndrome

Meigs' syndrome is classically defined as the triad of ascites, pleural effusion, and benign ovarian fibroma. A key feature found in patients with Meigs' syndrome is the resolution of symptoms after tumor resection. Meigs' syndrome is a rare condition that can only be diagnosed after ovarian carcinoma is ruled out.

2F32.3 Serous ovarian cystadenoma

2F32.Y Other specified benign neoplasm of ovary

2F32.Z Benign neoplasm of ovary, unspecified

2F33 Benign neoplasm of other or unspecified female genital organs

A non-metastasizing neoplasm that arises from the female reproductive system. Representative examples include uterine corpus leiomyoma, endocervical polyp, and benign ovarian germ cell tumour.

2F34 Benign neoplasm of male genital organs

A non-metastasizing neoplasm that arises from the male reproductive system. Representative examples include benign prostate phyllodes tumour, benign Sertoli cell tumour, seminal vesicle cystadenoma, and epididymal adenomatoid tumour.

2F35 Benign neoplasm of urinary organs

A non-metastasizing neoplasm that arises from the organs that comprise the urinary system. Representative examples include renal oncocytoma, bladder inverted papilloma, and urothelial papilloma.

2F36 Benign neoplasm of eye or ocular adnexa

Exclusions: Benign neoplasm of optic nerve (2A02.3)

Benign neoplasm of skin of eyelid (2F20‑2F2Z)

Coded Elsewhere: Epibulbar choristoma (LA14.06)

Seborrhoeic keratosis (2F21.0)

2F36.0 Benign neoplasm of choroid

Abnormal growth of the cells of the choroid without malignant characteristics.

Coded Elsewhere: Haemangioma of choroid (2E81.0Y)

2F36.1 Benign neoplasm of iris

2F36.2 Benign neoplasm of ciliary body

2F36.3 Teratoma of orbit

This is an encapsulated tumour with tissue or organ components resembling normal derivatives of all three germ layers. This diagnosis is of the cavity or socket of the skull in which the eye and its appendages are situated.

2F36.4 Cysts of eyelid

Coded Elsewhere: Epidermoid cyst (EK70.0)

2F36.Y Other specified benign neoplasm of eye or ocular adnexa

2F36.Z Benign neoplasm of eye or ocular adnexa, unspecified

2F37 Benign neoplasm of endocrine glands

Exclusions: Benign neoplasm of endocrine pancreas (2E92.9)

Benign neoplasm of thymus (2F01)

Benign neoplasm of ovary (2F32)

Benign neoplasm of testis (2F34)

Benign neoplasm of hypothalamus (2A00.5)

2F37.0 Non-secreting pituitary adenoma

2F37.Y Other specified benign neoplasm of endocrine glands

2F37.Z Benign neoplasm of endocrine glands, unspecified

2F3Y Benign non-mesenchymal neoplasms of other specified site

2F3Z Benign non-mesenchymal neoplasms of unspecified site

2F5Y Other specified benign neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues

2F5Z Benign neoplasms, except of lymphoid, haematopoietic, central nervous system or related tissues, unspecified

Neoplasms of uncertain behaviour, except of lymphoid, haematopoietic, central nervous system or related tissues (2F70‑2F7Z)

A neoplasm displaying morphologic, phenotypic, or genotypic characteristics that are clearly not benign but do not permit the establishment of a definitive diagnosis of malignancy. Such neoplasms may or may not eventually have a more aggressive clinical course. Representative examples include lymphoproliferations of uncertain malignant potential (e.g., lymphomatoid granulomatosis and lymphomatoid papulosis), borderline ovarian epithelial neoplasms (e.g., borderline ovarian endometrioid tumour and borderline ovarian mucinous tumour), borderline exocrine pancreatic neoplasm (e.g., pancreatic borderline intraductal papillary-mucinous neoplasm), and primary borderline peritoneal epithelial neoplasm.

Coded Elsewhere: Pathological fracture in neoplastic disease of uncertain behaviour (FB80.B)

2F70 Neoplasms of uncertain behaviour of oral cavity or digestive organs

2F70.0 Neoplasms of uncertain behaviour of lip, oral cavity or pharynx

2F70.1 Neoplasms of uncertain behaviour of stomach

2F70.2 Neoplasms of uncertain behaviour of small intestine

2F70.3 Neoplasms of uncertain behaviour of colon

2F70.4 Neoplasms of uncertain behaviour of rectum

2F70.5 Neoplasms of uncertain behaviour of liver, gallbladder or bile ducts

2F70.Y Neoplasms of uncertain behaviour of oral cavity or digestive organs, other specified site

2F70.Z Neoplasms of uncertain behaviour of oral cavity or digestive organs, unspecified site

2F71 Neoplasms of uncertain behaviour of middle ear, respiratory or intrathoracic organs

2F71.0 Neoplasms of uncertain behaviour of thymus

2F71.1 Neoplasms of uncertain behaviour of larynx

2F71.2 Neoplasms of uncertain behaviour of pleura

2F71.3 Neoplasms of uncertain behaviour of trachea, bronchus or lung

2F71.4 Neoplasms of uncertain behaviour of mediastinum

2F71.Y Neoplasms of uncertain behaviour of middle ear, respiratory or intrathoracic organs, other specified site

2F71.Z Neoplasms of uncertain behaviour of middle ear, respiratory or intrathoracic organs, unspecified site

2F72 Neoplasms of uncertain behaviour of skin

2F72.1 Spitzoid tumour of uncertain malignant potential

A spindle cell and epithelioid cell melanocytic neoplasm in which there are sufficient features distinguishing it from a benign Spitz naevus to cast doubt on its benign nature. These atypical features include development in adult life, asymmetry, large diameter (>6 and especially >10 mm), significant thickness (particularly subcutaneous extension), lack of “maturation” and nodule formation, cytological atypia and a high mitotic rate.

2F72.2 Melanocytic naevus with severe melanocytic dysplasia

Melanocytic naevus with severe melanocytic dysplasia is a histopathological diagnosis based on the presence of severe cytological atypia, defined as enlarged, spindle- and epithelioid-shaped melanocytes with hyperchromatic nuclei (typically at least twice the size of those of basal keratinocytes) and distinct nucleoli. Such naevi tend to be irregular in size and pigmentation and to have been excised because of concern that they may represent early melanoma.

2F72.Y Other specified neoplasms of uncertain behaviour of skin

2F73 Neoplasms of uncertain behaviour of retroperitoneum

2F74 Neoplasms of uncertain behaviour of peritoneum

2F75 Neoplasms of uncertain behaviour of breast

2F76 Neoplasms of uncertain behaviour of female genital organs

2F77 Neoplasms of uncertain behaviour of male genital organs

2F78 Neoplasms of uncertain behaviour of urinary organs

2F79 Neoplasms of uncertain behaviour of eye or ocular adnexa

2F7A Neoplasms of uncertain behaviour of endocrine glands

2F7A.0 Multiple polyglandular tumours

Coded Elsewhere: Carney complex (5A70.Y)

Von Hippel-Lindau disease (5A75)

2F7A.Y Other specified neoplasms of uncertain behaviour of endocrine glands

2F7A.Z Neoplasms of uncertain behaviour of endocrine glands, unspecified

2F7B Neoplasms of uncertain behaviour of bone or articular cartilage

2F7C Neoplasms of uncertain behaviour of connective or other soft tissue

2F7Y Neoplasms of uncertain behaviour of other specified site

2F7Z Neoplasms of uncertain behaviour of unspecified site

Neoplasms of unknown behaviour, except of lymphoid, haematopoietic, central nervous system or related tissues (2F90‑2F9Z)

Coded Elsewhere: Pathological fracture in neoplastic disease of unknown behaviour (FB80.B)

2F90 Neoplasms of unknown behaviour of oral cavity or digestive organs

2F90.0 Neoplasms of unknown behaviour of colon

2F90.1 Neoplasms of unknown behaviour of rectum

2F90.Y Neoplasms of unknown behaviour of oral cavity or digestive organs, other specified site

2F90.Z Neoplasms of unknown behaviour of oral cavity or digestive organs, unspecified site

2F91 Neoplasms of unknown behaviour of middle ear, respiratory or intrathoracic organs

2F91.0 Neoplasms of unknown behaviour of larynx

2F91.1 Neoplasms of unknown behaviour of trachea, bronchus or lung

2F91.Y Neoplasms of unknown behaviour of other specified respiratory organ, intrathoracic organ or middle ear

2F91.Z Neoplasms of unknown behaviour of unspecified respiratory organ or intrathoracic organ

2F92 Neoplasms of unknown behaviour of skin

2F93 Neoplasms of unknown behaviour of retroperitoneum

2F94 Neoplasms of unknown behaviour of peritoneum

2F95 Neoplasms of unknown behaviour of breast

2F96 Neoplasms of unknown behaviour of female genital organs

2F97 Neoplasms of unknown behaviour of male genital organs

2F98 Neoplasms of unknown behaviour of urinary organs

2F99 Neoplasms of unknown behaviour of eye or ocular adnexa

2F9A Neoplasms of unknown behaviour of endocrine glands

2F9B Neoplasms of unknown behaviour of bone or articular cartilage

2F9C Neoplasms of unknown behaviour of connective or other soft tissue

2F9Y Neoplasms of unknown behaviour of other specified site

2F9Z Neoplasms of unknown behaviour of unspecified site

CHAPTER 03

Diseases of the blood or blood-forming organs

This chapter has 56 four-character categories.

Code range starts with 3A00

This chapter includes diseases of the blood as well as diseases of blood forming organs.

Exclusions: Complications of pregnancy, childbirth or the puerperium (Chapter 18)

Diseases of the immune system (Chapter 04)

Certain conditions originating in the perinatal period (Chapter 19)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Human immunodeficiency virus disease (1C60‑1C62.Z)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Congenital malformations, deformations or chromosomal abnormalities (Chapter 20)

Other diseases of the blood or blood-forming organs or certain disorders involving the immune mechanism complicating pregnancy, childbirth or the puerperium (JB64.1)

Coded Elsewhere: Neoplasms of haematopoietic or lymphoid tissues (2A20-2B3Z)

Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system (MA10-MA3Y)

This chapter contains the following top level blocks:

* Anaemias or other erythrocyte disorders
* Coagulation defects, purpura or other haemorrhagic or related conditions
* Diseases of spleen

Anaemias or other erythrocyte disorders (3A00‑3A9Z)

Inclusions: Anaemia, unspecified

Coded Elsewhere: Anaemia complicating pregnancy, childbirth or the puerperium (JB64.0)

Anaemia of prematurity (KA8B)

Nutritional or metabolic anaemias (3A00‑3A03.Y)

3A00 Iron deficiency anaemia

A disease caused by chronic or acute bleeding, excessive menstrual bleeding, inadequate intake, substances (in diet or drugs) interfering with iron absorption, malabsorption syndromes, inflammation, infection or blood donation. This disease is characterised by decreased levels of iron present in the body. This disease may present with fatigue, pallor or dizziness. Confirmation is by identification of decreased levels of iron in a blood sample.

3A00.0 Acquired iron deficiency anaemia due to blood loss

Chronic blood loss is a possible cause in every case of iron-deficiency anaemia. Iron deficiency anaemia may be caused by acute bleeding in gastrointestinal tract, uterus or genitourinary system, copious menstrual blood losses (menorrhagia) and multiple blood donations. In many tropical countries, infestations with hookworms lead to intestinal blood losses that in some individuals can be considerable. Iron deficiency may also be caused by several circumstances related to “chronic posthaemorrhagic anaemia”. A diagnosis of iron deficiency should always lead to a search for pathologic causes of blood loss (e.g. tumours in the gastrointestinal tract or uterus, especially if uterine bleedings have increased or changed in regularity).

Exclusions: congenital anaemia from fetal blood loss (KA8C)

3A00.01 Chronic posthaemorrhagic anaemia

Chronic iron-deficiency anaemia from bleeding may be caused by colon cancer, gastric cancer, peptic ulcer, Meckel diverticulum, hiatal hernia with linear erosions, colonic vascular ectasia, colonic polyps, haemangioma, inflammatory bowel disease, tumours in the gastrointestinal tract or uterus, and chronic menorrhagia. Some infants with severe iron deficiency have chronic intestinal blood loss induced by exposure to cow's milk protein. Repeated phlebotomy for blood tests is a cause of anaemia of prematurity.

3A00.0Z Acquired iron deficiency anaemia due to blood loss, unspecified

3A00.1 Acquired iron deficiency anaemia due to low intake

Iron deficiency is probably the most common nutritional deficiency disorder in the world. Iron deficiency anaemia during pregnancy increases perinatal risks for mothers and neonates; and increases overall infant mortality. Severe anaemia is a major risk factor associated with greatly increased morbidity and mortality for young children and pregnant women. Prompt recognition of the condition, treatment and clinical follow-up of individuals are crucial in avoiding complications such as high-output heart failure. Maternal iron deficiency during pregnancy increases the risk of iron deficiency in the infant. In less developed countries, the prevalence of iron deficiency during pregnancy is higher than in developed countries, and iron supplementation during pregnancy is beneficial.

3A00.2 Acquired iron deficiency anaemia due to decreased absorption

3A00.3 Acquired iron deficiency anaemia due to increased requirement

3A00.Y Other specified iron deficiency anaemia

3A00.Z Iron deficiency anaemia, unspecified

3A01 Megaloblastic anaemia due to vitamin B12 deficiency

A disease caused by inadequate dietary intake of vitamin B12, impaired absorption of vitamin B12, surgical removal of the small bowel, coeliac disease or inherited mutations affecting absorption of vitamin B12. This disease is characterised by decreased levels of vitamin B12 in the body presenting with or without anaemia. This disease may present with fatigue, pallor, dizziness, seizures, or symptoms of dementia. Confirmation is by identification of decreased levels of vitamin B12 in a blood sample.

3A01.0 Hereditary vitamin B12 deficiency anaemia

This is a hereditary low blood level of vitamin B12. It can cause permanent damage to nervous tissue if left untreated long enough. Vitamin B12 itself was discovered through investigation of pernicious anaemia, which is an autoimmune disease that destroys parietal cells in the stomach that secrete intrinsic factor.

3A01.1 Neonatal vitamin B12 deficiency anaemia

A disease caused by a lack of vitamin B12 in the mother, which is passed onto the fetus in the antenatal period or to the neonate during breast feeding. This disease is characterised by decreased levels of vitamin B12. This disease may present with increased risk of birth defects or preterm delivery, anaemia, irritability, failure to thrive or apathy. Confirmation is by identification of low levels of vitamin B12 in a blood sample.

Exclusions: Hereditary vitamin B12 deficiency anaemia (3A01.0)

3A01.2 Vitamin B12 deficiency anaemia due to low intake

A disease caused by insufficient intake of vitamin B12 into the body. This disease is characterised by low levels of vitamin B12 leading to low levels of red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of vitamin B12 and red blood cell count in a blood sample.

3A01.3 Vitamin B12 deficiency anaemia due to intrinsic factor deficiency

Exclusions: Vitamin B12 deficiency anaemia due to congenital intrinsic factor deficiency (3A01)

3A01.30 Pernicious anaemia

Acquired pernicious anaemia, also called Biermer's disease, is a disorder in vitamin B12 (cobalamin) absorption characterised by megaloblastic anaemia and gastrointestinal symptoms, and that can lead to neurological abnormalities.

3A01.3Y Other specified vitamin B12 deficiency anaemia due to intrinsic factor deficiency

3A01.4 Vitamin B12 deficiency anaemia due to intestinal disease

A number of intestinal disorders can also cause vitamin B12 (cobalamin) deficiency. These include severe pancreatic diseases and small bowel diseases such as malabsorption, ileal disease (including tuberculous ileitis, lymphoma, amyloid, long-term survivors of pelvic irradiation), extensive small bowel resection or bypass, gastric surgery/reconstruction for obesity (bariatric surgery) and Crohn's disease. When jejunal blind loops are present, bacterial overgrowth within the loops competes for cobalamin, leading to cobalamin deficiency. Although not as common currently, infestation with the fish tapeworm, Diphyllobothrium latum, was once a classic cause of cobalamin deficiency.

Coding Note: Code also the causing condition

3A01.5 Drug-induced vitamin B12 deficiency anaemia

3A01.Y Other specified megaloblastic anaemia due to vitamin B12 deficiency

3A01.Z Megaloblastic anaemia due to vitamin B12 deficiency, unspecified

3A02 Folate deficiency anaemia

3A02.0 Hereditary folate deficiency anaemia

3A02.1 Folate deficiency anaemia due to low intake

3A02.2 Folate deficiency anaemia due to increased requirements

3A02.3 Folate deficiency anaemia due to decreased intestinal absorption

A disease caused by determinants affecting intestinal absorption of folate arising after birth. This disease is characterised by low levels of folate in the body leading to incomplete formation of red blood cells resulting in large numbers of immature and incompletely developed red blood cells. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, tachycardia or extremity paraesthesia. Confirmation is by identification of low folate levels in a blood sample.

Coding Note: Code also the causing condition

3A02.4 Drug-induced folate deficiency anaemia

3A02.Y Other specified folate deficiency anaemia

3A02.Z Folate deficiency anaemia, unspecified

3A03 Other nutritional or metabolic anaemias

A disease caused by nutritional and metabolic determinants leading to anaemia. This disease is characterised by decreased levels of red blood cells within the body. This disease may present with fatigue, pallor or dizziness. Confirmation is by identification of a decreased red blood cell count in a blood sample.

Coded Elsewhere: Disorders of pyrimidine metabolism (5C55.1)

Lesch-Nyhan syndrome (5C55.01)

3A03.0 Hereditary orotic aciduria

Hereditary orotic aciduria is an extremely rare (less than 20 cases identified worldwide) autosomal recessive disorder characterised by retarded growth, anaemia and excessive urinary excretion of orotic acid. It is due to a severe deficiency in the activity of the pyrimidine pathway enzyme uridine 5'-monophosphate (UMP) synthase (bifunctional enzyme containing two activities: orotate phosphoribosyltransferase and orotidine 5'-monophosphate decarboxylase), coded by a single gene (UMPS) localised to chromosome 3q13.

3A03.1 Protein deficiency anaemia

A disease caused by low levels of protein within the body. This disease is characterised by a low red blood cell count in the blood. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of a low red blood cell count in a blood sample.

Exclusions: Lesch-Nyhan syndrome (5C55.01)

3A03.2 Scorbutic anaemia

Scorbutic anaemia is a common finding in infants and young children with scurvy and is related to impaired iron absorption and coexistent haematopoietic nutrient deficiencies including iron, vitamin B12 and folate.

3A03.3 Copper deficiency anaemia

Anaemia due to copper deficiency arises from impaired utilization of iron and is therefore a conditioned form of iron deficiency anaemia.

3A03.4 Acquired other vitamin B deficiency anaemia

A disease caused by a lack of B vitamins in the body arising after birth. This disease is characterised by low levels of B vitamins leading to low levels of red blood cells in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count and low B vitamin counts in a blood sample.

3A03.40 Acquired pyridoxine deficiency anaemia

A disease caused by determinants arising after birth. This disease is characterised by low levels of pyridoxine (vitamin B6) leading to low levels of red blood cells in the body. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities. Confirmation is by identification of low levels of pyridoxine and low red blood cell count in a blood sample.

3A03.41 Acquired riboflavin deficiency anaemia

A disease caused by determinants arising after birth. This disease is characterised low levels of riboflavin (vitamin B2) leading to low levels of red blood cells in the body. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities. Confirmation is by identification of low levels of riboflavin and low red blood cell count in a blood sample.

3A03.42 Acquired thiamine deficiency anaemia

A disease caused by a lack of thiamine arising after birth. This disease is characterised low levels of thiamine in the body leading to low levels of red blood cells. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities. Confirmation is by identification of low levels of thiamine and low red blood cell count in a blood sample.

3A03.4Y Other specified acquired other vitamin B deficiency anaemia

3A03.5 Acquired vitamin A deficiency anaemia

3A03.6 Acquired vitamin E deficiency anaemia

Inclusions: Haemolytic anaemia due to vitamin E deficiency

3A03.Y Other and unspecified nutritional or metabolic anaemia

Haemolytic anaemias (3A10‑3A4Z)

A disease caused by determinants arising after birth, during the antenatal period or genetically inherited factors leading to premature haemolysis of red blood cells. This disease is characterised by low levels of red blood cells in the body due to abnormal breakdown of the cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

Congenital haemolytic anaemia (3A10‑3A1Y)

A disease caused by determinants arising in the antenatal period. This disease is characterised by low levels of red blood cells in the body due to abnormal destruction of the red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

Coded Elsewhere: Haemolytic disease of fetus or newborn (KA84)

3A10 Hereditary haemolytic anaemia

3A10.0 Haemolytic anaemias due to hexose monophosphate shunt or glutathione metabolism anomalies

This is a form of anaemia due to haemolysis, the abnormal breakdown of red blood cells (RBCs), either in the blood vessels (intravascular haemolysis) or elsewhere in the human body (extravascular). This diagnosis is due to a process that generates NADPH and pentoses (5-carbon sugars) and glutathione metabolism anomalies.

3A10.00 Haemolytic anaemia due to glucose-6-phosphate dehydrogenase deficiency

Glucose-6-phosphate dehydrogenase (G6PD) deficiency is the most common hereditary erythrocyte enzyme deficiency that can manifest with severe neonatal jaundice which can lead to serious neurological consequences, or, most often, with acute haemolytic anaemia following ingestion of certain foods (fava beans), common drugs (some antimalaria drugs, sulphamides, analgesics), or in the course of an infection, in otherwise asymptomatic individuals.

3A10.0Y Other specified haemolytic anaemias due to hexose monophosphate shunt or glutathione metabolism anomalies

3A10.0Z Haemolytic anaemias due to hexose monophosphate shunt or glutathione metabolism anomalies, unspecified

3A10.1 Haemolytic anaemia due to adenosine deaminase excess

3A10.2 Hereditary elliptocytosis

Hereditary elliptocytosis is a group of rare conditions caused by abnormalities in the red cell cytoskeleton and marked by the presence on blood smears of numerous elliptical red blood cells, called elliptocytes. Clinical presentations are highly heterogeneous ranging from asymptomatic forms to more severe forms associated with variable anaemia, from moderate to severe and with pyropoikilocytosis including fragmented red cells, microelliptocytes and microspherocytes.

3A10.3 Familial pseudohyperkalaemia

A disease caused by a genetically inherited mutation. This disease is characterised by a temperature-dependent defect in red cell membrane permeability to potassium that leads to high in vitro potassium levels in samples stored below 37°C leading to elevated potassium levels in the blood that does not reflect the true potassium level. Confirmation is by identification of genetic mutation through genetic testing.

3A10.Y Other specified hereditary haemolytic anaemia

3A10.Z Hereditary haemolytic anaemia, unspecified

3A1Y Other specified congenital haemolytic anaemia

Acquired haemolytic anaemia (3A20‑3A2Z)

A disease characterised by premature destruction of red blood cells arising after birth. This disease is further characterised by low levels of red blood cells in the body due to abnormal destruction of the cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

3A20 Acquired haemolytic anaemia, immune

A condition characterised by antibodies that are directed against red blood cells in an autoimmune reaction leading to low levels of red blood cells. This condition may present with pallor, fatigue, shortness of breath. Confirmation is by identification of antibodies in a blood sample and positive Coombs test result.

3A20.0 Autoimmune haemolytic anaemia, warm type

Autoimmune haemolytic anaemia (AIHA) is an autoimmune disorder in which various types of auto-antibodies are directed against red blood cells causing their survival to be shortened and resulting in haemolytic anaemia. AIHA can be primary (idiopathic), secondary to infection or associated with diseases such as B-cell lymphomas, other systemic or organ-specific autoimmune diseases, Hodgkin's disease, hepatitis or primary immunodeficiencies, or, in the case of drug-induced AIHA, caused by a reaction to drugs.

Exclusions: Evans syndrome (3A20.5)

Haemolytic disease of fetus or newborn (KA84)

Paroxysmal cold haemoglobinuria (3A20.3)

3A20.1 Autoimmune haemolytic anaemia, cold type

Cold autoimmune haemolytic anaemia comprises two types of autoimmune haemolytic anaemia (AIHA) defined by the presence of cold autoantibodies (autoantibodies which are active at temperatures below 30°C): cold agglutinin disease (CAD), which is the more common, and paroxysmal cold haemoglobinuria (PCH). CAD is more common in people over the age of 55 years, while PCH typically presents in young children. CAD is caused by IgM autoantibodies while PCH is caused by an IgG immunoglobulin.

Exclusions: Immune thrombocytopenic purpura (3B64.10)

Haemolytic disease of fetus or newborn (KA84)

3A20.2 Autoimmune haemolytic anaemia, mixed type, cold and warm

Mixed autoimmune haemolytic anaemia is a type of autoimmune haemolytic anaemia (AIHA) defined by the presence of both warm and cold autoantibodies, which have a deleterious effect on red blood cells at either body temperature or at lower temperatures.

3A20.3 Paroxysmal cold haemoglobinuria

Paroxysmal cold hemoglobinuria is a very rare subtype of autoimmune haemolytic anaemia (AIHA), caused by the presence of cold-reacting autoantibodies in the blood and characterised by the sudden presence of hemoglobinuria, typically after exposure to cold temperatures. PCH is thought to account for at most 2-10% of cases of AIHA.

3A20.4 Alloimmune haemolytic anaemia

A disease caused by determinants such as a blood transfusion that lead to an immune response directed against the person's own red blood cells. This disease is characterised by low levels of red blood cells in the body due to abnormal destruction of the red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

Exclusions: Haemolytic disease of fetus or newborn (KA84)

3A20.5 Evans syndrome

Evans syndrome is characterised by the association of autoimmune haemolytic anaemia with another haematological anomaly. The thrombocytopaenia may precede, occur concurrently with, or secondary to the autoimmune haemolytic anaemia.

3A20.Y Other specified acquired haemolytic anaemia, immune

3A21 Acquired haemolytic anaemia, non-immune

A disease caused by determinants such as infection, toxic chemicals, drugs and trauma arising after birth. This disease is characterised by haemolysis of red blood cells. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of decreased red blood cell count in a blood sample and negative Coombs test result.

3A21.0 Paroxysmal nocturnal haemoglobinuria

Paroxysmal nocturnal hemoglobinuria (PNH) is an acquired clonal hematopoietic stem cell disorder characterised by corpuscular haemolytic anaemia, bone marrow failure and frequent thrombotic events.

Exclusions: haemoglobinuria NOS (MF94)

Aplastic anaemia with paroxysmal nocturnal haemoglobulinuria (3A70.1)

3A21.1 Microangiopathic haemolytic anaemia

This is a microangiopathic subgroup of haemolytic anaemia (loss of red blood cells through destruction) caused by factors in the small blood vessels. It is identified by the finding of anaemia and schistocytes on microscopy of the blood film.

3A21.2 Haemolytic uraemic syndrome

Exclusions: Hereditary haemolytic uraemic syndrome (3A10)

3A21.Y Other specified acquired haemolytic anaemia, non-immune

3A2Z Acquired haemolytic anaemia, unspecified

3A4Z Haemolytic anaemias, unspecified

3A50 Thalassaemias

A disease caused by genetically inherited autosomal recessive mutations leading to abnormal production of haemoglobin. This disease is characterised by destruction of red blood cells leading to anaemia and abnormal production of haemoglobin. This disease may present with pallor, jaundice, iron overload, fatigue, or shortness of breath. Confirmation is by identification of mutations through genetic testing.

3A50.0 Alpha thalassaemia

Alpha-thalassemia is an inherited haemoglobinopathy characterised by impaired synthesis of alpha-globin chains leading to a variable clinical picture depending on the number of affected alleles, and encompassing the alpha thalassaemia trait, haemoglobin H disease (HbH) and Bart's hydrops fetalis.

Exclusions: Hydrops fetalis due to haemolytic disease (KA85)

3A50.00 Mild alpha thalassaemia diseases

A disease caused by genetically inherited factors affecting the alpha chain of the haemoglobin molecule. This disease is characterised by structural abnormalities of the haemoglobin molecule. This disease may present with mild anaemia: pallor, fatigue, shortness of breath. Confirmation is by identification of changes to the alpha chain by genetic testing.

3A50.01 Thalassaemic alpha-chain variants

3A50.02 Haemoglobin H disease (– α/– – included)

Haemoglobin H (HbH) disease is a moderate to severe form of alpha-thalassemia characterised by pronounced microcytic hypochromic haemolytic anaemia.

3A50.03 Homozygous or compound heterozygous alpha0 thalassaemia

Hb Bart's hydrops fetalis is the most severe form of alpha-thalassemia and is almost always lethal. It is characterised by fetal onset of generalised oedema, pleural and pericardial effusions, and severe hypochromic anaemia.

3A50.0Y Other specified alpha thalassaemia

3A50.0Z Alpha thalassaemia, unspecified

3A50.1 Alpha thalassaemia related syndromes

Alpha-thalassemia-related diseases refers to a group of diseases characterised by alpha-thalassemia and an associated disorder. Three conditions are included in this group: alpha-thalassemia-intellectual deficit syndrome, X-linked (or ATR-X syndrome), alpha-thalassemia-intellectual deficit syndrome and alpha-thalassemia-myelodysplastic disease or ATMDS.

3A50.2 Beta thalassaemia

Beta-thalassemia (BT) is a haemoglobinopathy characterised by deficiency (Beta+) or absence (Beta0) of synthesis of the beta globin chains of haemoglobin (Hb). Three main types of BT have been described: minor, intermedia and major with clinical presentation ranging from asymptomatic forms to microcytic anaemia and splenomegaly due to defective erythropoiesis and haemolysis.

3A50.3 Delta, delta-beta or gamma-delta-beta thalassaemia

Delta-beta-thalassemia is a form of beta-thalassemia characterised by decreased or absent synthesis of the delta- and beta-globin chains with a compensatory increase in expression of fetal gamma-chain synthesis.

3A50.4 Hereditary persistence of fetal haemoglobin

Hereditary persistence of fetal haemoglobin (HPFH) associated with beta-thalassaemia is a haemoglobinopathy characterised by high haemoglobin (Hb)F levels and an increased number of fetal-Hb-containing cells. The association of HPFH with beta-thalassaemia mitigates the clinical manifestations which vary from a normal state to beta-thalassaemia intermedia.

3A50.Y Other specified thalassaemias

3A50.Z Thalassaemias, unspecified

3A51 Sickle cell disorders or other haemoglobinopathies

Any disorder caused by a HbS mutation in the haemoglobin gene. This disorder is characterised by abnormal rigid sickle-shaped red blood cells decreasing its ability to carry oxygen. This disorder may present with fatigue, shortness of breath, dizziness, headaches, pallor of skin or mucous membranes, and jaundice. This disorder is confirmed by identification of HbS mutation by genetic testing.

Coded Elsewhere: Osteonecrosis due to haemoglobinopathy (FB81.4)

Other sickle-cell disorders with retinopathy (9B71.Y)

3A51.0 Sickle cell trait

A disease caused by genetic inheritance of one abnormal allele of the haemoglobin gene. This disease does not display the severe symptoms of sickle cell disease that occurs in homozygous individuals. Confirmation is by identification of mutation through genetic testing.

3A51.1 Sickle cell disease without crisis

A disorder caused by a HbS mutation in the haemoglobin gene. This disorder is characterised by abnormal rigid sickle-shaped red blood cells decreasing its ability to carry oxygen. This disorder may present with fatigue, shortness of breath, dizziness, headaches, pallor of skin or mucous membranes, and jaundice. This disorder is confirmed by identification of HbS mutation by genetic testing.

3A51.2 Sickle cell disease with crisis

Sickle cell crisis occurs when the sickle cells block blood flow, thus decreasing oxygen delivery to the tissues. This results in intense to severe pain in the extremities, lower back, abdomen, and chest. A crisis can be brought on by illness, stress, dehydration, exposure to temperature changes or high altitudes.

Inclusions: Hb-SS disease with crisis

3A51.3 Compound heterozygous sickling disorders without crisis

A disease caused by genetic inheritance of two heterozygous recessive alleles of the haemoglobin gene leading to abnormal formation of haemoglobin molecule. This disease is characterised by rigid, sickle shaped red blood cells. Confirmation is by identification of mutations through genetic testing.

3A51.4 Compound heterozygous sickling disorders with crisis

Compound heterozygous sickling disorders with crisis may present with acute chest syndrome, splenic sequestration, haemolytic crisis, and pain.

3A51.5 Haemoglobin C disease

A disease caused by the bi-parental gene that encodes for haemoglobin C. This disease is characterised by abnormal structure of one of the globin chains of the haemoglobin molecule. This disease may present with mild haemolytic anaemia, increased risk for gallstones, enlarged spleen, episodes of joint pain, and increased risk of infection. This disease is confirmed by identification of the haemoglobin C gene by genetic testing.

Exclusions: Hereditary persistence of fetal haemoglobin (3A50.4)

3A51.6 Haemoglobin D disease

Haemoglobin D (Hb D) disease is characterised by mild haemolytic anaemia and mild to moderate splenomegaly. Prevalence is unknown. Heterozygous forms of Hb D are clinically silent. Molecular testing can be useful to distinguish Hb D homozygosity from cases of heterozygous Hb D in association with beta-(0) thalassaemia.

3A51.7 High affinity haemoglobin

A disease caused by determinants arising after birth, in the antenatal period or by genetically inherited factors leading to high oxygen affinity haemoglobin. This disease is characterised by abnormalities in the globin chains that alter the affinity of the haemoglobin molecule for oxygen, affecting the normal loading of oxygen in the lungs and delivery of oxygen to the tissues.

3A51.8 Low affinity haemoglobin

A disease caused by determinants arising after birth, in the antenatal period or by genetically inherited factors leading to low oxygen affinity haemoglobin. This disease is characterised by abnormalities in the globin chains that alter the affinity of the haemoglobin molecule for oxygen, affecting the normal loading of oxygen in the lungs and delivery of oxygen to the tissues. This disease may present with fatigue, muscle weakness, loss of appetite, weight loss, diarrhoea, nausea, fast heartbeat or numbness in extremities.

3A51.9 Haemoglobin O disease

A disease caused by the bi-parental inheritance of the gene that encodes for haemoglobin O. This disease is characterised by abnormal structure of one of the globin chains of the haemoglobin molecule. This disease may present with mild haemolytic anaemia, increased risk for gallstones, enlarged spleen, episodes of joint pain, and increased risk of infection. This disease is confirmed by identification of the haemoglobin O gene by genetic testing.

3A51.A Haemoglobin E disease

Haemoglobin E disease is characterised by the synthesis of an abnormal haemoglobin called haemoglobin E (HbE), instead of the normal haemoglobin A (HbA). Subjects heterozygous for HbE (AE) have an asymptomatic condition with no clinical relevance, except for the risk of transmitting E/beta thalassemia if the other parent carries beta thalassemia. The severity of these E/beta thalassemia forms is very variable, the clinical picture ranging from that of beta thalassemia minor through to thalassemia intermedia to thalassemia major. Subjects homozygous for HbE (EE) are asymptomatic.

3A51.B Haemoglobin C/beta thalassaemia compound heterozygosity

Haemoglobin C/beta thalassaemia is a condition resulting from coinheritance of haemoglobin C and beta thalassaemia, both beta globin genes being mutated.

3A51.Y Other specified sickle cell disorders or other haemoglobinopathies

3A51.Z Sickle cell disorders or other haemoglobinopathies, unspecified

Pure red cell aplasia (3A60‑3A6Z)

A condition caused by determinates arising during the antenatal period, after birth or genetically inherited factors, leading to a change in the formation of erythrocytes. This condition is characterised by maturation arrest occuring in the formation of erythrocytes. This condition may present with severe anaemia. Confirmation is by identification of abnormally formed erythrocytes in a blood sample.

3A60 Congenital pure red cell aplasia

A condition caused by determinants arising during the antenatal period, leading to a change in the formation of erythrocytes. This condition is characterised by maturation arrest occurring in the formation of erythrocytes. This condition may present with severe anaemia. Confirmation is by identification of decreased red blood cell count in a blood sample.

3A60.0 Congenital non-inherited pure red cell aplasia

A condition caused by determinates arising during the antenatal period, leading to a change in the formation of erythrocytes. This condition is characterised by maturation arrest occuring in the formation of erythrocytes. This condition may present with severe anaemia. Confirmation is by identification of decreased levels of red blood cells in a blood sample.

3A60.1 Hereditary pure red cell aplasia

A condition caused by determinates arising during the antenatal period, leading to a change in the formation of erythrocytes. This condition is characterised by maturation arrest occuring in the formation of erythrocytes. This condition may present with severe anaemia. Confirmation is by identification of decreased red blood cell count in a blood sample.

3A60.Z Congenital pure red cell aplasia, unspecified

3A61 Acquired pure red cell aplasia

A condition characterised by the near absence of red blood cell precursors in bone marrow, often associated with thymomas and autoimmune disorders

Exclusions: Aplastic anaemia with paroxysmal nocturnal haemoglobulinuria (3A70.1)

3A61.0 Acute acquired pure red cell aplasia

This refers to transient (acute) and acquired type of anaemia affecting the precursors to red blood cells but not to white blood cells. In PRCA, the bone marrow ceases to produce red blood cells.

3A61.1 Chronic acquired pure red cell aplasia

This refers to a chronic and acquired type of anaemia affecting the precursors to red blood cells but not to white blood cells. In PRCA, the bone marrow ceases to produce red blood cells.

3A61.Y Other specified acquired pure red cell aplasia

3A61.Z Acquired pure red cell aplasia, unspecified

3A6Z Pure red cell aplasia, unspecified

3A70 Aplastic anaemia

A disease caused by determinants arising after birth, in the antenatal period or genetically inherited factors leading to the inability of stem cells to generate new mature cells. This disease is characterised by low levels of red blood cells, white blood cells, and platelets. This disease may present with pallor, fatigue, dizziness, increased risk of infection or increased bruising or bleeding.

Inclusions: Medullary hypoplasia

Panmyelophthisis

3A70.0 Congenital aplastic anaemia

A disease caused by determinants in the antenatal period leading to the inability of stem cells to generate new mature cells. This disease is characterised by low levels of red blood cells, white blood cells, platelets. This disease may present with pallor, fatigue, dizziness, increased risk of infection or increased bruising or bleeding.

Inclusions: familial hypoplastic anaemia

Constitutional medullar aplasia

Exclusions: Congenital amegakaryocytic thrombocytopenia (3B64.01)

Coded Elsewhere: Congenital hypoplastic anaemia (KA8C)

Noonan syndrome (LD2F.15)

3A70.1 Acquired aplastic anaemias

A condition occurring secondary to other disorders or via an auto-immune response directed to the bone marrow arising after birth. This disease is characterised by an almost complete absence of hematopoietic stem cells resulting in low levels of red and white blood cells and platelets. This condition may present with fatigue, chronic infections, dizziness, weakness, headaches, and episodes of bleeding, usually in the skin and mucous membranes.

Inclusions: Acquired medullar aplasia

Coded Elsewhere: Paroxysmal nocturnal haemoglobinuria (3A21.0)

Myelofibrosis with myeloid metaplasia (2A20.2)

3A70.10 Drug-induced aplastic anaemia

A disease caused by drug intake. This disease is characterised by inability of stem cells to generate new mature cells leading to low levels of red blood cells, white blood cells, platelets. This disease may present with pallor, fatigue, dizziness, increased risk of infection or increased bruising/bleeding.

3A70.11 Aplastic anaemia due to other external agents

3A70.12 Idiopathic aplastic anaemia

3A70.1Y Other specified acquired aplastic anaemias

3A70.1Z Acquired aplastic anaemias, unspecified

3A70.Z Aplastic anaemia, unspecified

3A71 Anaemia due to chronic disease

A disease caused by chronic diseases such as chronic infection. This disease is characterised by inflammatory responses targeted at red blood cells leading to low levels of red blood cells in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of red blood cells in a blood sample.

Coding Note: Code also the causing condition

3A71.0 Anaemia in neoplastic disease

A disease caused by chronic neoplastic diseases. This disease is characterised by inflammatory responses targeted at red blood cell leading to low levels of red blood cells in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of red blood cells in a blood sample

Coding Note: Code also the causing condition

3A71.1 Anaemia in chronic infectious diseases

A disease caused by chronic infectious diseases leading to decreased levels of red blood cells in the blood. This disease is characterised by a low red blood cell count in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low red blood cell count in a blood sample.

Coding Note: Code also the causing condition

3A71.2 Anaemia in chronic kidney disease

A disease caused by chronic kidney disease. This disease is characterised by a low red blood cell count in the blood. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of a low red blood cell count in a blood sample.

Coding Note: Code also the causing condition

3A71.Y Anaemia due to other specified chronic disease

Coding Note: Code also the causing condition

3A71.Z Anaemia due to chronic disease, unspecified

3A72 Sideroblastic anaemia

Sideroblastic anaemias are a group of disorders in which haemoglobin is insufficiently synthesized, because of defective use of iron (although plasmatic iron levels may be normal or elevated). They are said to be sideroblastic because of the presence of ringed sideroblasts in the blood due to accumulated ferritin in mitochondria. Anaemias may be microcytic hypochrome (in thalassemia and hereditary sideroblastic anaemias), or macrocytic (in idiopathic acquired sideroblastic anaemias).

3A72.0 Congenital sideroblastic anaemias

A disease caused by determinants arising in the antenatal period leading to the production of ringed sideroblasts; abnormal nucleated erythroblasts. This disease is characterised by the inability to incorporate haemoglobin, which red blood cells need to transport oxygen efficiently. This disease may present with pallor, fatigue, dizziness, and enlarged spleen and liver, heart disease, liver damage, or kidney failure.

3A72.00 Hereditary sideroblastic anaemias

Inclusions: Sex-linked hypochromic sideroblastic anaemia

3A72.01 Hereditary syndromic sideroblastic anaemia

Coded Elsewhere: Thiamine-responsive megaloblastic anaemia syndrome (5C63.Y)

3A72.0Y Other specified congenital sideroblastic anaemias

3A72.0Z Congenital sideroblastic anaemias, unspecified

3A72.1 Acquired sideroblastic anaemias

A disease caused by determinants arising after birth such as myelodysplastic syndromes, antimicrobials, pyridoxine deficiency, lead poisoning, or copper deficiency. Zinc can indirectly cause sideroblastic anaemia by decreasing absorption and increasing excretion of copper. This disease is characterised by the inability to incorporate haemoglobin, which red blood cells need to transport oxygen efficiently. This disease may present with pallor, fatigue, dizziness, and enlarged spleen and liver, heart disease, liver damage, or kidney failure.

Coded Elsewhere: Refractory anaemia with ring sideroblasts (2A33)

3A72.Z Sideroblastic anaemia, unspecified

3A73 Congenital dyserythropoietic anaemia

Congenital dyserythropoietic anaemias (CDA) result from diverse erythropoietic disorders; they lead to the defective production of red blood cells (RBC) and often mild haemolysis that attests to a qualitative defect of these RBC released into the circulation. Three forms of CDA have been characterised: types I, II and III. The shared symptoms include anaemia of variable severity, intermittent jaundice, splenomegaly and hepatomegaly.

Exclusions: Blackfan-Diamond syndrome (3A60.1)

Di Guglielmo disease (2A60.35)

Polycythaemia (3A80‑3A8Z)

Coded Elsewhere: Polycythaemia vera (2A20.4)

Polycythaemia neonatorum (KA8A)

3A80 Congenital polycythaemia

A disease caused by determinants occurring in the antenatal period leading to changes in the concentration of red blood cells. This disease is characterised by having a high concentration of red blood cells in the body leading to slow flow of blood. This disease may present with headaches, blurred vision, red skin, tiredness, high blood pressure, dizziness, periods of confusion, bleeding problems, gout or itchy skin. Confirmation is by identification of increased levels of red blood cells in a blood sample.

Coded Elsewhere: Polycythaemia neonatorum (KA8A)

3A80.0 Primary inherited erythrocytosis

A disease caused by genetically inherited factors leading to changes in the concentration of red blood cells. This disease is characterised by having a high concentration of red blood cells in the body leading to slow flow of blood. Confirmation is by identification of mutations by genetic testing.

3A80.Y Other specified congenital polycythaemia

3A80.Z Congenital polycythaemia, unspecified

3A81 Acquired polycythaemia

Secondary polycythaemia is acquired and caused by either natural or artificial increases in the production of erythropoietin, hence an increased production of erythrocytes.

3A81.0 Polycythaemia due to hypoxia, including high altitude

3A81.1 Polycythaemia due to over-transfusion or blood doping

3A81.2 Relative polycythaemia

A disease caused by loss of body fluids leading to apparent increased levels of red blood cells in the blood. This disease may present with headache, vertigo, abnormally enlarged spleen or liver, high blood pressure, or formation of blood clots. Confirmation is by identification of relative blood cell counts in a blood sample.

3A81.Y Other specified acquired polycythaemia

3A81.Z Acquired polycythaemia, unspecified

3A8Z Polycythaemia, unspecified

3A90 Anaemia due to acute disease

Exclusions: Acute posthaemorrhagic anaemia (3A94)

3A91 Congenital methaemoglobinaemia

A disease caused by determinants in the antenatal period leading to lack of the enzyme cytochrome b5 reductase. This disease is characterised by elevated levels of methemoglobin within the blood leading to haemoglobin ineffectively releasing oxygen to body tissues. This disease may present with shortness of breath, cyanosis, headache, fatigue, exercise intolerance, dizziness and loss of consciousness. Confirmation is by identification of mutation by genetic testing.

3A92 Hereditary methaemoglobinaemia

Hereditary methemoglobinemia (HM) is a rare red cell disorder classified principally into two clinical phenotypes: autosomal recessive congenital (or hereditary) methemoglobinemia types I and II (RCM/RHM type 1; RCM/RHM type 2). In RCM type 1, well-tolerated cyanosis from birth is the only symptom. RCM type 2, with global loss of Cb5R function, is much more severe; the cyanosis is accompanied by neurological dysfunction (with intellectual deficit, microcephaly, growth retardation, opisthotonus, strabismus and hypertonia), which usually becomes evident during the first four months of life.

3A93 Acquired methaemoglobinaemia

3A94 Acute posthaemorrhagic anaemia

A disease caused by blood loss such as subsequent to trauma. This disease is characterised by loss of blood from the body leading to low levels of red blood cells/blood in the body. This disease may present with pallor, fatigue, or shortness of breath. Confirmation is by identification of low levels of red blood cells in a blood sample.

Exclusions: congenital anaemia from fetal blood loss (KA8C)

Anaemia due to acute disease (3A90)

3A9Y Other specified anaemias or erythrocyte disorders

3A9Z Anaemias or other erythrocyte disorders, unspecified

Coagulation defects, purpura or other haemorrhagic or related conditions (3B10‑3B6Z)

A condition caused by determinants arising during the antenatal period, after birth or by genetically inherited factors, leading to coagulation defects. This condition is characterised by increased bruising and bleeding.

Exclusions: Postpartum coagulation defects (JA43.3)

Coagulation defects (3B10‑3B4Z)

Congenital or constitutional haemorrhagic condition (3B10‑3B1Z)

A condition caused by determinants arising during the antenatal period or genetically inherited factors, leading to defects in clotting mechanisms or abnormalities causing structural flaws in the blood vessels. This disease is characterised by spontaneous bleeding or bruising.

Coded Elsewhere: Congenital non-inherited haemorrhagic condition

3B10 Hereditary factor VIII deficiency

A disease caused by a genetically inherited mutation leading to a deficiency in clotting due to lack of factor VIII. This disease is characterised by increasing haemorrhaging and bruising. Confirmation is by identification of mutations by genetic testing.

3B10.0 Haemophilia A

Haemophilia A is the most common form of haemophilia characterised by spontaneous or prolonged haemorrhages due to factor VIII deficiency. Depending on the extent of the factor VIII deficiency, it can be severe (biological activity of factor VIII below 1%), moderately severe (activity of factor VIII between 1% and 5%), or mild (activity of factor VIII between 5 and 40%).

Exclusions: factor VIII deficiency with vascular defect (3B12)

3B10.1 Hereditary factor VIII deficiency with anti-factor VIII inhibitor

A disease caused by a genetically inherited mutation leading to a deficiency in clotting due to lack of factor VIII. This disease also causes anti-factor VIII inhibitor antibodies to be produced when receiving transfusions. Anti-factor VIII inhibitor antibodies develop as the body recognises the factor VIII as foreign, therefore deeming factor VIII infusions ineffective. This disease is characterised by increasing haemorrhaging and bruising. Confirmation is by identification of mutations by genetic testing.

3B10.Y Other specified hereditary factor VIII deficiency

3B10.Z Hereditary factor VIII deficiency, unspecified

3B11 Hereditary factor IX deficiency

A disease caused by a genetically inherited X-linked recessive trait leading to a defective gene located on the X chromosome. This disease is characterised by low levels of the protein factor IX in the body leading to increased haemorrhaging and bruising due to clotting abnormalities. Confirmation is by identification of recessive trait by genetic testing.

3B11.0 Haemophilia B

Haemophilia B is a form of haemophilia characterised by spontaneous or prolonged haemorrhages due to factor IX deficiency. Depending on the extent of the factor IX deficiency, it can be severe (biological activity of factor IX below 1%), moderately severe (activity of factor IX between 1% and 5%), or mild (activity of factor IX between 5 and 40%).

Inclusions: PTC - [plasma thromboplastin component] deficiency

3B11.Y Other specified hereditary factor IX deficiency

3B11.Z Hereditary factor IX deficiency, unspecified

3B12 Von Willebrand disease

A disease caused by inherited genetic mutations. This disease is characterised by quantitative, structural or function abnormalities of von Willebrand factor leading to abnormalities in coagulation of the blood. This disease may present with prolonged bleeding, easy bruising or bleeding gums. Confirmation is by identification of mutation through genetic testing.

Inclusions: Factor VIII deficiency with vascular defect

Vascular haemophilia

Angiohaemophilia

Exclusions: factor VIII deficiency with functional defect (3B10)

factor VIII deficiency NOS (3B10)

Acquired von Willebrand disease or syndrome (3B20‑3B2Y)

3B13 Haemophilia C

A disease caused by genetically inherited mutations. This disease is characterised by decreased levels of factor XI leading to abnormalities in coagulation of the blood. This disease may present with prolonged bleeding, easy bruising or bleeding gums. Confirmation is by identification of mutation through genetic testing.

3B14 Other inherited coagulation factor deficiency with bleeding tendency

Any disease caused by genetically inherited mutations leading to lack of coagulation factors in the blood not elsewhere classified. These diseases are characterised by increased haemorrhaging and bruising as the blood cannot clot properly to control bleeding. Confirmation is identification of mutations by genetic testing.

3B14.0 Hereditary deficiency of factor I

Congenital deficiencies of fibrinogen are coagulation disorders characterised by bleeding symptoms ranging from mild to severe resulting from reduced quantity and/or quality of circulating fibrinogen. Afibrinogenaemia (complete absence of fibrinogen) and hypofibrinogenaemia (reduced plasma fibrinogen concentration) correspond to quantitative anomalies of fibrinogen while dysfibrinogenaemia corresponds to a functional anomaly of fibrinogen. Hypo- and dysfibrinogenaemia may be frequently combined (hypodysfibrinogenaemia).

3B14.1 Hereditary factor X deficiency

Congenital factor X deficiency is an inherited bleeding disorder with a decreased antigen and/or activity of factor X (FX) and characterised by mild to severe bleeding symptoms.

3B14.2 Combined deficiency of vitamin K-dependent clotting factors

Hereditary combined vitamin K-dependent clotting factors deficiency (VKCFD) is a congenital bleeding disorder resulting from variably decreased levels of coagulation factors II, VII, IX and X, as well as natural anticoagulants protein C, protein S and protein Z.

3B14.Z Other inherited coagulation factor deficiency with bleeding tendency, unspecified

3B15 Inherited coagulation factor deficiency without bleeding tendency

A disease caused by a genetically inherited mutation leading to decreased levels of coagulation factor. This disease is characterised by decreased levels of coagulation factor without leading to increased haemorrhaging. Confirmation is by identification of decreased levels of coagulation factor in a blood sample.

3B1Z Congenital or constitutional haemorrhagic condition, unspecified

Haemorrhagic diseases due to acquired coagulation factor defects (3B20‑3B2Y)

Any disease caused by determinants arising after birth. These diseases are characterised by abnormal coagulation of the blood.

Exclusions: vitamin K deficiency of newborn (KA8F.0)

3B20 Disseminated intravascular coagulation

A disorder that is characterised by the systemic intravascular activation of the coagulation system, simultaneously leading to intravascular thrombi, compromising an adequate blood supply to the organs, and to bleeding as the consequence of consumption of platelets and coagulation factors. It may be provoked by a wide range of disorders including infections, inflammatory disorders and malignancy.

Coded Elsewhere: Disseminated intravascular coagulation of fetus or newborn (KA88)

3B21 Haemorrhagic disorder due to circulating anticoagulants and coagulation factors

A disease caused by anticoagulants present in the body that prevent the blood from clotting normally. This disease is characterised by abnormalities in blood clotting. This disease may present with prolonged bleeding, easy bruising or bleeding gums. Confirmation is by identification of anticoagulants present in a blood sample.

Exclusions: long-term use of anticoagulants without haemorrhage (QC48.0)

3B21.0 Haemorrhage due to thrombin inhibitor other than heparin

A disease caused by any thrombin inhibitors other than heparin that affects normal coagulation of the blood. This disease is characterised by inability of the blood to coagulate leading to bleeding. Confirmation is by identification of thrombin inhibitors in a blood sample.

3B21.1 Haemorrhage due to factor Xa inhibitor

A disease caused by factor Xa inhibitor that affects normal coagulation of the blood. This disease is characterised by inability of the blood to coagulate leading to bleeding. Confirmation is by identification of factor Xa inhibitor in a blood sample.

3B21.Y Haemorrhagic disorder due to other specified circulating anticoagulants

3B21.Z Haemorrhagic disorder due to unspecified circulating anticoagulants

3B22 Acquired haemophilia

Acquired haemophilia is a rare haemorrhagic disease caused by production of anti-factor VIII antibodies and is sometimes associated with other autoimmune disorders, cancers, lymphoproliferative syndromes and multiple transfusions during the postpartum period.

3B2Y Other specified haemorrhagic diseases due to acquired coagulation factor defects

3B4Z Coagulation defects, unspecified

Fibrinolytic defects (3B50‑3B51)

A disease caused by determinants arising during the antenatal period, after birth or genetically inherited factors, affecting the fibrinolysis system which prevents blood clots from growing and becoming problematic. This disease is characterised by defects in the fibrinolysis system leading to coagulation of the blood. This disease may present with thrombosis.

3B50 Inherited fibrinolytic defects

A disease caused by genetically inherited mutations affecting the fibrinolysis system which prevents blood clots from growing and becoming problematic. This disease is characterised by defects in the fibrinolysis system leading to coagulation of the blood. This disease may present with thrombosis.

Coded Elsewhere: Hypoplasminogenaemia (DA0D.3)

3B50.0 Congenital alpha-2 antiplasmin deficiency

3B50.1 Congenital plasminogen activator inhibitor type 1 deficiency

Congenital plasminogen activator inhibitor type 1 (PAI-1) deficiency is a disorder that causes premature lysis of haemostatic clots and a moderate bleeding syndrome. Spontaneous bleeding is rarely observed, whereas moderate haemorrhages of the knees, elbows, nose and gingiva are usually triggered by mild trauma. However, menstrual bleeding may be severe and a prolonged bleeding after surgery is common. The PAI-1 deficiency may be qualitative or quantitative, total or partial.

3B50.Y Other specified inherited fibrinolytic defects

3B50.Z Inherited fibrinolytic defects, unspecified

3B51 Acquired fibrinolytic defects

A disease caused by determinants arising after birth, affecting the fibrinolysis system which prevents blood clots from growing and becoming problematic. This disease is characterised by defects in the fibrinolysis system leading to coagulation of the blood. This disease may present with thrombosis.

3B60 Non-thrombocytopenic purpura

A descriptive term for purpura caused by determinants other than low platelet count. This should be used for coding only when a more precise diagnosis is not available.

Exclusions: Antineutrophil cytoplasmic antibody-associated vasculitis (4A44.A)

Antiphospholipid syndrome (4A45)

Drug-associated immune complex vasculitis (4A85.03)

Immune complex small vessel vasculitis (4A44.9)

Leukocytoclastic vasculitis (4A44.B)

Purpura or bruising due to vascular fragility (EE40.32)

Thrombotic thrombocytopenic purpura (3B64.14)

Traumatic purpura (EF31)

3B60.0 Hereditary vascular purpura

3B60.1 Acquired vascular purpura

Purpura resulting from vascular factors rather than from abnormalities in the blood such as dysproteinaemias and disorders of platelets and coagulation.

Exclusions: Antineutrophil cytoplasmic antibody-associated vasculitis (4A44.A)

Antiphospholipid syndrome (4A45)

Capillaritis (EF40.0)

Drug-associated immune complex vasculitis (4A85.03)

IgA vasculitis (4A44.92)

Leukocytoclastic vasculitis (4A44.B)

Purpura or bruising due to vascular fragility (EE40.32)

Thrombotic thrombocytopenic purpura (3B64.14)

Traumatic purpura (EF31)

3B61 Thrombophilia

A disease caused by determinants arising after birth or genetically inherited factors leading to abnormalities in blood. This disease is characterised by abnormality of blood coagulation that increases the risk of thrombosis, clots in blood vessels. This disease may present with deep vein thrombosis or pulmonary embolism. Confirmation is identification of abnormal blood coagulation in a blood sample.

3B61.0 Hereditary thrombophilia

A disease caused by hereditary factors leading to abnormalities in blood. This disease is characterised by abnormality of blood coagulation that increases the risk of thrombosis, clots in blood vessels. This disease may present with deep vein thrombosis or pulmonary embolism. Confirmation is identification of abnormal blood coagulation in a blood sample.

3B61.00 Hyperhomocysteinaemia

A disease caused by deficiencies of vitamin B6, folic acid, or vitamin B12. Genetic defects in 5-MTHF reductase can consequently lead to hyperhomocysteinaemia. This disease is characterised by abnormally high level of homocysteine in the blood. This disease may present with cardiovascular disease, thrombosis, schizophrenia and osteoporosis. Confirmation is by identification of deficiency in a blood sample.

3B61.0Y Other specified hereditary thrombophilia

3B61.0Z Hereditary thrombophilia, unspecified

3B61.1 Acquired thrombophilia

A disease caused by determinants arising after birth. This disease is characterised by abnormality of blood coagulation that increases the risk of thrombosis, clots in blood vessels. This disease may present with deep vein thrombosis or pulmonary embolism. Confirmation is identification of abnormal blood coagulation in a blood sample.

Coded Elsewhere: Antiphospholipid syndrome (4A45)

3B61.Y Other specified thrombophilia

3B61.Z Thrombophilia, unspecified

3B62 Qualitative platelet defects

A disease caused by determinants arising after birth, during the antenatal period or genetically inherited factors. This disease is characterised by abnormalities in coagulation of the blood due to defective platelets. This condition may present with easy bruising, prolonged bleeding or bleeding gums. Confirmation is by identification of decreased platelets in a blood sample.

Inclusions: Thrombocytopathy

Exclusions: Von Willebrand disease (3B12)

3B62.0 Inherited qualitative platelet defects

A disease caused by genetically inherited mutations leading to abnormalities in platelets. This disease is characterised by abnormal platelet formation or function. Confirmation is by identification of mutations by genetic testing.

Coded Elsewhere: Dense granule disease (3B62.3)

Alpha-delta dense granule deficiency (3B62.4)

3B62.00 Alpha-granule diseases

A condition caused by determinants arising after birth, in the antenatal period. This condition is characterised by defects in the alpha granules in platelets leading to abnormalities in coagulation mechanisms. This condition may present with prolonged bleeding, epistaxis, menorrhagia, easy bruising, anaemia, fatigue or shortness of breath. Confirmation is by identification of platelet defects in a blood sample.

3B62.01 Inherited giant platelet disorder

A disease caused by genetically inherited mutations. This disease is characterised by abnormally large platelets, low platelet count and a bleeding tendency. Confirmation is by identification of mutations through genetic testing.

Coded Elsewhere: MYH9 macrothrombocytopenia syndromes (3B64.01)

3B62.0Y Other specified inherited qualitative platelet defects

3B62.0Z Inherited qualitative platelet defects, unspecified

3B62.1 Bleeding diathesis due to thromboxane synthesis deficiency

A disease caused by thromboxane synthesis deficiency. This disease is characterised by low levels of eicosanoids (lipids), abnormalities in coagulation leading to haemorrhaging. Confirmation is by identification of low levels of eicosanoids in a blood sample.

3B62.2 Isolated thrombocytopenia

3B62.3 Dense granule disease

A condition caused by determinants arising after birth, in the antenatal period. This condition is characterised by defects in the dense granules in platelets leading to abnormalities in coagulation mechanisms. This condition may present with prolonged bleeding, epistaxis, menorrhagia, easy bruising, anaemia, fatigue or shortness of breath. Confirmation is by identification of platelet defects in a blood sample.

Coded Elsewhere: Hermansky-Pudlak syndrome (EC23.20)

Chédiak-Higashi syndrome (EC23.20)

3B62.4 Alpha-delta dense granule deficiency

A condition caused by determinants arising after birth, in the antenatal period. This condition is characterised by defects in the alpha delta dense granules in platelets, leading to abnormalities in coagulation mechanisms. This condition may present with prolonged bleeding, epistaxis, menorrhagia, easy bruising, anaemia, fatigue or shortness of breath. Confirmation is by identification of low levels of alpha delta dense granules in a blood sample.

3B62.5 Haemophagocytic syndrome associated with infection

This is an uncommon hematologic disorder that, typically, clinically manifests as fever, hepatosplenomegaly, lymphadenopathy, jaundice and rash, with laboratory findings of histiocytosis, and the pathologic finding of haemophagocytosis, infection-associated.

3B62.Y Other specified qualitative platelet defects

3B62.Z Qualitative platelet defects, unspecified

3B63 Thrombocytosis

A disease caused by essential thrombocytosis or other myelo-proliferative disorders such as chronic myelogenous leukaemia, polycythaemia, myelofibrosis. This disease can also have secondary causes such as inflammation, surgery, hyposplenism, splenectomy, asplenia, iron deficiency anaemia or haemorrhage. This disease is characterised by elevated platelet count in the blood. Confirmation is by identification of increased platelet count in a blood sample.

3B63.0 Congenital thrombocytosis

Familial thrombocytosis is a type of thrombocytosis, a sustained elevation of platelet numbers, which affects the platelet/megakaryocyte lineage and may create a tendency for thrombosis and haemorrhage but does not cause myeloproliferation.

Inclusions: Hereditary thrombocytosis

Exclusions: Essential thrombocythemia (3B63.1)

3B63.1 Acquired thrombocytosis

A chronic myeloproliferative neoplasm that involves primarily the megakaryocytic lineage. It is characterised by sustained thrombocytosis in the blood, increased numbers of large, mature megakaryocytes in the bone marrow, and episodes of thrombosis and/or haemorrhage. Progression to a post essential thrombocythaemia myelofibrosis stage or transformation to acute myeloid leukaemia is rarely observed.

Inclusions: Idiopathic haemorrhagic thrombocythaemia

3B63.10 Secondary thrombocytosis

Coding Note: Code also the causing condition

3B63.1Y Other specified acquired thrombocytosis

3B63.1Z Acquired thrombocytosis, unspecified

3B63.Y Other specified thrombocytosis

3B63.Z Thrombocytosis, unspecified

3B64 Thrombocytopenia

This disease is characterised by decreased levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count in a blood sample.

Coded Elsewhere: Isolated thrombocytopenia (3B62.2)

3B64.0 Congenital thrombocytopenia

A disease caused by determinants arising during the antenatal period leading to low platelet count. This disease is characterised by decreased levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of a decreased platelet count in a blood sample.

3B64.00 Congenital non-inherited thrombocytopenia

Coded Elsewhere: Transient neonatal thrombocytopaenia (KA89)

3B64.01 Hereditary thrombocytopenia

A disease caused by a genetically inherited mutation leading to decreased platelet count. This disease is characterised by decreased levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count in a blood sample.

Coded Elsewhere: Thrombocytopaenia - absent radius (LD2F.1Y)

Familial platelet syndrome with predisposition to acute myelogenous leukaemia (3B62.3)

Congenital thrombotic thrombocytopenic purpura due to ADAMTS-13 deficiency (3B64.14)

Macrothrombocytopenia with mitral valve insufficiency (3B62.01)

3B64.0Z Congenital thrombocytopenia, unspecified

3B64.1 Acquired thrombocytopenia

A disease caused by determinants arising after birth, leading to low platelet count. This disease is characterised by low levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count in a blood sample.

3B64.10 Immune thrombocytopenic purpura

Immune thrombocytopenic purpura (or immune thrombocytopenia; ITP) is an autoimmune coagulation disorder characterised by isolated thrombocytopenia (a platelet count <100,000/microL), in the absence of any underlying disorder that may be associated with thrombocytopenia.

Coded Elsewhere: Evans syndrome (3A20.5)

3B64.11 Secondary thrombocytopenic purpura

This disease is characterised by a relative decrease in levels of platelets within the blood. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelets in a blood sample.

Coding Note: Code also the causing condition

3B64.12 Drug-induced thrombocytopenic purpura

Thrombocytopenic purpura attributable to drug toxicity (e.g. cytotoxic chemotherapeutic or immunosuppressive agents) or to an idiosyncratic drug-associated allergic thrombocytopenia (e.g. quinine, thiazides).

3B64.13 Alloimmune thrombocytopenia

A disease caused by determinants such as a blood transfusion that lead to an immune response to the foreign antigens. This disease is characterised by low levels of platelets in the body due to an immune reactive response to the foreign platelet antigens. This disease may present with increased bruising or haemorrhaging. Confirmation is by identification of decreased platelet count and presence of autoantibodies in a blood sample.

3B64.14 Thrombotic thrombocytopenic purpura

This condition is idiopathic. This condition is characterised by abnormality of blood coagulation causing extensive microscopic clots to form in the small blood vessels throughout the body resulting in low platelet count. This condition may present with seizures, hemiplegia, paresthesias, visual disturbance, and aphasia or anaemia. Confirmation is by identification of thromboses.

3B64.1Y Other specified acquired thrombocytopenia

3B64.Z Thrombocytopenia, unspecified

3B65 Thrombotic microangiopathy, not elsewhere classified

Thrombotic microangiopathies are microvascular occlusive disorders characterised by systemic or intrarenal aggregation of platelets, thrombocytopenia, and mechanical injury to erythrocytes. Thrombotic thrombocytopenic purpura (TTP) and haemolytic–uremic syndrome (HUS) represent a spectrum of thrombotic microangiopathies. In TTP, systemic microvascular aggregation of platelets causes ischemia in the brain and other organs. In HUS, platelet–fibrin thrombi predominantly occlude the renal circulation.

Coded Elsewhere: Thrombotic thrombocytopenic purpura (3B64.14)

Haemolytic uraemic syndrome (3A21.2)

Methylcobalamin deficiency type cbl G (5C50.B)

Hereditary haemolytic uraemic syndrome (3A10.Y)

3B6Y Other specified coagulation defects, purpura or other haemorrhagic or related conditions

3B6Z Coagulation defects, purpura or other haemorrhagic or related conditions, unspecified

Diseases of spleen (3B80‑3B8Z)

3B80 Congenital disorders of spleen

Any condition caused by a failure of the spleen to correctly develop in the antenatal period.

Coded Elsewhere: Structural developmental anomalies of spleen (LB22)

3B80.0 Splenomegaly in storage diseases

A disease caused by storage diseases; genetically inherited metabolic disorders that result from defects in lysosomal, lipid or glycogen function, of the spleen. This disease is characterised by enlargement of the spleen. This disease may present with abdominal pain, chest pain, pallor, shortness of breath fatigue. Confirmation is through medical imaging.

3B81 Acquired disorders of spleen

Any condition caused by determinants acquired after birth, leading to dysfunction of the spleen.

Coded Elsewhere: Injury of spleen (NB91.0)

Malignant neoplasms of the spleen (2C11.Z)

3B81.0 Tumour-like conditions of spleen

Any condition caused by determinants acquired after birth, in the antenatal period or genetically inherited factors, leading to tumour-like conditions of the spleen. Confirmation is through medical imaging.

3B81.1 Postsurgical asplenia

A disease caused by underlying diseases, splenectomy or splenic rupture from trauma. This disease is characterised by absence of normal spleen function. This disease may present with increased susceptibility to infection. Confirmation is through medical imaging.

3B81.2 Atrophy of spleen

A disease caused by determinants arising after birth, during the antenatal period or by genetically inherited factors. This disease is characterised by partial or complete degradation of the spleen. This disease may present with increased susceptibility to infection. Confirmation is through medical imaging.

3B81.3 Nontraumatic laceration or rupture of spleen

A disease caused by non-traumatic determinants such as infectious diseases, medical procedures such as colonoscopy, haematological diseases, medications, or pregnancy. This disease is characterised by laceration or rupturing of the spleen leading to lack of function. This disease may present with bleeding and increased susceptibility of infection. Confirmation is through medical imaging.

3B81.4 Splenosis

A disease caused by determinants arising after birth such as physical trauma or splenectomy . This disease is characterised by autoimplantation of one or more focal deposits of splenic tissue in various compartments of the body. Confirmation is through medical imaging.

3B81.5 Splenic cyst or pseudocyst

3B81.50 Pseudocyst of spleen

A disease caused by determinants arising after birth, during the antenatal period or by genetically inherited factors. This disease is characterised by a noncancerous fluid-filled sac, pseudocysts are like cysts, but lack epithelial or endothelial cells. This disease is often asymptomatic but may present with abdominal pain, nausea and vomiting. Confirmation is through medical imaging.

3B81.51 Epithelial cyst of spleen

3B81.5Y Other specified splenic cyst

3B81.5Z Splenic cyst, unspecified

3B81.6 Infarction of spleen

A disease caused by determinants such as trauma, infection, or inherited factors leading to a shortage of oxygen in the spleen. This disease is characterised by death of spleen tissue and loss of function. Confirmation is by medical imaging.

Exclusions: traumatic rupture of spleen (NB91.0)

Coded Elsewhere: Neonatal haemorrhage originating in spleen (KA83.5)

3B81.7 Infection of spleen

Any condition of the spleen, caused by an infection with a bacterial, viral, fungal, or parasitic source.

3B81.70 Acute septic splenitis

Inclusions: septic spleen

3B81.71 Abscess of spleen

This is a collection of pus (neutrophils) that has accumulated within a tissue because of an inflammatory process in response to either an infectious process (usually caused by bacteria or parasites) or other foreign materials (e.g., splinters, bullet wounds, or injecting needles), in the spleen.

3B81.7Y Other specified infection of spleen

3B81.7Z Infection of spleen, unspecified

3B81.8 Torsion of spleen

A disease caused by abnormal development of splenic suspensory ligaments. This disease is characterised by twisting of the spleen leading to splenic infarction. This disease may present with abdominal pain. Confirmation is through medical imaging.

3B81.9 Fibrosis of spleen

A disease caused by determinants arising after birth, during the antenatal period or by genetically inherited factors. This disease is characterised by formation of excess fibrous connective tissue leading to partial or complete degradation of the spleen. This disease may present with increased susceptibility to infection. Confirmation is through medical imaging.

Coding Note: Code also the causing condition

3B81.A Perisplenitis

A disease caused by bacterial or viral infection, parasite infestation, or cysts. This disease is characterised by inflammation of the peritoneal surface of the spleen. This disease may present with abdominal pain, susceptibility to infection and enlargement of the spleen. Confirmation is by identification of infection in a blood sample.

3B81.B Hypersplenism

A disease caused by determinants such as cirrhosis, malaria, tuberculosis or inflammatory disorders leading overactive spleen function. This disease is characterised by the presence of an enlarged spleen. Confirmation is by identification through medical imaging.

Exclusions: Splenomegaly, not elsewhere classified (ME10.01)

congenital splenomegaly (LB22)

3B81.C Chronic congestive splenomegaly

A form of exaggerated spleen function characterised by splenic enlargement secondary to splenic vein thrombosis and/or portal hypertension

3B81.Y Other specified acquired disorders of spleen

3B81.Z Acquired disorders of spleen, unspecified

3B8Z Diseases of spleen, unspecified

3C0Y Other specified diseases of the blood or blood-forming organs

3C0Z Diseases of the blood or blood-forming organs, unspecified

CHAPTER 04

Diseases of the immune system

This chapter has 45 four-character categories.

Code range starts with 4A00

Exclusions: Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Neoplasms (Chapter 02)

Developmental anomalies (Chapter 20)

Coded Elsewhere: Organ specific autoimmune disorders

Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system (MA10-MA3Y)

This chapter contains the following top level blocks:

* Primary immunodeficiencies
* Nonorgan specific systemic autoimmune disorders
* Autoinflammatory disorders
* Allergic or hypersensitivity conditions
* Immune system disorders involving white cell lineages
* Certain disorders involving the immune system
* Organ specific autoimmune disorders

Primary immunodeficiencies (4A00‑4A0Z)

4A00 Primary immunodeficiencies due to disorders of innate immunity

Coded Elsewhere: Constitutional neutropaenia (4B00.00)

4A00.0 Functional neutrophil defects

Inclusions: Congenital dysphagocytosis

Coded Elsewhere: Haemolytic anaemia due to glucose-6-phosphate dehydrogenase deficiency (3A10.00)

Papillon-Lefèvre syndrome (EC20.30)

4A00.00 Neutrophil immunodeficiency syndrome

Neutrophil immunodeficiency syndrome is a primary immunodeficiency characterised by neutrophilia with severe neutrophil dysfunction, leukocytosis, a predisposition to bacterial infections and poor wound healing, including an absence of pus in infected areas.

4A00.0Y Other specified functional neutrophil defects

4A00.0Z Functional neutrophil defects, unspecified

4A00.1 Defects in the complement system

Exclusions: Atypical haemolytic uraemic syndrome (3A10)

Paroxysmal nocturnal haemoglobinuria (3A21.0)

4A00.10 Immunodeficiency with an early component of complement deficiency

4A00.11 Immunodeficiency with a late component of complement deficiency

4A00.12 Immunodeficiency with factor B deficiency

4A00.13 Immunodeficiency with factor D anomaly

Factor D deficiency is an autosomal recessive immunologic disorder characterised by increased susceptibility to bacterial infections, particularly Neisseria infections, due to a defect in the alternative complement pathway.

4A00.14 Hereditary angioedema

Hereditary angioedema is caused in the majority of cases by genetically determined low absolute (type I) or functional (type II) levels of C1 inhibitor, a plasma proteinase inhibitor involved in regulation of complement activation. It is characterised clinically by recurrent subcutaneous and/or submucosal oedema and can result in life-threatening laryngeal obstruction. Involvement of the digestive tract commonly causes abdominal pain. This and the absence of accompanying urticarial weals or itch distinguish it from the common form of angioedema, which is part of the spectrum of urticaria.

4A00.15 Acquired angioedema

Acquired angioedema is clinically similar to hereditary angioedema and is not associated with urticaria. It may be associated with a lymphoproliferative disorder (type I) or may be an isolated phenomenon due to an autoantibody directed against C1 inhibitor (type II).

4A00.1Y Other specified defects in the complement system

4A00.1Z Defects in the complement system, unspecified

4A00.2 Genetic susceptibility to particular pathogens

Coded Elsewhere: Encephalitis due to herpes simplex virus (1F00.21)

Chronic mucocutaneous candidosis (1F23.14)

4A00.3 Immunodeficiency with natural-killer cell deficiency

4A00.Y Other specified primary immunodeficiencies due to disorders of innate immunity

4A00.Z Primary immunodeficiencies due to disorders of innate immunity, unspecified

4A01 Primary immunodeficiencies due to disorders of adaptive immunity

4A01.0 Immunodeficiencies with predominantly antibody defects

A disorder characterised by an inability to mount a normal immune response due to antibody (i.e. immunoglobulin) defects

4A01.00 Hereditary agammaglobulinaemia with profoundly reduced or absent B cells

This refers to a hereditary type of primary immune deficiency disease characterised by a reduction in all types of gamma globulins, and rare X-linked genetic disorder that affects the body's ability to fight infection.

4A01.01 Immunodeficiencies with severe reduction in at least two serum immunoglobulin isotypes with normal or low numbers of B cells

This refers to a nonfamilial type of primary immune deficiency disease characterised by a reduction in at least two serum immunoglobulin isotypes. Circulating B cells may be normal or low.

4A01.02 Specific antibody deficiency with normal immunoglobulin concentrations or normal number of B cells

4A01.03 Transient hypogammaglobulinaemia of infancy

4A01.04 Immunodeficiencies with isotype or light chain deficiencies with normal number of B cells

4A01.05 Immunodeficiencies with severe reduction in serum IgG or IgA with normal or elevated IgM and normal numbers of B-cells

Coded Elsewhere: Hyper-IgM syndrome due to CD40 ligand deficiency (4A01.1Y)

Hyper-IgM syndrome due to CD40 deficiency (4A01.1Y)

4A01.0Y Other specified immunodeficiencies with predominantly antibody defects

4A01.0Z Immunodeficiencies with predominantly antibody defects, unspecified

4A01.1 Combined immunodeficiencies

Exclusions: autosomal recessive agammaglobulinaemia (Swiss type) (4A01.00)

Coded Elsewhere: Laron syndrome with immunodeficiency (5A61.0)

4A01.10 Severe combined immunodeficiencies

Severe combined immunodeficiency (SCID) comprises a group of rare monogenic primary immunodeficiency disorders characterised by a lack of functional peripheral T lymphocytes resulting in early-onset severe respiratory infections and failure to thrive.

4A01.11 Major histocompatibility complex class I deficiency

4A01.12 Major histocompatibility complex class II deficiency

Immunodeficiency by defective expression of HLA class II is an autosomal recessive primary immune deficiency, manifesting by recurrent viral and bacterial infections, often leading to chronic diarrhoea and growth retardation.

4A01.1Y Other specified combined immunodeficiencies

4A01.1Z Combined immunodeficiencies, unspecified

4A01.2 Diseases of immune dysregulation

4A01.20 Immune dysregulation syndromes with hypopigmentation

Coded Elsewhere: Hermansky-Pudlak syndrome (EC23.20)

Chédiak-Higashi syndrome (EC23.20)

Griscelli syndrome type 2 (4A01.23)

4A01.21 Immune dysregulation syndromes presenting primarily with autoimmunity

Coded Elsewhere: Autoimmune polyendocrinopathy type 1 (5B00)

Syndromic multisystem autoimmune disease due to ITCH deficiency (4A43.Y)

Aicardi-Goutières syndrome (5C55.2)

Spondylometaphyseal dysplasia with combined immunodeficiency (LD24.4)

4A01.22 Immune dysregulation syndromes presenting primarily with lymphoproliferation

4A01.23 Primary haemophagocytic lymphohistiocytosis

A disease caused by determinants arising after birth, during the antenatal period or genetically inherited factors leading to uncontrolled proliferation of activated lymphocytes and macrophages. This disease is characterised by increased proliferation of morphologically benign lymphocytes and macrophages that secrete high amounts of inflammatory cytokines. This disease may present with fever, rash, jaundice, splenomegaly, lymphadenopathy, histiocytosis, haemophagocytosis, or cytopenia.

Inclusions: Histiocytoses of mononuclear phagocytes

Coded Elsewhere: Hermansky-Pudlak syndrome (EC23.20)

Chédiak-Higashi syndrome (EC23.20)

4A01.2Y Other specified diseases of immune dysregulation

4A01.2Z Diseases of immune dysregulation, unspecified

4A01.3 Other well-defined immunodeficiency syndromes due to defects in adaptive immunity

This refers to other defects in the highly specialized, systemic cells and processes that eliminate or prevent pathogen growth.

Coded Elsewhere: Wiskott-Aldrich syndrome (3B62.0Y)

Netherton syndrome (LD27.2)

Dyskeratosis congenita (3A70.0)

4A01.30 Immunodeficiency due to defects of the thymus

Coded Elsewhere: CATCH 22 phenotype (LD44.N0)

4A01.31 DNA repair defects other than combined T-cell or B-cell immunodeficiencies

4A01.32 Immuno-osseous dysplasia

This is an autosomal recessive disorder with the diagnostic features of spondyloepiphyseal dysplasia, renal dysfunction, and T-cell immunodeficiency.

Coded Elsewhere: Cartilage-hair hypoplasia (LD27.0Y)

4A01.33 Hepatic veno-occlusive disease - immunodeficiency syndrome

Hepatic veno-occlusive disease - immunodeficiency syndrome is characterised by the association of severe hypogammaglobulinemia, combined T and B cell immunodeficiency, absent lymph node germinal centres, absent tissue plasma cells and hepatic veno-occlusive disease.

4A01.34 Hyperimmunoglobulin E syndromes

4A01.Z Primary immunodeficiencies due to disorders of adaptive immunity, unspecified

4A0Y Other specified primary immunodeficiencies

4A0Z Primary immunodeficiencies, unspecified

4A20 Acquired immunodeficiencies

Coded Elsewhere: Human immunodeficiency virus disease (1C60-1C62.Z)

Acquired neutropaenia (4B00.01)

4A20.0 Adult-onset immunodeficiency

Adults with disseminated mycobacterial infections and/or other AIDS-defining infections, often involving concomitant neutrophilic dermatoses. All patients have high titres of anti-interferon-gamma and normal CD4 T helper cell counts.

4A20.1 Acquired immunodeficiency due to loss of immunoglobulin

Acquired immunodeficiency due to loss of immunoglobulins (protein loss) may occur via the GI tract (protein losing enteropathy), via the kidney (nephrotic syndrome) or via the skin (in severe skin damage).

4A20.Y Other specified acquired immunodeficiencies

4A20.Z Acquired immunodeficiencies, unspecified

Nonorgan specific systemic autoimmune disorders (4A40‑4A4Z)

Coded Elsewhere: Rheumatoid arthritis (FA20)

4A40 Lupus erythematosus

An autoimmune non-organ specific inflammatory disease characterised by the presence of antibodies to DNA, RNA and other components of the nucleus. It has a very variable clinical presentation and course ranging from an acute fulminant life-threatening disorder with involvement of heart, central nervous system and kidneys to an indolent chronic scarring skin disorder.

Coded Elsewhere: Subacute cutaneous lupus erythematosus (EB50)

Chronic cutaneous lupus erythematosus (EB51)

Neonatal lupus erythematosus (KA07.0)

4A40.0 Systemic lupus erythematosus

Systemic lupus erythematosus (SLE) is a clinically multisystem disease, which is autoimmune in origin and is characterised by the presence of autoantibodies directed against nuclear antigens. Manifestations include rash, arthritis and fatigue, nephritis, neurological problems, anaemia and thrombocytopenia at the more severe end of the spectrum.

4A40.00 Systemic lupus erythematosus with skin involvement

Systemic lupus erythematosus (SLE) involving the skin. This may present with a malar "butterfly" erythema or with extensive necrolysis of sun-exposed skin, particularly on the head, neck and upper torso.

Coded Elsewhere: Immunobullous systemic lupus erythematosus (EB4Y)

4A40.0Y Other specified systemic lupus erythematosus

4A40.0Z Systemic lupus erythematosus, unspecified

4A40.1 Drug-induced lupus erythematosus

Drug-induced lupus erythematosus is a syndrome in which positive antinuclear antibodies are associated with symptoms, such as fever, malaise, arthritis, intense arthralgia/myalgia, serositis, and/or rash. The syndrome appears during therapy with certain medications (e.g., procainamide, hydralazine, phenytoin) and tumour necrosis factor inhibitors. It occurs predominantly in Caucasians, has less female predilection than SLE, rarely involves kidneys or brain, is rarely associated with anti-dsDNA, is commonly associated with antibodies to histones, and usually resolves over several weeks after discontinuation of the offending medication.

4A40.Y Other specified lupus erythematosus

4A40.Z Lupus erythematosus, unspecified

4A41 Idiopathic inflammatory myopathy

These comprise a diverse group of syndromes that have in common persistent muscle inflammation of unknown pathophysiology, resulting in damage that affects muscle function. The inflammatory muscle disease can either be acute or chronic in nature.

Coded Elsewhere: Extraocular myositis (9C82.3)

4A41.0 Dermatomyositis

Dermatomyositis is an inflammatory myopathy, showing progressive, symmetrical muscle weakness, low muscle endurance, and cutaneous manifestations such as Gottron’s papules, heliotrope rash, shawl sign, V-sign and mechanic’s hand. Internal organ manifestations such as interstitial pneumonia (pneumonitis) and myocarditis sometimes develop. The skin rash may precede the muscle symptoms and may be the only clinical sign of dermatomyositis in some patients (clinically, amyopathic dermatomyositis).

4A41.00 Adult dermatomyositis

Adult dermatomyositis is a systemic inflammatory disorder affecting the skeletal muscles, the skin, and other organs. It is characterised by symmetric proximal muscle weakness, increased serum muscle enzymes, myopathic changes upon electromyography, typical histological findings on muscle biopsy, and typical dermatologic manifestations such as heliotrope rash or Gottron’s papules.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

4A41.01 Juvenile dermatomyositis

Juvenile dermatomyositis is the early-onset form of dermatomyositis, a systemic autoimmune inflammatory muscle disorder, characterised by proximal muscle weakness, evocative skin lesion, and systemic manifestations.

4A41.0Z Dermatomyositis, unspecified

4A41.1 Polymyositis

Polymyositis is an inflammatory muscle disease of unknown aetiology occurring predominantly in adults and characterised clinically by proximal muscle weakness (shoulders, arms, thighs), often with associated myalgia. Involvement of pharyngeal and oesophageal muscles may result in dysphagia and a risk of aspiration pneumonia. Myocarditis with rhythm disturbances or cardiomyopathy is a rare but serious complication. Polymyositis may be associated with other autoimmune diseases, malignancy or viral infection. Although serum muscle enzyme concentrations and electromyography are usually abnormal, definitive diagnosis requires demonstration of characteristic histological changes, including muscle necrosis, muscle fibre regeneration and diffuse infiltration by CD8+ T lymphocytes, on muscle biopsy.

4A41.10 Juvenile polymyositis

Juvenile polymyositis is a rare childhood idiopathic inflammatory myopathy. It is frequently misdiagnosed, as it lacks a unique clinical phenotype. Traditionally, it presents with weakness of the proximal muscles that evolves over weeks to months. The primary histologic features are fibre size variability, scattered necrotic and regenerating fibres, and perivascular and endomysial cellular infiltrates.

Exclusions: Systemic sclerosis (4A42)

Overlap or undifferentiated nonorgan specific systemic autoimmune disease (4A43)

Antiphospholipid syndrome (4A45)

Vasculitis (4A44)

Lupus erythematosus (4A40)

4A41.11 Paraneoplastic polymyositis

Paraneoplastic is a rare cancer associated entity. It presents sub-, or acutely with proximal weakness, often including the neck flexors, dysphagia, rarely the respiratory muscles and the heart are involved. Sometimes muscle pain or myalgia occur. Myopathology shows a targeted, cell-mediated lymphocyte toxicity against muscle fibres in focal areas of inflammation within perimysial connective tissue and surrounding blood vessels. Muscle fibres may be destroyed by cytotoxic T cells.

Non-Hodgkin’s lymphoma, lung, and bladder carcinoma are the most frequently observed associated cancer types.

Coding Note: Code also the causing condition

4A41.1Y Other specified polymyositis

4A41.1Z Polymyositis, unspecified

4A41.2 Inclusion body myopathy

Inclusion body myopathy (IBM) is distinguished from polymyositis (PM) and dermatomyositis (DM) on the basis of clinical and histopathological features. A characteristic clinical phenotype is characterised by insidious onset of muscle weakness over months to years, muscle weakness localised predominantly in the thigh muscles and finger flexors, and resistance to glucocorticoid treatment. Typical histopathologic features include sarcoplasmic and nuclear inclusions and rimmed vacuoles.

4A41.20 Inflammatory inclusion body myositis

Inclusion body myositis (IBM) is the most common idiopathic inflammatory myopathy after age 50. It typically presents with chronic insidious proximal leg and/or distal arm asymmetric muscle weakness leading to recurrent falls and loss of dexterity. Creatine kinase is up to 15 times elevated in IBM and needle electromyography mostly shows a chronic irritative myopathy. Muscle histopathology demonstrates endomysial inflammatory exudates surrounding and invading non-necrotic muscle fibres often times accompanied by rimmed vacuoles and protein deposits. Despite inflammatory muscle pathology, it is likely that IBM has a prominent degenerative component as supported by refractoriness to immunosuppressive therapy.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

4A41.21 Noninflammatory inclusion body myopathy

Noninflammatory inclusion body myopathy (IBM) is an idiopathic muscle disorder without inflammatory exudates and expression of class I major histocompatibility complex. Rimmed vacuoles and “IBM-like” filaments without inflammatory cells are described in muscle biopsy.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

4A41.2Z Inclusion body myopathy, unspecified

4A41.Y Other specified idiopathic inflammatory myopathy

4A41.Z Idiopathic inflammatory myopathy, unspecified

4A42 Systemic sclerosis

Systemic sclerosis is a systemic disorder of the connective tissue; manifested by hardening and thickening of the skin, by abnormalities involving the microvasculature and larger vessels, and by fibrotic degenerative changes in various body organs including the heart, lungs, kidneys, and gastrointestinal tract.

Inclusions: Systemic scleroderma

Exclusions: Circumscribed scleroderma (EB61.0)

4A42.0 Paediatric onset systemic sclerosis

Systemic sclerosis arising before the age of 16. Involvement of internal organs is less common but arthritis and myositis are more common than in adults.

4A42.1 Diffuse systemic sclerosis

Diffuse cutaneous systemic sclerosis (dcSSc) is a subtype of Systemic Sclerosis (SSc) characterised by truncal and acral skin fibrosis with an early and significant incidence of diffuse involvement (interstitial lung disease, oliguric renal failure, diffuse gastrointestinal disease, and myocardial involvement).

4A42.2 Limited systemic sclerosis

Combination of calcinosis, Raynaud phenomenon, oesophageal dysfunction, sclerodactyly and telangiectasia.

4A42.Z Systemic sclerosis, unspecified

4A43 Overlap or undifferentiated nonorgan specific systemic autoimmune disease

Nonorgan specific systemic autoimmune diseases which do not fulfil the diagnostic criteria for any single recognised disease entity.

4A43.0 IgG4 related disease

IgG4 related syndrome (IgG4-related disease: IgG4-RD) is a clinical disease characterised by elevated serum IgG4 concentration and tumefaction or tissue infiltration by IgG4-positive plasma cells. The diagnostic criteria for IgG4 related syndrome have been proposed, and it may be present in a certain population of patients with a wide variety of diseases, including Mikulicz disease, autoimmune pancreatitis, hypophysitis, Riedel thyroiditis, interstitial pneumonitis, interstitial nephritis, prostatitis, lymphadenopathy, retroperitoneal fibrosis, inflammatory aortic aneurysm, and inflammatory pseudo tumour.

Coded Elsewhere: Primary cutaneous plasmacytosis (EK91.2)

Benign dermal lymphocytic or lymphoplasmacytic infiltrations or proliferations (EE90-EE91)

Type 1 IgG4 related autoimmune pancreatitis (DC33)

4A43.1 Mikulicz disease

Mikulicz disease is a disorder first reported by Johann von Mikulicz in 1892 and characterised by symmetrical swelling of the lachrymal, submandibular, and parotid glands, with massive infiltration of these glands by mononuclear cells. Serum autoantibodies, such as anti-Ro/SS-A, are usually negative and serum IgG4 concentration may be increased. Unlike Sjögren disease, IgG4-Mikulicz disease is characterised by the formation of lymphoid follicles, but shows lower levels of lymphocytic infiltration into salivary ducts, such that their structure remains intact.

4A43.2 Sjögren syndrome

Sjögren syndrome is a slowly progressive, systemic inflammatory autoimmune disease affecting primarily the exocrine glands. Lymphocytic infiltrates replace functional epithelium, leading to oral and ocular dryness. Characteristic autoantibodies (e.g., anti-Ro/SS-A and/or anti-La/SS-B) are produced. The disorder can occur alone (it is then known as “primary SS”) or in association with another autoimmune disease (it is then known as “secondary SS”).

Coded Elsewhere: Keratoconjunctivitis sicca (9A79)

4A43.20 Primary Sjögren syndrome

4A43.21 Secondary Sjögren syndrome

Secondary Sjögren syndrome is a progressive inflammatory autoimmune disease affecting the exocrine glands in the presence of other systemic autoimmune diseases, such as rheumatoid arthritis, systemic lupus erythematosus, and systemic sclerosis. Lymphocytic infiltrates replace functional epithelium, leading to oral and ocular dryness.

Coding Note: Code also the causing condition

4A43.22 Paediatric onset Sjögren syndrome

4A43.2Y Other specified sjögren syndrome

4A43.2Z Sjögren syndrome, unspecified

4A43.3 Mixed connective tissue disease

Mixed connective tissue disease is an overlapping syndrome combining features of systemic lupus erythematosus, systemic sclerosis, and polymyositis with the presence of autoantibodies to U1-ribonucleoprotein. Raynaud’s phenomenon is seen in nearly all patients and pulmonary arterial hypertension is the most common cause of death in MCTD patients.

4A43.4 Diffuse eosinophilic fasciitis

Also called Shulman disease/diffuse fasciitis, diffuse eosinophilic fasciitis is a rare idiopathic disorder associated with induration of the skin (orange-peel sign) that generally develops rapidly. It is a dermal and hypodermal sclerosis associated with fibrotic thickening of the subcutaneous adipose lobular septa, superficial fascia, and perimysium. Full thickness excisional biopsy of skin lesions revealing fibrosis of the subcutaneous fascia is generally required for diagnosis. Onset follows unusual physical exertion and trauma, especially in males.

4A43.Y Other specified overlap non-organ specific systemic autoimmune disease

4A43.Z Undifferentiated non-organ specific systemic autoimmune disease

4A44 Vasculitis

Vasculitides represent a heterogenous group of diseases of multifactorial aetiology characterised by inflammatory lesions of vessels. These lesions consist of fibrinoid necrosis (necrotizing arteritis), giant cell infiltration without necrosis, immunoglobulins deposit or leukocytoclastic infiltration. The spectrum and severity of the systemic vaculitides is broad, from life or sight threatening fulminant disease to relatively minor skin disease.

Coded Elsewhere: Behçet disease (4A62)

Thrombotic microangiopathy, not elsewhere classified (3B65)

4A44.0 Rhizomelic pseudopolyarthritis

4A44.1 Aortic arch syndrome

Arteritis, often granulomatous, predominantly affecting the aorta and/or its major branches. Onset usually in patients younger than 50.

4A44.2 Giant cell arteritis

Arteritis, often granulomatous, usually affecting the aorta and/or its major branches, with a predilection for the branches of the carotid artery. Often involves the temporal artery. Onset usually in patients older than 50 and often associated with polymyalgia rheumatica.

4A44.3 Single organ vasculitis

Vasculitis in arteries or veins of any size in a single organ that has no features that indicate that it is a limited expression of a systemic vasculitis. The involved organ and vessel type should be included in the name (e.g. cutaneous SVV, testicular arteritis, central nervous system vasculitis). Vasculitis distribution may be unifocal or multifocal (diffuse) within an organ. Some patients originally diagnosed with SOV will develop additional disease manifestations that warrant re-defining the case as one of the systemic vasculitides (e.g. cutaneous arteritis later becoming systemic polyarteritis nodosa, etc.).

4A44.4 Polyarteritis nodosa

Polyarteritis nodosa is an immunologically mediated systemic necrotising vasculitis affecting medium-sized vessels. In a few cases, the disease appears after viral infection but in the majority of cases there is no known triggering event. The clinical manifestations involve numerous organs and lead to a general alteration in the health status including rapid weight loss, paralysis of the peripheral nerves, renal disease, and digestive problems such as haemorrhages, perforation, appendicitis and pancreatitis. Arthralgia is almost always present and myalgia occurs in half of patients. Cardiac and cerebral anomalies (cephalalgia) are also reported, as well as ocular and genital (orchitis) manifestations.

4A44.5 Mucocutaneous lymph node syndrome

Mucocutaneous lymph node syndrome (Kawasaki disease) is a globally distributed acute vasculitis of young children affecting medium to small calibre arteries and if untreated leads to coronary artery aneurysms in about a quarter of cases. Cardinal signs include cervical lymphadenopathy, conjunctival injection, rash (maculopapular, erythrodermic or erythema multiforme-like), strawberry tongue, oropharyngeal erythema, erythema and swelling of hands and feet and periungual desquamation. The cause is unknown but thought to be environmental, possibly from viral infection. A variant of the disease has been linked to SARS CoV-2 infection.

Inclusions: Kawasaki syndrome

4A44.6 Sneddon syndrome

Sneddon syndrome associates livedo reticularis and neurological signs. Livedo is permanent, cyanotic, with no infiltration, and affects the limbs, trunk and sometimes the face. Neurological signs appear later and include cerebrovascular accidents, epilepsy, vertigo and more rarely a pseudobulbar syndrome, chorea, episodes of amnesia or transient amaurosis.

4A44.7 Primary angiitis of the central nervous system

In primary angiitis of the central nervous system, vasculitis is limited to the central nervous system. Primary angiitis of the central nervous system is a very rare disease, and its manifestation can be mimicked by many other diseases. Patients with primary angiitis commonly show headache, waxing and waning altered mental status, and transient ischemic attack-like events. Diagnosis is often based on angiography, although brain biopsy remains the only definitive diagnostic test.

4A44.8 Thromboangiitis obliterans

Thromboangiitis obliterans (TAO), or Buerger's disease, is a segmental occlusive inflammatory condition of arteries and veins, with thrombosis and recanalization of the affected vessels. It is a nonatherosclerotic inflammatory disease affecting small and medium sized arteries and veins of upper and lower extremities. TAO can be distinguished from other types of vasculitis based on its tendency to occur in young male subjects. The etiology and pathogenesis of TAO remains unknown; however, tobacco consumption plays a key role in the initiation and persistence of the disease.

4A44.9 Immune complex small vessel vasculitis

Coded Elsewhere: Anti-glomerular basement membrane antibody mediated disease (MF85)

Susac syndrome (8A45.2Y)

4A44.90 Cryoglobulinaemic vasculitis

Vasculitis with cryoglobulin immune deposits affecting small vessels (predominantly capillaries, venules, or arterioles) and associated with cryoglobulins in serum. Skin and glomeruli are often involved.

4A44.91 Hypocomplementaemic urticarial vasculitis

Vasculitis accompanied by urticaria and hypocomplementemia affecting small vessels (i.e., capillaries, venules, or arterioles), and associated with anti-C1q antibodies. Glomerulonephritis, arthritis, obstructive pulmonary disease, and ocular inflammation are common.(Chapel Hill Consensus Conference, 2011)

4A44.92 IgA vasculitis

Vasculitis, with IgA1-dominant immune deposits, affecting small vessels (predominantly capillaries, venules, or arterioles). Often involves skin and gut, and frequently causes arthritis. Glomerulonephritis indistinguishable from IgA nephropathy may occur.

Inclusions: Henoch-Schönlein purpura

Coded Elsewhere: Respiratory disorders in IgA vasculitis (CB05.4Y)

Noninfectious enteritis or ulcer due to IgA vasculitis (DA94.Y)

4A44.9Y Other specified immune complex small vessel vasculitis

4A44.9Z Immune complex small vessel vasculitis, unspecified

4A44.A Antineutrophil cytoplasmic antibody-associated vasculitis

Necrotizing vasculitis, with few or no immune deposits, predominantly affecting small vessels (i.e., capillaries, venules, arterioles and small arteries), associated with MPO-ANCA or PR3-ANCA. Not all patients have ANCA. Add a prefix indicating ANCA reactivity, e.g. PR3-ANCA, MPO-ANCA, ANCA-negative.

4A44.A0 Microscopic polyangiitis

Necrotizing vasculitis, with few or no immune deposits, predominantly affecting small vessels (i.e., capillaries, venules, or arterioles). Necrotizing arteritis involving small and medium sized arteries may be present. Necrotizing glomerulonephritis is very common. Pulmonary capillaritis often occurs. Granulomatous inflammation is absent.

Inclusions: Microscopic polyarteritis

Exclusions: Polyarteritis nodosa (4A44.4)

4A44.A1 Granulomatosis with polyangiitis

Necrotizing granulomatous inflammation usually involving the upper and lower respiratory tract, and necrotizing vasculitis affecting predominantly small to medium-sized vessels (e.g., capillaries, venules, arterioles, arteries and veins). Necrotizing glomerulonephritis is common. (Arthritis Rheum 1990;33:1101-1107)

Inclusions: Wegener granulomatosis

4A44.A2 Eosinophilic granulomatosis with polyangiitis

Eosinophil-rich and necrotizing granulomatous inflammation often involving the respiratory tract, and necrotizing vasculitis predominantly affecting small to medium-sized vessels, and associated with asthma and eosinophilia. ANCA is most frequent when glomerulonephritis is present. (Arthritis Rheum 1990;33:1094-1100)

Inclusions: Churg-Strauss syndrome

4A44.AY Other specified antineutrophil cytoplasmic antibody-associated vasculitis

4A44.AZ Antineutrophil cytoplasmic antibody-associated vasculitis, unspecified

4A44.B Leukocytoclastic vasculitis

Leukocytoclastic vasculitis (hypersensitivity vasculitis; hypersensitivity angiitis) is a histopathological term commonly used to denote a small-vessel vasculitis. It may be localised to the skin or may manifest in other organs. The internal organs affected most commonly include the joints, the gastrointestinal tract, and the kidneys. The prognosis is good in the absence of internal involvement. Leukocytoclastic vasculitis has many causes including infections, drugs and systemic autoimmune diseases but no cause is identified in up to 50% of patients with this condition.

4A44.B0 Cutaneous leukocytoclastic vasculitis

Skin-limited small vessel leucocytoclastic vasculitis of unspecified or unknown aetiology

4A44.BY Other specified leukocytoclastic vasculitis

4A44.BZ Leukocytoclastic vasculitis, unspecified

4A44.Y Other specified vasculitis

4A44.Z Vasculitis, unspecified

4A45 Antiphospholipid syndrome

Antiphospholipid syndrome, also known as Hughes syndrome, is a systemic autoimmune condition characterised by the presence of antiphospholipid antibodies (aPL) in the serum of patients with thrombotic events and/or recurrent pregnancy complications.

4A45.0 Primary antiphospholipid syndrome

4A45.1 Secondary antiphospholipid syndrome

Coding Note: Code also the causing condition

4A45.2 Antiphospholipid syndrome in pregnancy

4A45.3 Lupus anticoagulant-hypoprothrombinaemia syndrome

4A45.Z Antiphospholipid syndrome, unspecified

4A4Y Other specified nonorgan specific systemic autoimmune disorders

4A4Z Nonorgan specific systemic autoimmune disorders, unspecified

Autoinflammatory disorders (4A60‑4A6Z)

Coded Elsewhere: Schnitzler syndrome (EB03)

4A60 Monogenic autoinflammatory syndromes

Monogenic hereditary autoinflammatory diseases characterised by apparently unprovoked generalised inflammation in the absence of infection or high titre autoantibodies.

4A60.0 Familial Mediterranean fever

FMF is an autoinflammatory disease associated with mutations in pyrin resulting in enhanced IL1 beta production. This results in clinical attacks of inflammation in the form of fever and serositis in the form of peritoneal, pleural or synovial inflammation along with increased acute phase reactants.

4A60.1 Cryopyrin-associated periodic syndromes

CAPS is an autoinflammatory disease associated with gain of function changes in the cryopyrin protein, resulting in inflammasome activation and enhanced IL1 beta production. This results in clinical signs and symptoms of inflammation in the form of rash, fever, joint and eye symptoms with increased acute phase reactants.

Inclusions: Cryopyrinopathies

4A60.2 Tumour necrosis factor receptor 1 associated periodic syndrome

TRAPS is an autoinflammatory disease associated with heterozygous mutations in the gene coding for tumour necrosis factor (TNF) receptor 1 (TNFR1). This results in clinical attacks of inflammation in the form of fever and serositis in the form of peritoneal, pleural or synovial inflammation along with increased acute phase reactants.

4A60.Y Other specified monogenic autoinflammatory syndromes

4A60.Z Autoimflammatory syndrome, unspecified

4A61 SAPHO syndrome

SAPHO syndrome is characterised by a constellation of symptoms and signs including synovitis, acne conglobata or fulminans, palmoplantar pustulosis, hyperostosis and osteitis. Its aetiology is poorly understood.

4A62 Behçet disease

Behçet disease is a disease of incompletely understood aetiopathogenesis characterised by recurrent oral and/or genital aphthous ulcers accompanied by cutaneous, ocular, articular, gastrointestinal, and/or central nervous system inflammatory lesions. Small vessel vasculitis, thrombotic vasculopathy, arteritis and arterial aneurysms may occur. It has a high prevalence from the Eastern Mediterranean across Central Asia to China and Japan.

Inclusions: Adamantiades-Behçet disease

Coded Elsewhere: Transient neonatal Behçet disease (KA07.Y)

4A6Y Other specified autoinflammatory disorders

4A6Z Autoinflammatory disorders, unspecified

Allergic or hypersensitivity conditions (4A80‑4A8Z)

Allergy is a hypersensitivity reaction initiated by proven immunologic mechanisms.

Hypersensitivity is defined as conditions clinically resembling allergy that cause objectively reproducible symptoms or signs, initiated by exposure to a defined stimulus at a dose tolerated by normal subjects.

Coded Elsewhere: Eosinophilia (4B03)

Hypersensitivity reactions of unspecified nature (4B07)

4A80 Allergic or hypersensitivity disorders involving the respiratory tract

Allergic or hypersensitivity disorders involving the respiratory tract includes several clinically different conditions that can be considered as hypersensitivity disorders of the upper and lower respiratory tract. The classification of these conditions is complex.

Coded Elsewhere: Vasomotor or allergic rhinitis (CA08)

Aspergillus-induced allergic or hypersensitivity conditions (CA82.4)

Chronic rhinosinusitis (CA0A)

Asthma (CA23)

Nasal polyp (CA0J)

Hypersensitivity pneumonitis due to organic dust (CA70)

4A80.0 Drug-induced bronchospasm

Drug-induced bronchospasm is a common clinical manifestation triggered by various drugs. It ranges in severity from mild to severe, and even fatal from post-anoxic brain damage. It can be manifested as an isolated event or in combination with other symptoms as representation of drug-induced anaphylaxis.

4A80.1 Bronchospasm provoked by allergy to food substance

Bronchospasm provoked by allergy to food allergens is clinical manifestation triggered by various foods as a phenotype of food hypersensitivity. It is more frequent in the youngest atopic patients and the most common foods responsible for these reactions are cow milk, peanut, egg and tree nuts. This clinical presentation can be manifested as an isolated event or in combination with other symptoms as representation of drug-induced anaphylaxis.

4A80.Y Other specified allergic or hypersensitivity disorders involving the respiratory tract

4A80.Z Allergic or hypersensitivity disorders involving the respiratory tract, unspecified

4A81 Allergic or hypersensitivity disorders involving the eye

Allergic or hypersensitivity disorders involving the eye includes several clinically different conditions that can be considered as hypersensitivity disorders of the ocular surface. The classification of these conditions is complex.

Coded Elsewhere: Allergic conjunctivitis (9A60.02)

Vernal keratoconjunctivitis (9A60.5)

Giant papillary conjunctivitis (9A60.00)

Irritant contact blepharoconjunctivitis (EK02.11)

Acute atopic conjunctivitis (9A60.01)

Allergic contact blepharoconjunctivitis (9A06.72)

Atopic keratoconjunctivitis (9A60.0Y)

Vernal conjunctivitis (9A60.0Y)

4A82 Allergic or hypersensitivity disorders involving skin or mucous membranes

Allergic or hypersensitivity disorders involving the skin and mucous includes a heterogeneous group of disorders involving skin and mucous membranes in which either allergy or hypersensitivity play a part.

Coded Elsewhere: Allergic contact dermatitis (EK00)

Photo-allergic contact dermatitis (EK01)

Allergic contact urticaria (EK10)

Protein contact dermatitis (EK11)

Allergic contact sensitisation (EK12)

Urticaria, angioedema and other urticarial disorders (EB00-EB0Y)

Atopic eczema (EA80)

Allergy to substances in contact with the skin (EK5Y)

4A83 Allergic or hypersensitivity disorders involving the gastrointestinal tract

Coded Elsewhere: Allergic gastritis (DA42.4)

Allergic duodenitis (DA51.3)

Allergic or dietetic colitis (DB33.2)

Allergic or dietetic enteritis of small intestine (DA94.2)

4A83.0 Food-induced eosinophilic gastroenteritis

A disease characterised by eosinophilic infiltration of various layers of stomach and intestine induced by specific food intake in the absence of any known cause of eosinophilia. It can occur in any age and the symptoms vary depending on the site of the intestinal tract involved and degree of eosinophilic inflammation, might include ascites, weight loss, oedema, obstruction.

4A83.1 Food-induced eosinophilic oesophagitis

A chronic, immune or antigen-mediated oesophageal disease characterised by eosinophilic infiltration of oesophageal wall induced by specific food intake in the absence of any known cause of eosinophilia. The symptoms are related to oesophageal dysfunction, including feeding disorders, reflux symptoms, vomiting, dysphagia, and food impaction.

4A83.Y Other specified allergic or hypersensitivity disorders involving the gastrointestinal tract

4A83.Z Allergic or hypersensitivity disorders involving the gastrointestinal tract, unspecified

4A84 Anaphylaxis

Anaphylaxis is a severe, life-threatening systemic hypersensitivity reaction characterised by being rapid in onset with potentially life-threatening airway, breathing, or circulatory problems and is usually, although not always, associated with skin and mucosal changes.

4A84.0 Anaphylaxis due to allergic reaction to food

Rapidly progressive, multi-system and potentially life-threatening reaction to exposure to a food allergen to which the affected individual has previously been sensitized.

Exclusions: obstruction from food aspiration (ND72)

food intolerance (DA96.02)

4A84.1 Drug-induced anaphylaxis

Anaphylaxis attributable to a drug. When severe it may be fatal. This systemic reaction usually develops within minutes to hours of administration of the drug, is often severe and may be fatal. The most frequent drugs causing anaphylaxis are antibiotics, particularly penicillins. Clinically there may be premonitory dizziness or faintness, skin tingling and erythema, followed by urticaria, angio-oedema, bronchospasm, abdominal pain and vasomotor collapse.

Coded Elsewhere: Anaphylaxis due to radiocontrast media (EL80)

4A84.2 Anaphylaxis due to insect venom

Anaphylaxis due to insect venom is a severe systemic hypersensitivity reaction with rapid onset of cutaneous, vascular or respiratory symptoms and signs, either singly or in any combination after exposure (mainly by sting) to an insect venom in a sensitized patient.

Exclusions: Harmful effects of or exposure to noxious substances, Substances chiefly nonmedicinal as to source, Venoms or toxins (NE61)

4A84.3 Anaphylaxis provoked by physical factors

Anaphylaxis provoked by physical factors covers a group of anaphylaxis phenotypes in which physical factors are the main triggers. The most relevant are: exercise-induced anaphylaxis, exercise-induced anaphylaxis dependent on food, cold-induced anaphylaxis.

4A84.30 Exercise-induced anaphylaxis

Exercise-induced anaphylaxis is disorder in which anaphylaxis occurs after physical activity. The clinical features may include pruritus, urticarial weals, flushing, wheezing, and gastrointestinal disturbance including nausea, abdominal cramping, and diarrhoea. If physical activity continues, angioedema, laryngeal oedema, hypotension, and, ultimately, cardiovascular collapse may occur. Exercise-induced anaphylaxis is most commonly associated with IgE-mediated allergy to food whereby anaphylaxis occurs only if ingestion is followed temporally by exercise. Cessation of physical activity usually results in immediate improvement of symptoms.

4A84.31 Cold-induced anaphylaxis

Cold-induced anaphylaxis is triggered by skin cooling. The deaths are directly caused by the anaphylactic reaction due to drowning when swimming in cold water.

4A84.3Y Anaphylaxis provoked by other specified physical factors

4A84.3Z Anaphylaxis provoked by unspecified physical factors

4A84.4 Anaphylaxis due to inhaled allergens

Rapid progressive, multisystem life-threatening reaction due to the exposure to a sensitized inhaled allergen, such as particles from rubber gloves or latex products, animal dander and dust mite.

Use additional external cause code, if desired, to identify agent.

Exclusions: Allergic asthma with exacerbation (CA23.00)

4A84.5 Anaphylaxis due to contact with allergens

Anaphylaxis resulting from skin or mucosal contact with a substance or substances capable of inducing IgE-mediated response in patients previously sensitized.

Use additional external cause code, if desired, to identify agent.

4A84.6 Anaphylaxis secondary to mast cell disorder

Symptoms of anaphylaxis secondary to mast cell disorders result from excessive mast cell mediator release, especially histamine, and may include pruritus and flushing, abdominal pain, diarrhea, dyspnoea, tachycardia, or profound hypotension. It happens in both children and adults, but in adults it can occur even without urticaria pigmentosa lesions. Levels of basal tryptase are constantly high. Fatal anaphylaxis has been described following hymenoptera stings and in the preoperative period.

4A84.Y Other specified anaphylaxis

4A84.Z Anaphylaxis, unspecified

4A85 Complex allergic or hypersensitivity conditions

4A85.0 Drug or pharmacological agents hypersensitivity

Drug hypersensitivity reactions are the adverse effects of pharmaceutical formulations (including active drugs and excipients) that clinically resemble allergy. It belongs to type B adverse drug reactions, which are defined by the World Health Organization as the dose-independent, unpredictable, noxious, and unintended response to a drug taken at a dose normally used in humans. It covers many different clinical phenotypes with variable onset and severity.

Coded Elsewhere: Drug eruptions (EH60-EH6Z)

Drug-induced bronchospasm (4A80.0)

Drug-induced aplastic anaemia (3A70.10)

Aspirin-induced asthma (CA23.20)

Samter syndrome (CA0A.0)

Photoallergic drug reaction (EH75)

Pseudolymphomatous drug hypersensitivity syndrome (EH6Y)

Anaphylaxis due to radiocontrast media (EL80)

4A85.00 Drug-induced liver hypersensitivity disease

Drug-induced liver hypersensitivity disease is a relatively rare condition, but can have serious consequences for the individual patient, public health, regulatory agencies and the pharmaceutical industry. It is characterised by elevation in serum alanine-aminotransferase (ALT), conjugated bilirubin, or combined bilirubin, ALT and alkaline phosphatase (AP) levels > 2 times the upper limit of normal (ULN) and the most frequent related drugs are halothane, tienilic acid, dihydralazine, diclofenac, and carbamazepine.

4A85.01 Drug-induced kidney hypersensitivity

Drug-induced kidney hypersensitivity constitutes an important cause of acute renal failure and chronic kidney disease in present day clinical practice. Different classes of drugs, by virtue of immunological mechanisms, initiate specific inflammatory renal responses, which are manifested by different clinical patterns, such as drug-induced interstitial nephritis. The drug-induced kidney hypersensitivity can manifest alone or in combination with other drug-induced organ or system hypersensitivity disorders.

Coded Elsewhere: Acute renal papillary necrosis due to drugs, biological agents or environmental toxins (GB53)

4A85.02 Drug-induced cytopenia

Drug-induced cytopenia is a relatively common immune-mediated cytopenia and the target cells include erythrocytes, leukocytes, platelets and hematopoietic precursor cells in the marrow. The most frequent condition is the drug-induced immune thrombocytopenia and the most frequent implicated drugs are penicillin and structurally related drugs, quinine, quinidine, sulfonamide antibiotics, non-steroidal anti-inflammatory drugs and anticonvulsants.

Coded Elsewhere: Drug-induced immune thrombocytopenia (3B64.12)

Drug-induced secondary agranulocytosis (4B00.01)

4A85.03 Drug-induced vasculitis

Drug-induced vasculitis is an inflammatory vasculopathy associated with drugs of almost every class and accounting for approximately 3% of the vasculitides. Although small vessel disease limited to the skin is the most common form, involvement of blood vessels in virtually every organ system may occur. It can present multiorgan involvement and the mortality is described in up to 10% of cases.

4A85.04 Multiple drug hypersensitivity syndrome

Multiple drug hypersensitivity syndrome is defined as drug allergies to two or more chemically different drugs. It differs from cross-reactivity (due to structural similarities, common metabolic pathways, or pharmacological mechanisms), flare- up reactions (exacerbation of an existing drug allergy by the early switch of therapy to a novel drug), and multiple drug intolerance syndrome.

4A85.0Y Drug hypersensitivity of other specified type

4A85.0Z Drug hypersensitivity of unspecified type

4A85.1 Hypersensitivity to herbal and alternative medical therapies

Hypersensitivity to herbal and alternative medical therapies refers to unpredictable conditions clinically resembling allergy that cause objectively reproducible symptoms or signs, initiated by exposure to herbal and other alternative medical therapies, such as homeopathy, cupping or acupuncture. Herbal and alternative medical therapies are not customarily regarded as drugs, but can trigger immune and non-immune mediated reactions, which occur in susceptible individuals. These reactions are triggered by doses and procedures usually tolerated by normal subjects.

Exclusions: Adverse cutaneous reactions to herbal, homoeopathic or other alternative therapies (EH78)

4A85.2 Food hypersensitivity

Food hypersensitivity reactions are adverse effects of food or food additives that clinically resemble allergy. Food allergy is an adverse reaction to food mediated by an immunologic mechanism, involving specific IgE (IgE-mediated), cell-mediated mechanisms (non-IgE-mediated) or both IgE- and cell-mediated mechanisms (mixed IgE- and non-IgE-mediated).

Exclusions: food intolerance (DA96.02)

Coded Elsewhere: Oral allergy syndrome (EK10.0)

Contact urticaria due to food allergen (EK10.1)

Anaphylaxis due to allergic reaction to food (4A84.0)

Bronchospasm provoked by allergy to food substance (4A80.1)

4A85.20 Food-induced gastrointestinal hypersensitivity

Food-induced gastrointestinal hypersensitivity covers a group of gastrointestinal hypersensitivity disorders due to food allergens with variable onset, severity, clinical presentation and mechanisms.

Coded Elsewhere: Food-induced eosinophilic gastroenteritis (4A83.0)

Allergic or dietetic colitis (DB33.2)

Food-induced eosinophilic oesophagitis (4A83.1)

Allergic or dietetic enteritis of small intestine (DA94.2)

Food-induced non-IgE-mediated gastrointestinal hypersensitivity (DA42.41)

4A85.21 Food-induced urticaria or angioedema

Urticaria and/or angioedema triggered by ingestion or direct contact of food allergen in sensitized patient.

4A85.22 Allergic contact dermatitis due to food allergen

Allergic contact dermatitis, of which most common causal foods are spices, fruits, vegetables. Often occupational because of contact with chemical moieties, oleoresins. Systemic contact dermatitis is a rare variant because of ingestion.

Use additional external cause code, if desired, to identify agent.

Coded Elsewhere: Allergic contact dermatitis due to food flavours or additives (EK00.3)

4A85.2Y Other specified food hypersensitivity

4A85.2Z Food hypersensitivity, unspecified

4A85.3 Allergic or hypersensitivity reactions to arthropods

This includes both local cutaneous and systemic allergic and hypersensitivity reactions to contact with insects (e.g. bees, wasps and fire ants) and other arthropods (e.g. scorpions and spiders). Reactions are usually mediated via the immune system (IgE-mediated or non-IgE-mediated allergy).

4A85.30 Systemic allergic reaction due to Hymenoptera venom

Systemic Allergic Reaction due to Hymenoptera venom due to insect venom is a severe hypersensitivity reaction with rapid onset of cutaneous, vascular or respiratory symptoms and signs, either singly or in any combination after exposure (mainly by sting) to an insect venom in a sensitized patient.

Coded Elsewhere: Anaphylaxis due to insect venom (4A84.2)

4A85.31 Cutaneous allergic or hypersensitivity reactions to Hymenoptera venom

Cutaneous reactions to Hymenoptera venom are hypersensitivity reactions classified into normal local reactions and large local reactions. Large local reaction is defined as a swelling exceeding a diameter of 10 cm which lasts longer than 24 h; blisters may rarely be present.

4A85.32 Cutaneous allergic or hypersensitivity reactions to arthropods

4A85.Y Other specified complex allergic or hypersensitivity conditions

4A85.Z Complex allergic or hypersensitivity conditions, unspecified

4A8Y Allergic or hypersensitivity conditions of other specified type

4A8Z Allergic or hypersensitivity conditions of unspecified type

Immune system disorders involving white cell lineages (4B00‑4B0Z)

Coded Elsewhere: Immunodeficiencies with predominantly antibody defects (4A01.0)

Combined immunodeficiencies (4A01.1)

Defects in the complement system (4A00.1)

Diseases of immune dysregulation (4A01.2)

Other well-defined immunodeficiency syndromes due to defects in adaptive immunity (4A01.3)

4B00 Disorders of neutrophil number

Exclusions: Decreased white blood cell count (MA16.10)

4B00.0 Neutropaenia

Coded Elsewhere: Transient neonatal neutropaenia (KA8D)

Alloimmune neonatal neutropaenia (KA8E)

4B00.00 Constitutional neutropaenia

This is a granulocyte disorder characterised by an abnormally low number of neutrophils. Neutrophils usually make up 50-70% of circulating white blood cells and serve as the primary defence against infections by destroying bacteria in the blood.

Exclusions: Cartilage-hair hypoplasia (LD27.0)

4B00.01 Acquired neutropaenia

4B00.0Z Neutropaenia, unspecified

4B00.1 Neutrophilia

4B00.10 Constitutional neutrophilia

4B00.11 Acquired neutrophilia

Coding Note: Code also the causing condition

Exclusions: Non mast cell myeloproliferative neoplasms (2A20)

4B00.1Z Neutrophilia, unspecified

4B00.Y Other specified disorders of neutrophil number

4B01 Disorders of neutrophil function

Coded Elsewhere: Functional neutrophil defects (4A00.0)

4B01.0 Constitutional disorders of neutrophil function

4B01.00 Disorders of neutrophil adhesion

4B01.01 Disorders of neutrophil chemotaxis

4B01.02 Disorders of neutrophil granule formation or release

4B01.03 Disorders of neutrophil oxidative metabolism

4B01.0Y Other specified constitutional disorders of neutrophil function

4B01.0Z Constitutional disorders of neutrophil function, unspecified

4B01.1 Acquired disorders of neutrophil function

4B01.Z Disorders of neutrophil function, unspecified

4B02 Eosinopenia

4B02.0 Constitutional decrease in eosinophil number

4B02.1 Acquired decrease in eosinophil number

4B02.Z Eosinopenia, unspecified

4B03 Eosinophilia

4B03.0 Constitutional eosinophilia

4B03.1 Acquired eosinophilia

4B03.Z Eosinophilia, unspecified

4B04 Disorders with decreased monocyte counts

4B05 Disorders with increased monocyte counts

4B06 Acquired lymphopenia

4B07 Acquired lymphocytosis

Exclusions: Chronic lymphocytic leukaemia or small lymphocytic lymphoma (2A82.0)

Coded Elsewhere: Infectious mononucleosis (1D81)

4B0Y Other specified immune system disorders involving white cell lineages

4B0Z Immune system disorders involving white cell lineages, unspecified

Certain disorders involving the immune system (4B20‑4B2Y)

Disorders in which disturbed immune regulation plays an important part but which cannot be more precisely located elsewhere in the classification.

Exclusions: Failure or rejection of transplanted organs or tissues (NE84)

Monoclonal gammopathy of undetermined significance (2A83.0)

Coded Elsewhere: Hereditary angioedema (4A00.14)

4B20 Sarcoidosis

Sarcoidosis is a multisystem disorder of unknown cause characterised by the formation of immune granulomas in involved organs. The lung and the lymphatic system are predominantly affected, but virtually every organ may be involved. Other severe manifestations result from cardiac, neurological, ocular, kidney or laryngeal localizations.

4B20.0 Sarcoidosis of lung

4B20.1 Sarcoidosis of lymph nodes

Lymphadenopathy is very common in sarcoidosis. Intrathoracic nodes are enlarged in 75 to 90% of all patients; usually this involves the hilar nodes, but the paratracheal nodes are commonly involved. Peripheral lymphadenopathy is very common, particularly involving the cervical (the most common head and neck manifestation of the disease), axillary, epitrochlear, and inguinal nodes.

4B20.2 Sarcoidosis of the digestive system

This is a syndrome involving abnormal collections of chronic inflammatory cells (granulomas) that can form as nodules in the digestive system.

Coded Elsewhere: Gastritis due to sarcoidosis (DA42.Y)

Oesophagitis due to sarcoidosis (DA24.Y)

4B20.3 Neurosarcoidosis

This refers to sarcoidosis, a condition of unknown cause featuring granulomas in various tissues, involving the central nervous system (brain and spinal cord). It can have many manifestations, but abnormalities of the cranial nerves (a group of twelve nerves supplying the head and neck area) are the most common.

4B20.4 Ocular sarcoidosis

This is a syndrome involving abnormal collections of chronic inflammatory cells (granulomas) that can form as nodules in multiple organs.

Coded Elsewhere: Uveoparotid fever (4B20.Y)

4B20.5 Cutaneous sarcoidosis

4B20.Y Other specified sarcoidosis

4B20.Z Sarcoidosis, unspecified

4B21 Polyclonal hypergammaglobulinaemia

4B22 Cryoglobulinaemia

Coded Elsewhere: Cryoglobulinaemic vasculitis (4A44.90)

Cutaneous microvascular disturbances due to monoclonal cryoglobulins (EF5Y)

4B23 Immune reconstitution inflammatory syndrome

This is a condition seen in some cases of AIDS or immunosuppression, in which the immune system begins to recover, but then responds to a previously acquired opportunistic infection with an overwhelming inflammatory response that paradoxically makes the symptoms of infection worse.

4B24 Graft-versus-host disease

Graft-versus-host disease (GVHD) occurs when lymphoid cells from an immunocompetent donor are introduced into a histo-incompatible recipient incapable of rejecting them. This usually occurs as a result of haematopoietic stem cell transplantation. The main targets attacked by the donor lymphocytes are the recipient’s skin, gastrointestinal tract and liver. Acute GVHD, normally occurring within the first 100 days following transplantation, has a high mortality. The acute phase may be followed by chronic GVHD, which can also arise de novo. This usually presents as a lichenoid rash but can develop into a severe fibrosing disease affecting skin, lungs and liver.

4B24.0 Acute graft-versus-host disease

Graft-versus-host disease presenting normally within the first 100 days of engraftment. It presents most commonly with a maculopapular rash accompanied by fever. The prognosis correlates with the extent of skin involvement, which may progress to widespread epidermal necrolysis, and the severity of gastrointestinal and liver involvement which may manifest as diarrhoea and jaundice respectively. There is a high mortality in severe acute graft-versus-host disease.

4B24.1 Chronic graft-versus-host disease

Chronic graft-versus-host disease (GVHD) presents more than 100 days after engraftment of immunocompetent donor lymphoid cells. It has specific clinical features by which it can be distinguished from acute GVHD. It may arise de novo but frequently follows acute GVHD. Less commonly, it occurs concurrently with acute GVHD. The earlier stages of chronic GVHD are characterised by a widespread lichenoid rash, poikiloderma and involvement of nails and oral mucous membranes. If the disease remains active, progressive sclerosis of the skin and deeper tissues may result in joint contractures, fibrosis of internal organs and severe malabsorption.

4B24.Y Other specified graft-versus-host disease

4B24.Z Graft-versus-host disease, unspecified

4B2Y Other specified disorders involving the immune system

4B40 Diseases of thymus

Exclusions: thymic aplasia or hypoplasia with immunodeficiency (LD44.N0)

Myasthenia gravis (8C60)

Coded Elsewhere: Thymic tumours

4B40.0 Persistent hyperplasia of thymus

This refers to a persistent enlargement ("hyperplasia") of the thymus.

4B40.1 Abscess of thymus

4B40.2 Good syndrome

This is a condition that occurs in adults in whom hypogammaglobulinemia, deficient cell-mediated immunity, and benign thymoma may develop almost simultaneously.

4B40.Y Other specified diseases of thymus

4B40.Z Diseases of thymus, unspecified

4B4Y Other specified diseases of the immune system

4B4Z Diseases of the immune system, unspecified

CHAPTER 05

Endocrine, nutritional or metabolic diseases

This chapter has 148 four-character categories.

Code range starts with 5A00

This chapter includes endocrine diseases, nutritional diseases as well as metabolic diseases.

Exclusions: Transitory endocrine or metabolic disorders specific to fetus or newborn (KB60‑KB6Z)

Pregnancy, childbirth or the puerperium (Chapter 18)

Coded Elsewhere: Symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases (MA50-MA6Y)

Endocrine, nutritional or metabolic diseases complicating pregnancy, childbirth or the puerperium (JB64.2)

This chapter contains the following top level blocks:

* Endocrine diseases
* Nutritional disorders
* Metabolic disorders
* Postprocedural endocrine or metabolic disorders

Endocrine diseases (5A00‑5B3Z)

Coded Elsewhere: Neoplasms of the endocrine system

Endocrine tumours

Disorders of the thyroid gland or thyroid hormones system (5A00‑5A0Z)

Disorders due to dysfunction of thyroid gland and regulation systems of thyroid hormone actions including dysfunction of the pituitary, hypothalamus, or thyroid hormone receptors.

5A00 Hypothyroidism

5A00.0 Congenital hypothyroidism

Hypothyroidism is a condition where the thyroid gland produces too little or no thyroid hormone, and the condition arises at birth. Common clinical features include decreased activity and increased sleep, feeding difficulty and constipation, prolonged jaundice, myxedematous facies, large fontanels (especially posterior), macroglossia, a distended abdomen with umbilical hernia, and hypotonia.

Coded Elsewhere: Congenital central hypothyroidism (5A61.41)

5A00.00 Permanent congenital hypothyroidism with diffuse goitre

A condition caused by a partial or complete loss of thyroid function due to failure of the thyroid to correctly develop during the antenatal period. This condition is characterised by a swollen, smooth thyroid gland, and in infants by a dull look, puffy face, and thick tongue that sticks out. This condition may also present with choking episodes, constipation, dry brittle hair, jaundice, lack of muscle tone, low hairline, poor feeding, short height, sleepiness, or sluggishness.

Exclusions: transitory congenital goitre with normal function (KB62)

5A00.01 Permanent congenital hypothyroidism without goitre

This is a permanent congenital state in which the thyroid gland does not make enough thyroid hormone. This diagnosis is without swelling of the thyroid gland.

5A00.02 Pendred syndrome

Pendred syndrome is characterised by the association of congenital bilateral neurosensory deafness, thyroid goitre, cochleovestibular malformation and potential vestibular dysfunction.

5A00.03 Transient congenital hypothyroidism

Transient congenital hypothyroidism is defined as transient thyroid dysfunction with mildly elevated thyroid-stimulating hormone (TSH) and low thyroxine (FT4) levels which return to normal either very promptly and spontaneously, or after several months of thyroxine therapy. The disorder is due to a variety of causes including iodine deficiency or exposure to iodine-containing compounds, transplacental passage of blocking maternal antibodies, and dyshormonogenesis.

Exclusions: Transitory congenital goitre with normal function (KB62)

5A00.04 Congenital hypothyroidism due to iodine deficiency

Hypothyroidism is a condition which arises at birth where the thyroid gland produces too little or no thyroid hormone and it can be induced by iodine-deficiency.

Exclusions: Subclinical iodine-deficiency hypothyroidism (5A00.22)

5A00.0Y Other specified congenital hypothyroidism

5A00.0Z Congenital hypothyroidism, unspecified

5A00.1 Iodine-deficiency-related thyroid disorders or allied conditions

Any condition caused by aberrant thyroid function due to a deficiency of iodine. Confirmation is by blood test.

Exclusions: congenital iodine-deficiency syndrome (5A00.04)

Subclinical iodine-deficiency hypothyroidism (5A00.22)

5A00.10 Iodine-deficiency-related diffuse goitre

Diffuse enlargement of the thyroid gland due to iodine deficiency.

5A00.11 Iodine-deficiency-related multinodular goitre

Multinodular enlargement of the thyroid gland due to iodine deficiency.

Inclusions: Iodine-deficiency-related nodular goitre

5A00.1Z Iodine-deficiency-related thyroid disorders or allied conditions, unspecified

5A00.2 Acquired hypothyroidism

Acquired hypothyroidism is a condition where the thyroid gland produces too little or no thyroid hormone, and the condition arises only after birth.

Exclusions: Postprocedural hypothyroidism (5D40)

iodine-deficiency-related hypothyroidism (5A00.1)

Coded Elsewhere: Acquired central hypothyroidism (5A61.40)

Dementia due to acquired hypothyroidism (6D85.Y)

5A00.20 Hypothyroidism due to medicaments or other exogenous substances

A condition caused by an underactive thyroid due to a medicaments or other exogenous substances. This condition may present with fatigue, increased sensitivity to cold, constipation, dry skin, weight gain, muscle weakness, elevated blood cholesterol, muscle aches, joint pain or swelling, heavier or irregular menstrual periods, thinning hair, depression, or impaired memory.

5A00.21 Myxoedema coma

A life-threatening hypothyroid condition with long-standing severe untreated hypothyroidism in whom adaptive mechanisms fail to maintain homeostasis.

5A00.22 Subclinical iodine-deficiency hypothyroidism

A condition with elevated serum TSH level, but with normal thyroid hormone levels, which is induced by iodine-deficiency

5A00.2Y Other specified acquired hypothyroidism

5A00.2Z Acquired hypothyroidism, unspecified

5A00.Z Hypothyroidism, unspecified

5A01 Nontoxic goitre

Enlargement of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis

Exclusions: congenital goitre NOS (5A00.00)

congenital parenchymatous goitre (5A00.00)

iodine-deficiency-related goitre (5A00.1)

congenital diffuse goitre (5A00.00)

5A01.0 Nontoxic diffuse goitre

Diffuse enlargement of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis

5A01.1 Nontoxic single thyroid nodule

Single tumour of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis

5A01.2 Nontoxic multinodular goitre

Multiple nodules of the thyroid gland due to follicular multiplication, unaccompanied by hyperthyroidism or thyrotoxicosis

5A01.Z Nontoxic goitre, unspecified

5A02 Thyrotoxicosis

A hypermetabolic condition associated with elevated levels of free thyroxine and/or free triiodothyronine resulting in excess synthesis and secretion of thyroid hormone

Exclusions: Transitory neonatal hyperthyroidism (KB62.0)

Coded Elsewhere: Dysthyroid exophthalmos (9A20.00)

5A02.0 Thyrotoxicosis with diffuse goitre

Thyrotoxicosis occurs by the ingestion of excessive amounts of exogenous thyroid hormone in the form of thyroid hormone supplements such as the most widely used supplement levothyroxine.

Inclusions: Toxic diffuse goitre

Graves disease

5A02.1 Thyrotoxicosis with toxic single thyroid nodule

Inclusions: Thyrotoxicosis with toxic uninodular goitre

5A02.2 Thyrotoxicosis with toxic multinodular goitre

Thyrotoxicosis caused by functioning thyroid multinodules

5A02.3 Thyrotoxicosis from ectopic thyroid tissue

5A02.4 Thyrotoxicosis factitia

A condition of thyrotoxicosis caused by the ingestion of exogenous thyroid hormone

5A02.5 Thyroid crisis

Thyrotoxic crisis (or thyroid storm) is a rare but severe complication of hyperthyroidism, which may occur when a thyrotoxic patient becomes very sick or physically stressed.

Inclusions: Thyroid storm

5A02.6 Secondary hyperthyroidism

Overproduction of thyroid hormone in the thyroid gland induced by dysfunction of the pituitary gland or hypothalamus.

Coding Note: Code also the causing condition

Exclusions: Generalised resistance to thyroid hormone (5A05)

Selective pituitary resistance to thyroid hormone (5A02)

5A02.Y Other specified thyrotoxicosis

5A02.Z Thyrotoxicosis, unspecified

5A03 Thyroiditis

Thyroiditis is the inflammation of the thyroid gland. It includes acute and chronic forms of thyroiditis. Thyroiditis is usually caused by autoimmune reaction to the thyroid, resulting in inflammation and damage to the thyroid cells. The symptoms include fatigue, weight gain, depression, dry skin, and constipation.

Exclusions: Acquired hypothyroidism (5A00.2)

Thyrotoxicosis (5A02)

Coded Elsewhere: Postpartum thyroiditis (JB44.5)

5A03.0 Acute thyroiditis

Acute thyroiditis is a rare form of thyroiditis directly caused by an infection, frequently bacterial.

5A03.1 Subacute thyroiditis

A self-limited thyroiditis associated with a triphasic clinical course of hyperthyroidism, hypothyroidism, and return to normal thyroid function. It is thought to be caused by a viral infection.

Inclusions: de Quervain thyroiditis

giant-cell thyroiditis

granulomatous thyroiditis

Exclusions: Autoimmune thyroiditis (5A03.2)

5A03.2 Autoimmune thyroiditis

A chronic inflammatory disorder of the thyroid gland associated with abnormal circulatory antibodies.

5A03.20 Hashimoto thyroiditis

5A03.21 Painless thyroiditis

A destructive thyroiditis which has an autoimmune basis in the non-postpartum period. An inflammation of the thyroid gland characterised by transient hyperthyroidism, followed by hypothyroidism and then recovery.

5A03.2Y Other specified autoimmune thyroiditis

5A03.2Z Autoimmune thyroiditis, unspecified

5A03.Y Other specified thyroiditis

5A03.Z Thyroiditis, unspecified

5A04 Hypersecretion of calcitonin

This is the process of elaborating, releasing, and oozing a 32-amino acid linear polypeptide hormone that is produced in humans primarily by the parafollicular cells (also known as C-cells) of the thyroid, and in many other animals in the ultimobranchial body.

Inclusions: Hypersecretion of thyrocalcitonin

C-cell hyperplasia of thyroid

5A05 Generalised resistance to thyroid hormone

Decreased thyroid hormone action, generally induced by mutation of thyroid hormone receptors.

5A06 Sick-euthyroid syndrome

5A0Y Other specified disorders of the thyroid gland or thyroid hormones system

5A0Z Disorders of the thyroid gland or thyroid hormones system, unspecified

Diabetes mellitus (5A10‑5A2Y)

A metabolic disorder with heterogenous aetiologies which is characterised by chronic hyperglycaemia and disturbances of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion, insulin action, or both.

Coded Elsewhere: Diabetes mellitus in pregnancy (JA63)

Neonatal diabetes mellitus (KB60.2)

5A10 Type 1 diabetes mellitus

Diabetes mellitus type 1 (type 1 diabetes, T1DM, formerly insulin dependent or juvenile diabetes) is a form of diabetes mellitus that results from destruction of insulin-producing beta cells, mostly by autoimmune mechanisms. The subsequent lack of insulin leads to increased blood and urine glucose.

Exclusions: Type 2 diabetes mellitus (5A11)

Diabetes mellitus, other specified type (5A13)

Diabetes mellitus in pregnancy (JA63)

Coded Elsewhere: Pre-existing type 1 diabetes mellitus in pregnancy (JA63.0)

5A11 Type 2 diabetes mellitus

Diabetes mellitus type 2 (formerly noninsulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes) is a metabolic disorder that is characterised by high blood glucose in the context of insulin resistance and relative insulin deficiency.

Inclusions: non-insulin-dependent diabetes of the young

Exclusions: Diabetes mellitus in pregnancy (JA63)

Diabetes mellitus, other specified type (5A13)

Idiopathic Type 1 diabetes mellitus (5A10)

Coded Elsewhere: Pre-existing type 2 diabetes mellitus in pregnancy (JA63.1)

5A12 Malnutrition-related diabetes mellitus

5A13 Diabetes mellitus, other specified type

Diabetes mellitus which cannot be classified as either Type 1 or Type 2 diabetes mellitus.

Exclusions: Diabetes mellitus in pregnancy (JA63)

Type 2 diabetes mellitus (5A11)

Idiopathic Type 1 diabetes mellitus (5A10)

5A13.0 Diabetes mellitus due to genetic defects of beta cell function

Other specified diabetes mellitus due to genetic defects of beta cell function is a form of diabetes, which is associated with monogenetic defects in beta-cell function.

5A13.1 Diabetes mellitus due to genetic defects in insulin action

Other specified diabetes mellitus due to genetic defects in insulin action is a form of diabetes, which results from genetically determined abnormalities of insulin action. The metabolic abnormalities associated with mutations of the insulin receptor may range from hyperinsulinemia and modest hyperglycaemia to severe diabetes.

5A13.2 Diabetes mellitus due to diseases of the exocrine pancreas

Other specified diabetes mellitus due to diseases of the exocrine pancreas is a form of diabetes which is caused by any process that diffusely injures the pancreas. Acquired processes include pancreatitis, trauma, infection, pancreatectomy, and pancreatic carcinoma. With the exception of that caused by cancer, damage to the pancreas must be extensive for diabetes to occur.

5A13.3 Diabetes mellitus due to endocrinopathies

Other specified diabetes mellitus due to endocrinopathies is a form of diabetes caused by several hormones (e.g., growth hormone, cortisol, glucagon, epinephrine), which antagonize insulin action. Excess amounts of these hormones (e.g., acromegaly, Cushing’s syndrome, glucagonoma, pheochromocytoma, respectively) can cause diabetes. This generally occurs in individuals with preexisting defects in insulin secretion, and hyperglycaemia typically resolves when the hormone excess is resolved.

5A13.4 Diabetes mellitus due to drug or chemical

Other specified diabetes mellitus due to drug or chemical is a form of diabetes, which is caused by drug or chemical substance that impairs insulin secretion and insulin action.

5A13.5 Diabetes mellitus due to uncommon forms of immune-mediated diabetes

Other specified diabetes mellitus due to uncommon forms of immune-mediated diabetes is a form of diabetes, which is caused by two known conditions. The stiff-man syndrome is an autoimmune disorder of the central nervous system characterised by stiffness of the axial muscles with painful spasms. Patients usually have high titres of the GAD autoantibodies, and approximately one-third will develop diabetes.

5A13.6 Diabetes mellitus due to other genetic syndromes

Other specified diabetes mellitus due to other genetic syndromes is a form of diabetes, which is associated with genetic syndromes.

Coding Note: Use additional code, if desired, to identify any associated genetic syndrome

Coded Elsewhere: Wolfram syndrome (5A61.5)

Maternally inherited diabetes and deafness (LD2H.Y)

Thiamine-responsive megaloblastic anaemia syndrome (5C63.Y)

Woodhouse-Sakati syndrome (5A61.0)

Mitochondrial myopathy with diabetes mellitus (8C73.Y)

5A13.7 Diabetes mellitus due to clinically defined subtypes or syndromes

Diabetes mellitus that has clinically defined subtypes or associated syndromes

5A13.Y Diabetes mellitus due to other specified cause

5A14 Diabetes mellitus, type unspecified

Exclusions: Idiopathic Type 1 diabetes mellitus (5A10)

Type 2 diabetes mellitus (5A11)

Diabetes mellitus, other specified type (5A13)

Diabetes mellitus in pregnancy (JA63)

Acute complications of diabetes mellitus (5A20‑5A2Y)

5A20 Diabetic hyperosmolar hyperglycaemic state

Coding Note: Code also the causing condition

5A20.0 Hyperosmolar hyperglycaemic state without coma

Coding Note: Code also the causing condition

5A20.1 Hyperosmolar hyperglycaemic state with coma

Coding Note: Code also the causing condition

5A20.Z Diabetic hyperosmolar hyperglycaemic state, unspecified

Coding Note: Code also the causing condition

5A21 Hypoglycaemia in the context of diabetes mellitus

Coding Note: Code also the causing condition

5A21.0 Hypoglycaemia in the context of diabetes mellitus without coma

Coding Note: Code also the causing condition

5A21.1 Hypoglycaemia in the context of diabetes mellitus with coma

Coding Note: Code also the causing condition

5A21.Z Hypoglycaemia in the context of diabetes, unspecified

Coding Note: Code also the causing condition

5A22 Diabetic acidosis

Coding Note: Code also the causing condition

5A22.0 Diabetic ketoacidosis without coma

Coding Note: Code also the causing condition

5A22.1 Diabetic lactic acidosis

Coding Note: Code also the causing condition

5A22.2 Diabetic metabolic acidosis

Coding Note: Always assign an additional code for diabetes mellitus

5A22.3 Diabetic ketoacidosis with coma

Coding Note: Code also the causing condition

5A22.Y Other specified diabetic acidosis

Coding Note: Code also the causing condition

5A22.Z Diabetic acidosis, unspecified

Coding Note: Code also the causing condition

5A23 Diabetic coma

Coding Note: Code also the causing condition

5A24 Uncontrolled or unstable diabetes mellitus

Brittle diabetes mellitus is a term used to describe particularly hard-to-control Type 1 or Type 2 diabetes mellitus. It results in frequent, extreme swings in blood glucose levels, causing hyperglycaemia that could lead to ketoacidosis or hypoglycaemia.

Coding Note: Code also the causing condition

5A2Y Other specified acute complications of diabetes mellitus

Coding Note: Code also the causing condition

Other disorders of glucose regulation or pancreatic internal secretion (5A40‑5A4Z)

Exclusions: Benign neoplasm of endocrine pancreas (2E92.9)

Multiple endocrine neoplasia type 1 (2F7A.0)

Malignant neoplasm of pancreas (2C10)

Coded Elsewhere: Somatostatinoma (2C10.1)

VIPoma (2C10.1)

PPoma (2C10.1)

GRFoma (2C10.1)

5A40 Intermediate hyperglycaemia

A metabolic disorder characterised by glucose levels too high to be considered normal, though not high enough to meet the criteria for diabetes.

Inclusions: prediabetes

Impaired glucose regulation

Exclusions: Diabetes mellitus, other specified type (5A13)

Idiopathic Type 1 diabetes mellitus (5A10)

Type 2 diabetes mellitus (5A11)

Diabetes mellitus, type unspecified (5A14)

Elevated blood glucose level (MA18.0)

Coded Elsewhere: Neonatal hyperglycaemia (KB60.3)

5A40.0 Impaired fasting glucose

Impaired glucose tolerance is a metabolic disorder with FPG 110–125 mg/dl (6.1–6.9 mmol/l).

5A40.1 Impaired glucose tolerance

Impaired glucose tolerance (IGT) is a metabolic disorder, which is characterised by 2-h postload glucose 140–199 mg/dl (7.8–11.1 mmol/l).

5A40.Y Other specified intermediate hyperglycaemia

5A40.Z Intermediate hyperglycaemia, unspecified

5A41 Hypoglycaemia without associated diabetes

Exclusions: Hypoglycaemia in the context of diabetes mellitus (5A21)

Coded Elsewhere: Neonatal hypoglycaemia (KB60.4)

5A42 Increased secretion of glucagon

Exclusions: Multiple endocrine neoplasia type 1 (2F7A.0)

Coded Elsewhere: Glucagonoma (2C10.1)

5A43 Abnormal secretion of gastrin

Coded Elsewhere: Gastrinoma (2C10.1)

5A43.0 Drug-induced hypergastrinaemia

A form of hypergastrinaemia that can be induced by drugs.

5A43.1 Zollinger-Ellison syndrome

A syndrome characterised by the presence of a gastrin-secreting tumour, usually in the pancreas or duodenum, resulting in increased gastric acidity and formation of gastric ulcers. Signs and symptoms include abdominal pain and diarrhea. It may be sporadic or a manifestation of multiple endocrine neoplasia type 1.

Coded Elsewhere: Anastomotic ulcer due to Zollinger-Ellison syndrome (DA62.Y)

Gastric ulcer due to Zollinger-Ellison syndrome (DA60.Y)

Duodenal ulcer due to Zollinger-Ellison syndrome (DA63.Y)

5A43.Y Other specified abnormal secretion of gastrin

5A43.Z Abnormal secretion of gastrin, unspecified

5A44 Insulin-resistance syndromes

Coding Note: Code also the causing condition

5A45 Persistent hyperinsulinaemic hypoglycaemia of infancy

Congenital isolated hyperinsulinism, or Persistent hyperinsulinaemic hypoglycaemia of infancy (PHHI) is defined by an inappropriate oversecretion of insulin by the endocrine pancreas that is responsible for profound hypoglycaemia, which requires aggressive medical and/or surgical treatment to prevent severe and irreversible brain damage. PHHI is a genetically heterogeneous disorder with two types of histological lesions: diffuse (DiPHHI) and focal (FoPHHI) which are clinically indistinguishable.

5A4Y Other specified disorders of glucose regulation or pancreatic internal secretion

5A4Z Disorders of glucose regulation or pancreatic internal secretion, unspecified

Disorders of the parathyroids or parathyroid hormone system (5A50‑5A5Z)

Disorders of the parathyroids and parathyroid hormone system generally refer to conditions with inappropriate secretion and/or actions of parathyroid hormone that cause dysregulation of calcium metabolism.

Exclusions: Hypocalcaemic vitamin D dependent rickets (5C63.20)

Hypovitaminosis D (5B57)

Hyperphosphataemic familial tumoural calcinosis (5C54.1)

Hypocalcaemic vitamin D resistant rickets (5C63.21)

5A50 Hypoparathyroidism

Hypoparathyroidism is a condition with insufficient biological actions of parathyroid hormone due to impaired secretion of parathyroid hormone or refractoriness of target tissues to parathyroid hormone.

Exclusions: Postprocedural hypoparathyroidism (5D42)

tetany NOS (MB47.D)

Coded Elsewhere: Transitory neonatal hypoparathyroidism (KB64)

5A50.0 Hypoparathyroidism due to impaired parathyroid hormone secretion

Hypoparathyroidism due to impaired PTH secretion is a condition with low circulating PTH level and hypocalcaemia caused by being unable to secrete PTH from parathyroids in response to hypocalcaemia with pathological or functional defects in parathyroids.

Coded Elsewhere: CATCH 22 phenotype (LD44.N0)

5A50.00 Idiopathic hypoparathyroidism

Exclusions: Autoimmune polyendocrinopathy type 1 (5B00)

5A50.01 Secondary hypoparathyroidism

Coding Note: Code also the causing condition

5A50.02 Hypoparathyroidism due to destruction of the parathyroid glands

Dysfunction of parathyroid glands can be caused by several etiologies such as radiation, destruction of parathyroid glands by granulomatous disease or cancer infiltration, and deposition of iron or copper.

5A50.03 Autoimmune hypoparathyroidism

5A50.0Y Other specified hypoparathyroidism due to impaired parathyroid hormone secretion

5A50.0Z Hypoparathyroidism due to impaired parathyroid hormone secretion, unspecified

5A50.1 Pseudohypoparathyroidism

Pseudohypoparathyroidism is a condition with refractoriness to parathyroid hormone of its target tissues especially kidney that causes hypocalcaemia and hyperphosphataemia even in the presence of high circulating levels of biologically active parathyroid hormone.

5A50.Y Other specified hypoparathyroidism

5A50.Z Hypoparathyroidism, unspecified

5A51 Hyperparathyroidism

Hyperparathyroidism refers to overproduction of parathormone and is most frequently due to a tumour in one of the parathyroid glands. It may also occur in response to low calcium levels, as encountered in various situations such as vitamin D deficiency or chronic kidney disease.

Hyperparathyroidism results in weakening of the bones through loss of calcium.

Exclusions: Adult osteomalacia (FB83.2)

infantile and juvenile osteomalacia (5B57.0)

5A51.0 Primary hyperparathyroidism

Primary hyperparathyroidism is a condition with enhanced PTH secretion and high circulatory PTH level caused by abnormal parathyroid pathology such as adenoma, hyperplasia and cancer. Primary hyperparathyroidism usually causes hypercalcaemia by enhanced PTH actions.

5A51.1 Secondary hyperparathyroidism

Secondary hyperparathyroidism is a condition with enhanced parathyroid hormone (PTH) secretion and high circulatory PTH level caused by metabolic changes such as hypocalcaemia, hyperphosphataemia and low 1,25-dihydroxyvitamin D.

Coding Note: Code also the causing condition

Exclusions: secondary hyperparathyroidism of renal origin (GB90.4)

5A51.2 Familial hypocalciuric hypercalcaemia

Familial Hypocalciuric Hypercalcaemia (FHH) or benign familial hypercalcaemia is an autosomal dominant disorder of calcium metabolism that is often asymptomatic and that is biologically characterised by a significant but moderate hypercalcaemia. Serum levels of parathyroid hormone are normal or slightly increased, and urinary calcium excretion is relatively low for hypercalcaemia. CASR, GNA11 and AP2S1 have been identified as causative genes.

5A51.Y Other specified hyperparathyroidism

5A51.Z Hyperparathyroidism, unspecified

5A5Y Other specified disorders of the parathyroids or parathyroid hormone system

5A5Z Disorders of the parathyroids or parathyroid hormone system, unspecified

Disorders of the pituitary hormone system (5A60‑5A6Z)

Clinical status with increased, decreased, or dysregulated secretion of pituitary hormones, which is caused by a variety of tumourous, non-tumourous, and genetic disorders.

5A60 Hyperfunction of pituitary gland

A disease characterised by hypersecretion of adenohypophyseal hormones such as growth hormone, prolactin, thyrotropin, luteinising hormone, follicle stimulating hormone or adrenocorticotropic hormone.

Clinical status with excessive production of one or more pituitary hormones, which is mostly caused by hormone-producing pituitary adenomas.

Exclusions: Nelson syndrome (5A70.3)

overproduction of pituitary ACTH (5A70.0)

overproduction of thyroid-stimulating hormone (5A02)

Cushing syndrome (5A70)

Multiple endocrine neoplasia type 1 (2F7A.0)

Multiple endocrine neoplasia type 4 (2F7A.0)

5A60.0 Acromegaly or pituitary gigantism

Acromegaly is an acquired disorder related to excessive production of growth hormone (GH) and characterised by progressive somatic disfigurement (mainly involving the face and extremities) and systemic manifestations. The main clinical features are broadened extremities (hands and feet), widened thickened and stubby fingers, and thickened soft tissue. The disease also has rheumatologic, cardiovascular, respiratory and metabolic consequences which determine its prognosis. In the majority of cases, acromegaly is related to a pituitary adenoma, either purely GH-secreting (60%) or mixed. Transsphenoidal surgery is often the first-line treatment. When surgery fails to correct GH/IGF-I hypersecretion, medical treatment with somatostatin analogs and/or radiotherapy can be used.

Inclusions: Overproduction of growth hormone

Exclusions: constitutional gigantism (5B12)

increased secretion from endocrine pancreas of growth hormone-releasing hormone (5A40‑5A4Z)

Constitutional tall stature (5B12)

5A60.1 Hyperprolactinaemia

Increased peripheral blood levels of prolactin often associated with galactorrhea, sometimes associated with normal ovarian function, but often resulting in a spectrum of ovulatory dysfunction varying between short luteal phase (inadequate preovulatory follicular development), anovulatory cycles, amenorrhea and hypogonadotropic hypogonadism

Coded Elsewhere: Prolactinoma of pituitary gland (2F37.Y)

5A60.2 Syndrome of inappropriate secretion of antidiuretic hormone

Syndrome of inappropriate antidiuretic hormone (ADH) secretion (SIADH) is characterised by continued ADH secretion, leading to hyponatremia, hypoosmolality and natriuresis. Exact prevalence is unknown. The disease has been described in all age groups. SIADH is often associated with tumours, pulmonary disease, central nervous system disorders or exposure to drugs. Occasionally, it is found in patients with adrenal, thyroid or pituitary insufficiency. The disorder is caused by gain-of-function mutations in the gene encoding the vasopressin V2 receptor. Fluid restriction is the most common treatment. The outcome is related to the underlying and associated disorders.

5A60.20 Nephrogenic syndrome of inappropriate antidiuresis

5A60.2Y Other specified syndrome of inappropriate secretion of antidiuretic hormone

5A60.2Z Syndrome of inappropriate secretion of antidiuretic hormone, unspecified

5A60.3 Central precocious puberty

Central precocious puberty is defined as the onset of pubertal changes before 8 years of age in girls and before 9.5 years of age in boys due to the overproduction of gonadotropin-releasing hormone (GnRH) by the hypothalamus. It may be idiopathic with no apparent cause (90% of cases in girls, 50% of cases in boys) or secondary to a lesion (tumour or malformation) in the hypothalamus. Other causes may include traumatic brain injury, or genetic disorders, affecting behavioural and psychological development, and final body height.

5A60.Y Other specified hyperfunction of pituitary gland

5A60.Z Hyperfunction of pituitary gland, unspecified

5A61 Hypofunction or certain other specified disorders of pituitary gland

Clinical status with disordered function of the pituitary gland without excessive pituitary hormone production, which is caused by a variety of diseases

Exclusions: Postprocedural hypopituitarism (5D43)

Craniopharyngioma (2A00)

Coded Elsewhere: Non-secreting pituitary adenoma (2F37.0)

5A61.0 Hypopituitarism

A disorder manifesting a deficiency or decrease of one or more pituitary hormones, which is caused by a variety of diseases such as tumour, trauma/surgery, irradiation, inflammation and haemorrhage/infarction.

Inclusions: pituitary cachexia

pituitary short stature

Coded Elsewhere: Prader-Willi syndrome (LD90.3)

Argonz-del Castillo Syndrome (5A60.1)

5A61.1 Adrenocorticotropic hormone deficiency

Deficiency of adrenocorticotropic hormone (ACTH) resulting in functional hypocortisolism. Includes deficiency of corticotropin releasing hormone (CRH, CRF).

5A61.2 Gonadotropin deficiency

Deficiency of Luteinizing Hormone (LH), Follicle Stimulating Hormone (FSH) resulting in hypogonadism (male and female). Includes deficiency of Gonadotropin Releasing Hormone (GnRH, LHRH).

Exclusions: Ovarian dysfunction (5A80)

Testicular hypofunction (5A81.1)

5A61.3 Growth hormone deficiency

Deficiency of growth hormone in children, adolescents and adults. Includes deficiency of growth hormone releasing hormone (GHRH) and excess of central somatostatin, leading to growth hormone deficiency. Includes idiopathic, inborn and acquired forms of growth hormone deficiency.

Exclusions: Hypopituitarism (5A61.0)

5A61.4 Thyroid stimulating hormone deficiency

Deficiency of thyroid stimulating hormone (TSH), leading to secondary (pituitary) or tertiary (hypothalamic) hypothyroidism. Includes deficiency of TSH releasing hormone (TRH).

5A61.40 Acquired central hypothyroidism

Central Hypothyroidism is a condition where the thyroid gland produces too little or no thyroid hormone, induced by dysfunction of either hypothalamus or pituitary.

5A61.41 Congenital central hypothyroidism

5A61.4Y Other specified thyroid stimulating hormone deficiency

5A61.4Z Thyroid stimulating hormone deficiency, unspecified

5A61.5 Central diabetes insipidus

Central diabetes insipidus (CDI) is a hypothalamus-pituitary disease characterised by polyuria and polydipsia due to a vasopressin (AVP) deficiency. The condition may be associated with deficient secretion of antidiuretic hormone (ADH) and is most frequently idiopathic (possibly due to autoimmune injury to the ADH-producing cells), or may be induced by trauma, pituitary surgery, or hypoxic or ischaemic encephalopathy.

Inclusions: ADH - [antidiuretic hormone secretion] deficiency

Exclusions: Nephrogenic diabetes insipidus (GB90.4A)

5A61.6 Oxytocin deficiency

Isolated oxytocin deficiency or oxytocin deficiency in combination with anterior and/or posterior pituitary deficiencies.

5A61.Y Other specified hypofunction or disorders of pituitary gland

5A6Z Disorders of the pituitary hormone system, unspecified

Disorders of the adrenal glands or adrenal hormone system (5A70‑5A7Z)

Coded Elsewhere: Gonadotropin deficiency (5A61.2)

Growth hormone deficiency (5A61.3)

Thyroid stimulating hormone deficiency (5A61.4)

Oxytocin deficiency (5A61.6)

Adrenal incidentaloma (2F37.Y)

5A70 Cushing syndrome

Cushing syndrome results from excess of corticosteroid hormones in the body due to overstimulation of the adrenal glands by excessive amounts of the hormone ACTH, secreted either by a tumuor of the pituitary gland (Cushing's disease) or by a malignant tumour in the lung or elsewhere. Symptoms include weight gain, reddening of the face and neck, excess growth of body and facial hair, raised blood pressure, loss of mineral from the bones (osteoporosis), raised blood glucose levels, and sometimes mental disturbances.

5A70.0 Pituitary-dependent Cushing disease

Pituitary-dependent Cushing disease is caused by a pituitary tumour, generally benign (adenoma) but rarely malignant (carcinoma), which secretes adrenocorticotropin (ACTH) autonomously, leading to hypercortisolism. The condition is associated with increased morbidity and mortality that can be mitigated by treatments that result in sustained endocrine remission. Transsphenoidal pituitary surgery (TSS) remains the mainstay of treatment for this disease but requires considerable neurosurgical expertise and experience in order to optimize patient outcomes.

5A70.1 Ectopic ACTH syndrome

5A70.2 Pseudo-Cushing syndrome

This is a condition in which patients display the signs, symptoms, and abnormal hormone levels seen in Cushing's syndrome. However, pseudo-Cushing's syndrome is not caused by a problem with the hypothalamic-pituitary-adrenal axis as Cushing's is; it is an idiopathic condition.

5A70.3 Nelson syndrome

5A70.Y Other specified Cushing syndrome

5A70.Z Cushing syndrome, unspecified

5A71 Adrenogenital disorders

Disorders of the reproductive system resulting from pathologic androgen production secondary to abnormalities in cortisol and/or aldosterone production

5A71.0 46,XX disorders of sex development induced by androgens of fetal origin

This refers to 46,XX disorders of sex development induced by any natural or synthetic compound, usually a steroid hormone, that stimulates or controls the development and maintenance of male characteristics in vertebrates by binding to androgen receptors, of fetal origin.

5A71.00 Glucocorticoid resistance

Glucocorticoid resistance is a rare genetic endocrine condition characterised by generalised, partial, target tissue resistance to glucocorticoids. The clinical spectrum of the condition is broad, ranging from asymptomatic to severe cases of hyperandrogenism, fatigue and/or mineralocorticoid excess.

5A71.01 Congenital adrenal hyperplasia

Congenital adrenal hyperplasia (CAH) refers to a group of conditions associated with either complete (classical form) or partial (non-classical) anomalies in the biosynthesis of adrenal hormones. The condition is characterised by insufficient production of cortisol, or of aldosterone (classical form with salt wasting), associated with overproduction of adrenal androgens. In the classical form, metabolic decompensation (dehydration with hyponatraemia, hyperkalaemia and acidosis associated with mineralocorticoid deficiency, and hypoglycaemia associated with glucocorticoid deficiency) may be life-threatening from the neonatal period onwards. Genital variations may be noted at birth in affected females. Chronic hyperandrogenism may lead to accelerated growth during childhood, but advanced bone maturation may lead to a deficit in final height. Adults tend to be overweight and metabolic disturbances, bone anomalies and fertility problems may also be present. Non-classical forms are associated with later onset, during the peri- or postpubertal period, and manifest with signs of hyperandrogenism (acne, hirsutism, menstrual problems and infertility).

5A71.0Y Other specified 46,XX disorders of sex development induced by androgens of fetal origin

5A71.0Z 46,XX disorders of sex development induced by androgens of fetal origin, unspecified

5A71.1 46,XX disorders of sex development induced by androgens of maternal origin

This refers to 46,XX disorders of sex development induced by any natural or synthetic compound, usually a steroid hormone, that stimulates or controls the development and maintenance of male characteristics in vertebrates by binding to androgen receptors, of maternal origin.

5A71.Y Other specified adrenogenital disorders

5A71.Z Adrenogenital disorders, unspecified

5A72 Hyperaldosteronism

5A72.0 Primary hyperaldosteronism

5A72.1 Secondary hyperaldosteronism

Coding Note: Code also the causing condition

5A72.Z Hyperaldosteronism, unspecified

5A73 Hypoaldosteronism

Exclusions: Congenital adrenal hyperplasia (5A71.01)

5A74 Adrenocortical insufficiency

A condition in which the adrenal glands do not produce adequate amounts of steroid hormones, primarily cortisol. It may also include impaired production of aldosterone (a mineralocorticoid), which regulates sodium conservation, potassium secretion, and water retention and also accompanies impaired production of adrenal androgens.

Coded Elsewhere: Neonatal haemorrhage originating in adrenal gland (KA83.4)

X-linked adrenoleukodystrophy (5C57.1)

5A74.0 Acquired adrenocortical insufficiency

This is a acquired condition in which the adrenal glands do not produce adequate amounts of steroid hormones, primarily cortisol; but may also include impaired production of aldosterone (a mineralocorticoid), which regulates sodium conservation, potassium secretion, and water retention.

Exclusions: Amyloidosis (5D00)

Coded Elsewhere: Adrenocorticotropic hormone deficiency (5A61.1)

Tuberculous Addison disease (1B12.3)

5A74.1 Adrenal crisis

Adrenal crisis is a life-threatening condition that indicates severe adrenal insufficiency caused by insufficient levels of cortisol.

Coded Elsewhere: Waterhouse-Friderichsen syndrome (1C1C.1)

5A74.Y Other specified adrenocortical insufficiency

5A74.Z Adrenocortical insufficiency, unspecified

5A75 Adrenomedullary hyperfunction

Idiopathic overstimulation of the adrenal medulla resulting in pathologic epinephrine/norepinephrine-mediated sympathetic output

5A76 Certain specified disorders of adrenal gland

5A76.0 Premature adrenarche

Premature development of pubic and/or axillary hair without central or peripheral precocious puberty. Children show premature clinical and/or laboratory signs of androgen action without estrogen action.

Exclusions: Central precocious puberty (5A60.3)

Congenital adrenal hyperplasia (5A71.01)

Peripheral precocious puberty (5A92)

5A76.Y Other specified disorders of adrenal gland

5A7Z Disorders of the adrenal glands or adrenal hormone system, unspecified

Disorders of the gonadal hormone system (5A80‑5A8Z)

Gonad has a capability to produce androgen and estrogen under the control by hypothalamic–pituitary–gonadal axis. Gonadal dysfunction is caused by either insufficient actions of gonadotropin or resistance to gonadotropin.

5A80 Ovarian dysfunction

Pathological processes of the ovary.

Exclusions: isolated gonadotropin deficiency (5A61.0)

Postprocedural ovarian failure (5D44)

Coded Elsewhere: Premature ovarian failure (GA30.6)

Hirsutism associated with hyperandrogenaemia (ED72.1)

Ovarian hyperstimulation syndrome (GA32.0)

HAIR-AN syndrome (5A44)

5A80.0 Clinical hyperandrogenism

Presence of hirsutism, acne or androgenic alopecia (scalp hair loss in women)

5A80.1 Polycystic ovary syndrome

Condition defined by the presence of at least 2 of the following 3 criteria: oligo/anovulation; clinical or biochemical signs of hyperandrogenism; presence of polycystic ovaries as identified by ultrasound.

Inclusions: Sclerocystic ovary syndrome

Exclusions: Polycystic ovary NOS (5A80.2)

5A80.2 Polycystic ovary

Ovary with increased size (> 7 mL) and stromal volume, and with increased number of follicles (12 or more measuring 2-9 mm in diameter), that may be present in women with PCOS, but also in women with normal ovulatory function and normal fertility (unilaterally or bilaterally).

Exclusions: Polycystic ovary syndrome (5A80.1)

5A80.3 Anovulation

lack of ovulation in the last 12 months, leading to amenorrhea, irregular or infrequent cycles

5A80.4 Oligo-ovulation

Oligo-ovulation (less than 4 ovulations in the last 12 months) not related to described categories of endocrine dysfunction. Excludes anovulation related to PCOS, hyperprolactinaemia or amenorrhea.

5A80.5 Diminished ovarian reserve

Condition characterised by ovaries with lower number of oocytes than expected for female chronologic age, marked by biochemical abnormalities (increased serum FSH levels, decreased serum AMH levels) and/or ultrasound findings (low antral follicle count) associated with ovarian ageing, reduced response to ovarian stimulation, and female infertility

5A80.Y Other specified ovarian dysfunction

5A80.Z Ovarian dysfunction, unspecified

5A81 Testicular dysfunction or testosterone-related disorders

Exclusions: isolated gonadotropin deficiency (5A61.0)

Klinefelter syndrome (LD50.3)

Postprocedural testicular hypofunction (5D45)

Azoospermia (GB04.0)

Oligospermia (GB04)

Coded Elsewhere: 46,XY gonadal dysgenesis (LD2A.1)

Testicular agenesis (LD2A.2)

46,XY disorder of sex development due to a defect in testosterone metabolism (LD2A.3)

46,XY disorder of sex development due to androgen resistance (LD2A.4)

46, XY disorders of sex development (LD2A.Z)

5A81.0 Testicular hyperfunction

A hypersecretion of testicular hormones.

Exclusions: McCune-Albright syndrome (FB80.0)

5A81.1 Testicular hypofunction

In pre-puberty, a disorder characterised by atrophied testes and sterility, abnormal height and absence of secondary sex characteristics. In post-puberty, a disorder characterised by depressed sexual function, loss of sex drive and sterility, muscle weakness and osteoporosis (due to loss of the androgen anabolic effect).

5A81.Y Other specified testicular dysfunction or testosterone-related disorders

5A81.Z Testicular dysfunction or testosterone-related disorders, unspecified

5A8Z Disorders of the gonadal hormone system, unspecified

Certain disorders of puberty (5A90‑5A9Z)

Exclusions: Central precocious puberty (5A60.3)

5A90 Disorder of puberty due to oestrogen resistance

5A91 Delayed puberty

This is when an organism has passed the usual age of onset of puberty with no physical or hormonal signs that it is beginning. Puberty may be delayed for several years and still occur normally, in which case it is considered constitutional delay, a variation of healthy physical development. Delay of puberty may also occur due to malnutrition, many forms of systemic disease, or to defects of the reproductive system (hypogonadism) or the body's responsiveness to sex hormones.

Inclusions: Delayed sexual development

Constitutional delay of puberty

5A92 Peripheral precocious puberty

Precocious puberty without activation of the GnRH-/gonadotropin axis. It includes gonadal tumours with sex hormone production and it may be part of McCune-Albright's syndrome.

Inclusions: Precocious menstruation

Exclusions: female heterosexual precocious pseudopuberty (5A71)

male isosexual precocious pseudopuberty (5A71)

Central precocious puberty (5A60.3)

Congenital adrenal hyperplasia (5A71.01)

Coded Elsewhere: Testotoxicosis (5A81.0)

McCune-Albright syndrome (FB80.0)

5A9Y Other disorders of puberty

5A9Z Disorders of puberty, unspecified

Polyglandular dysfunction (5B00‑5B0Z)

Exclusions: Ataxia-telangiectasia (4A01.31)

Pseudohypoparathyroidism (5A50.1)

dystrophia myotonica [Steinert] (8C71.0)

Coded Elsewhere: Multiple polyglandular tumours (2F7A.0)

5B00 Autoimmune polyendocrinopathy

This is a subtype of autoimmune polyendocrine syndrome, in which multiple endocrine glands dysfunction as a result of autoimmunity. It is a genetic disorder attributed to a defect in the AIRE gene that normally confers immune tolerance. It is inherited in a recessive fashion.

Coded Elsewhere: X-linked immune dysregulation – polyendocrinopathy – enteropathy (4A01.21)

5B01 Polyglandular hyperfunction

5B0Y Other specified polyglandular dysfunction

5B0Z Polyglandular dysfunction, unspecified

Endocrine disorders, not elsewhere classified (5B10‑5B1Y)

Exclusions: Pseudohypoparathyroidism (5A50.1)

5B10 Carcinoid syndrome

5B11 Short stature, not elsewhere classified

Exclusions: Progeria (LD2B)

Silver-Russell syndrome (LD2F.1)

short-limbed stature with immunodeficiency (4A01.10)

short stature hypochondroplastic (LD24.01)

short stature achondroplastic (LD24.00)

renal short stature (GB61)

pituitary related short stature (5A61.0)

Coded Elsewhere: Short stature due to growth hormone resistance (5A61.0)

5B12 Constitutional tall stature

Constitutional (familial) tall stature, a variant of the normal pattern of childhood growth and development, is defined as a condition in which the height of an individual is more than 2 SD above the corresponding mean height for a normal subject of the same age and gender. Distinguishing features are a family history of tall stature and lack of dimorphism or other clinical features suggesting pathologic causes of abnormally rapid growth.

Inclusions: Constitutional gigantism

5B1Y Other specified endocrine disorders, not elsewhere classified

5B3Y Other specified endocrine diseases

5B3Z Endocrine diseases, unspecified

Nutritional disorders (5B50‑5C3Z)

Nutritional disorders in all their forms result from imbalances (excess or deficiency) in energy and/or specific macro and micronutrients. They occur when the intake of essential macronutrients and micronutrients does not meet or exceeds the metabolic demands for those nutrients. Metabolic demands vary with age and other physiological conditions, they are also affected by environmental circumstances, including poor hygiene and sanitation, which lead to diarrhea and other infections.

Coded Elsewhere: Nutritional or toxic disorders of the nervous system (8D40-8D4Z)

Undernutrition (5B50‑5B7Z)

Undernutrition is a condition in which the body’s requirements are unmet due to underconsumption or to impaired absorption and use of nutrients. It can be produced by lack of access to food, or as a consequence of illness. Undernutrition commonly refers to a deficit in energy intake, but can also refer to deficiencies of specific nutrients, and can be either acute or chronic.

Inclusions: Malnutrition NOS

Exclusions: slim disease (1C62.3)

starvation (NF07.0)

Intestinal malabsorption (DA96.0)

Anorexia Nervosa (6B80)

Coded Elsewhere: Malnutrition in pregnancy (JA64)

Fetal intrauterine malnutrition without mention of small for gestational age (KA20.2)

Undernutrition-dehydration cataract (9B10.2Y)

5B50 Underweight in infants, children or adolescents

5B51 Wasting in infants, children or adolescents

5B52 Acute malnutrition in infants, children or adolescents

5B53 Stunting in infants, children or adolescents

5B54 Underweight in adults

Body mass index (BMI) <18.5 kg/m²

5B55 Vitamin A deficiency

Vitamin A deficiency (VAD) is defined as a state in which tissue concentrations of vitamin A are low enough to have adverse health consequences even if there is no evidence of clinical xerophthalmia. The term xerophthalmia encompasses the clinical spectrum of ocular manifestations of vitamin A deficiency, from milder stages of night blindness and Bitot’s spots, to potentially blinding stages of corneal xerosis, ulceration and necrosis (keratomalacia). In addition to the specific signs and symptoms of xerophthalmia and the risk of irreversible blindness, nonspecific symptoms include increased morbidity and mortality, poor reproductive health, increased risk of anaemia, and contributions to slowed growth and development.

Inclusions: Hypovitaminosis A

Coded Elsewhere: Acquired vitamin A deficiency anaemia (3A03.5)

5B55.0 Vitamin A deficiency with night blindness

Night blindness (poor adaptation to darkness) is generally the earliest manifestation of vitamin A deficiency. In mild cases, night blindness is apparent only after photic stress. Affected children no longer move around after dusk and prefer to sit in a secure corner, often unable to find their food or toys. Night blindness of recent onset in a preschool child is practically pathognomonic of vitamin A deficiency. All patients respond rapidly to therapy with vitamin A, usually within 48 hours.

5B55.1 Vitamin A deficiency with conjunctival xerosis

In conjunctival xerosis the epithelium of the conjunctiva is transformed from the normal columnar to the stratified squamous type, with a resultant loss of goblet cells, formation of a granular cell layer, and keratinization of the surface. Clinically, these changes are expressed as marked dryness or unwettability, the affected area appearing roughened, with fine droplets or bubbles on the surface, rather than smooth and glistening. Conjunctival xerosis first appears in the temporal quadrant, as an isolated oval or triangular patch adjacent to the limbus in the interpalpebral fissure. It is almost always present in both eyes.

5B55.2 Vitamin A deficiency with conjunctival xerosis and Bitot's spots

Generalised conjunctival xerosis suggests advanced vitamin A deficiency. The entire conjunctiva appears dry, roughened, and corrugated, sometimes skin-like. In some individuals keratin and saprophytic bacilli accumulate on the xerotic surface, giving it a foamy or cheesy appearance. Such lesions are known as Bitot's spot. With treatment active conjunctival xerosis and Bitot's spot begin to resolve within 2-5 days. Most will disappear within 2 weeks, though a significant proportion of temporal lesions may persist, in shrunken form, for months.

5B55.3 Vitamin A deficiency with corneal xerosis

Clinically, the cornea develops classical xerosis, a hazy, lustreless, dry appearance, first apparent near the inferior limbus. Many children have characteristic superficial punctate lesions of the inferior-nasal aspects of their cornea that stain brightly with fluorescein. Early in the disease they are visible only through a slit-lamp examination. With more severe disease the punctate lesions become more numerous and spread upwards over the central cornea, and the corneal stroma becomes oedematous. Thick, keratinized plaques resembling Bitot's spot may form on the corneal surface. These are often densest in the interpalpebral zone. With treatment, these corneal plaques peel off, sometimes leaving superficial erosion which quickly heals. Corneal xerosis responds within 2-5 days to vitamin A therapy, the cornea regaining its normal appearance in 1-2 weeks.

5B55.4 Vitamin A deficiency with corneal ulceration or keratomalacia

Ulceration/keratomalacia indicates permanent destruction of part or all of the corneal stroma, resulting in permanent structural alteration. Ulcers are classically round to oval "punched-out" defects, as if a trephine or cork-borer had been applied to the eye. The surrounding cornea is generally xerotic but otherwise clear, and typically lacks the grey, infiltrated appearance of ulcers of bacterial origin. There may be more than one ulcer. Small ulcers are almost invariably confined to the periphery of the cornea, especially its inferior and nasal aspects. The ulceration may be shallow, but is commonly deep. Perforations become plugged with iris, thereby preserving the anterior chamber. In more advanced disease the necrotic stroma sloughs, leaving a large ulcer or descemetocele. As with smaller ulcers, this is usually peripheral and heals as a dense, white, adherent leukoma. With therapy, superficial ulcers often heal with surprisingly little scarring; deeper ulcers, especially perforations, form dense peripheral adherent leukomas.

5B55.5 Vitamin A deficiency with xerophthalmic scars of cornea or blindness

Xerophthalmia or "dry eye" remains the most important cause of childhood blindness in many developing countries. Healed sequelae of prior corneal disease related to vitamin A deficiency include opacities or scars of varying density (nebula, macula, leukoma), weakening and outpouching of the remaining corneal layers (staphyloma and descemetocele) and, where loss of intraocular contents has occurred, phthisis bulbi, a scarred shrunken globe. Such end-stage lesions are not specific for xerophthalmia and may arise from numerous other conditions, notably trauma and infection.

5B55.Y Vitamin A deficiency with other specified manifestations

5B55.Z Vitamin A deficiency, unspecified

5B56 Vitamin C deficiency

This condition groups several clinical consequences secondary to vitamin C deficiency with scurvy being the most severe presentation. The populations at risk of vitamin C deficiency are those for whom the fruit and vegetable supply is minimal. Epidemics of scurvy are associated with famine and war, when food supply is small and irregular. Children fed predominantly heat-treated (ultra-high-temperature or pasteurized) milk or unfortified formulas and not receiving fruits and fruit juices are at significant risk for symptomatic disease.

5B56.0 Scurvy

Scurvy is a disease caused by a lack of vitamin C (ascorbic acid) in the diet. Vitamin C plays a central role in collagen and ground-substance formation, metabolism of aromatic amino acids (phenylalanine, tyrosine), reduction of folic acid to folinic acid and a broad range of biochemical redox reactions. Clinical features include perifollicular haemorrhages, ecchymoses, swollen bleeding gums, stomatitis and epistaxis.

Coded Elsewhere: Scorbutic anaemia (3A03.2)

5B56.Y Other specified vitamin C deficiency

5B56.Z Vitamin C deficiency, unspecified

5B57 Vitamin D deficiency

Vitamin D is a fat-soluble vitamin contained naturally in very few foods, added to milk, available as a supplement, and produced endogenously with exposure to sunlight. Vitamin D deficiency can be caused by inadequate intake due to dietary factors (e.g., special diets (veganism), lactose intolerance or allergies) and/or limited exposure to sunlight due to geographic location, sun avoidance, or shiftwork. Severe deficiency results in disordered bone modelling called rickets in childhood (open growth plates), and osteomalacia in adults (fused growth plates).

5B57.0 Vitamin D deficiency rickets

Rickets is a disease of growing bone that is due to unmineralized matrix at the growth plates and occurs in children only before fusion of the epiphyses. There are many causes of rickets, including vitamin D disorders, calcium deficiency, phosphorous deficiency, and distal renal tubular acidosis. With the increased survival rate of very low birthweight infants, rickets in this age group has become a significant problem.

5B57.1 Vitamin D deficiency osteomalacia

Osteomalacia is a disorder of defective mineralization of newly formed osteoid at sites of bone turnover. Several different disorders cause osteomalacia via mechanisms that result in hypocalcaemia, hypophosphatemia, or direct inhibition of the mineralization process. Severe vitamin D deficiency, secondary to inadequate dietary intake, lack of sun exposure, gastric bypass or malabsorption (celiac disease), is the most common cause of osteomalacia in adults.

5B57.Y Other specified vitamin D deficiency

5B57.Z Vitamin D deficiency, unspecified

5B58 Vitamin E deficiency

Vitamin E deficiency is a condition that causes haemolysis and/or neurologic manifestations. Red blood cell fragility occurs and can produce a haemolytic anaemia. Neuronal degeneration produces peripheral neuropathies, ophthalmoplegia, and destruction of posterior columns of spinal cord. Neurologic disease is frequently irreversible if deficiency is not corrected early enough. Vitamin E deficiency may also contribute to the haemolytic anaemia and retrolental fibroplasia seen in premature infants.

Coded Elsewhere: Acquired vitamin E deficiency anaemia (3A03.6)

Dementia due to vitamin E deficiency (6D85.Y)

5B59 Vitamin K deficiency

Vitamin K is necessary for the synthesis of clotting factors II, VII, IX, and X, and deficiency of vitamin K can result in clinically significant bleeding. Vitamin K deficiency typically affects infants, who experience a transient deficiency related to inadequate intake, or patients of any age who have decreased vitamin K absorption. Mild vitamin K deficiency can affect long-term bone and vascular health.

Coded Elsewhere: Neonatal vitamin K deficiency (KA8F)

5B5A Vitamin B1 deficiency

Vitamin B1 deficiency manifests itself principally with changes involving the nervous system (polyneuritis and paralysis of the peripheral nerves), the cardiovascular system (cardiac insufficiency and generalised oedema), and also the gastrointestinal tract (constipation, vomiting, and abdominal pain).

5B5A.0 Beriberi

The clinical picture of Beriberi is usually divided into a dry (neuritic) type and a wet (cardiac) type. The disease is wet or dry depending on the amount of fluid which accumulates in the body due to factors like cardiac function, kidney lesions and others; even though the exact cause for this oedema has never been successfully explained. Many cases of thiamine deficiency show a mixture of the two main features and are more properly termed thiamine deficiency with cardiopathy and peripheral neuropathy. The infant shows signs of cyanosis and an acute cardiac attack can follow with the infant usually dying within 2 to 4 hours. The common age for this form of the deficiency disease is one month up through the third month. This type of deficiency responds very dramatically to thiamine.

5B5A.00 Dry beriberi

Neuritic form of Beri Beri

5B5A.01 Wet beriberi

Cardiac form of Beri Beri.

5B5A.0Z Beriberi, unspecified

5B5A.1 Wernicke-Korsakoff Syndrome

A thiamine-deficiency syndrome characterised by symmetric hyperaemic lesions of the brainstem, hypothalamus, thalamus, and mammillary bodies with glial proliferation, capillary dilatation, and perivascular haemorrhage. The syndrome is manifested by a confusional state, disorientation, ophthalmoplegia, nystagmus, diplopia, and ataxia (Wernicke encephalopathy), with severe loss of memory for recent events and confabulation (the invention of accounts of events to cover the loss of memory) (Korsakov psychosis) occurring following recovery. Defective binding of thiamine diphosphate by transketolase has been found. It appears that the disorder is of autosomal recessive inheritance but is expressed as clinical disease only in the event of thiamine deficiency.

Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency.

Exclusions: Amnestic disorder due to use of alcohol (6D72.10)

5B5A.10 Wernicke encephalopathy

Wernicke's encephalopathy is an acute neuropsychiatric syndrome characterised by nystagmus, ophthalmoplegia, changes in the mental status, an uncoordinated gait and truncal ataxia. Wernicke's encephalopathy is usually accompanied or followed by Korsakoff's syndrome/Korsakoff's dementia (a continuum of Wernicke's encephalopathy characterised by severe memory defects, ataxia, apathy, disorientation, confabulations, hallucinations, paralysis of muscles controlling the eye and coma). The disorder results from a deficiency in vitamin B1, and mostly occurs in adults with a history of alcohol abuse or in patients with AIDS.

5B5A.11 Korsakoff syndrome

A disease of the nervous system, caused by deficiency of vitamin B1 in the brain. This disease commonly follows Wernicke encephalopathy, and may present with inability to form new memories, amnesia, confabulation, or hallucinations.

Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency.

Exclusions: Amnestic disorder due to use of alcohol (6D72.10)

5B5A.1Y Other specified Wernicke-Korsakoff Syndrome

Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency.

5B5A.1Z Wernicke-Korsakoff Syndrome, unspecified

Coding Note: Chronic alcohol use may be associated with thiamine deficiency, but alcohol may also have effects on the brain via other mechanisms. This category should be used to describe cognitive symptoms due to chronic alcohol use if there is evidence of thiamine deficiency.

5B5A.Y Other specified vitamin B1 deficiency

5B5A.Z Vitamin B1 deficiency, unspecified

5B5B Vitamin B2 deficiency

The signs of riboflavin deficiency are sore throat, hyperaemia, oedema of the pharyngeal and oral mucous membranes, cheilosis, angular stomatitis, glossitis, seborrheic dermatitis, and normochromic normocytic anaemia associated with pure red cell cytoplasia of the bone marrow. The major cause of hyporiboflavinosis is inadequate dietary intake as a result of limited food supply, which is sometimes exacerbated by poor food storage or processing. Children in developing countries will commonly demonstrate clinical signs of riboflavin deficiency during periods of the year when gastrointestinal infections are prevalent. Decreased assimilation of riboflavin also results from abnormal digestion, such as that which occurs with lactose intolerance.

Inclusions: Riboflavin deficiency

Coded Elsewhere: Acquired riboflavin deficiency anaemia (3A03.41)

5B5C Vitamin B3 deficiency

Niacin deficiency classically results in pellagra, which is a chronic wasting disease associated with a characteristic erythematous dermatitis that is bilateral and symmetrical, a dementia after mental changes including insomnia and apathy preceding an overt encephalopathy, and diarrhoea resulting from inflammation of the intestinal mucous surfaces. Pellagra occurs endemically in poorer areas of Africa, China and India.

Inclusions: niacin deficiency NOS

5B5C.0 Pellagra

Pellagra is a potentially life-threatening disorder due to niacin deficiency and is observed in malnourished individuals, especially alcoholics, and as a complication of isoniazid therapy. The diagnosis is often overlooked or delayed. Pellagra manifests as diarrhoea, dermatitis, dementia, which usually appear in this order. Gastrointestinal tract symptoms always precede skin involvement, which presents initially with a sunburn-like blistering erythema, typically affecting the dorsal surfaces of the hands, face, neck, arms, and feet. With time the skin becomes thickened, scaly and pigmented.

5B5C.Y Other specified vitamin B3 deficiency

5B5C.Z Vitamin B3 deficiency, unspecified

5B5D Vitamin B6 deficiency

A deficiency of vitamin B6 alone is uncommon because it usually occurs in association with a deficit in other B-complex vitamins. Hypovitaminosis B6 may often occur with riboflavin (vitamin B2) deficiency. The classical clinical symptoms of vitamin B6 deficiency are a seborrheic dermatitis, microcytic anaemia, epileptiform convulsions, and depression and confusion. Infants are especially susceptible to insufficient intakes, which can lead to epileptiform convulsions. Moreover, there is usually a decrease in circulating lymphocytes and sometimes a normocytic, microcytic, or sideroblastic anaemia as well. As is the case with other micronutrient deficiencies, vitamin B6 deficiency results in an impairment of the immune system. Several medical conditions can also affect vitamin B6 metabolism and thus lead to deficiency symptoms.

Exclusions: Pyridoxine-responsive sideroblastic anaemia, not elsewhere classified (3A72.1)

Coded Elsewhere: Acquired pyridoxine deficiency anaemia (3A03.40)

Pyridoxine dependent epilepsy with antiquitin mutations (8A61.0Y)

5B5E Folate deficiency

Nutritional deficiency of folate is common in people consuming a limited diet. This can be exacerbated by malabsorption conditions, including coeliac disease and tropical sprue. Pregnant women are at risk for folate deficiency because pregnancy significantly increases the folate requirement, especially during periods of rapid fetal growth (i.e. in the second and third trimester). During lactation, losses of folate in milk also increase the folate requirement. During pregnancy, there is an increased risk of fetal neural tube defects (NTDs), with risk increasing 10-fold as folate status goes from adequate to poor. Between days 21 and 27 post-conception, the neural plate closes to form what will eventually be the spinal cord and cranium. Spina bifida, anencephaly, and other similar conditions are collectively called NTDs. They result from improper closure of the spinal cord and cranium, respectively, and are the most common congenital abnormalities associated with folate deficiency.

5B5F Vitamin B12 deficiency

Vegetarianism and poverty-imposed near-vegetarianism are the most common causes of nutritional cobalamin insufficiency worldwide in all age groups. In such populations, low maternal cobalamin status is associated with adverse pregnancy outcomes (preterm birth, intrauterine growth retardation, early recurrent miscarriage), neural tube defects, reduced neurocognitive performance in children, accelerated bone turnover, and low bone mineral density with fractures. Insufficient cobalamin intake is also seen in breast-fed infants of mothers with pernicious anaemia.

Inclusions: cobalamin deficiency

cyanocobalamin deficiency

Coded Elsewhere: Vitamin B12 deficiency anaemia due to low intake (3A01.2)

Vitamin B12 deficiency anaemia due to intrinsic factor deficiency (3A01.3)

Vitamin B12 deficiency anaemia due to intestinal disease (3A01.4)

Drug-induced vitamin B12 deficiency anaemia (3A01.5)

Acquired vitamin B12 deficiency anaemia (3A01.Z)

Dementia due to vitamin B12 deficiency (6D85.Y)

5B5G Biotin deficiency

Isolated biotin deficiency is rare. Signs of biotin deficiency in humans have been demonstrated in individuals who consume raw egg white over long periods and in total parenteral nutrition (TPN) before biotin supplementation in patients with malabsorption. The clinical findings of biotin deficiency include dermatitis, conjunctivitis, alopecia, and central nervous system abnormalities. In adults fed raw egg white (which contains avidin, a protein that binds biotin with such high affinity that it renders it biounavailable) or receiving biotin-free TPN for months to years, thinning of hair, frequently with loss of hair colour, has been reported. Most adults with the deficiency demonstrate a red, scaly, skin rash, frequently around the eyes, nose, and mouth. Most of the adults have neurological symptoms, including depression, lethargy, hallucinations, and paraesthesia of the extremities.

5B5H Pantothenic acid deficiency

Pantothenic deficiency is rare: only reported as a result of feeding semisynthetic diets or an antagonist to the vitamin. Experimental, isolated deficiency in humans produces fatigue, abdominal pain, vomiting, insomnia, and paraesthesias of the extremities.

5B5J Choline deficiency

Choline deficiency is rare. Individuals fed with total parenteral nutrition (TPN) solutions lacking choline develop fatty liver and liver damage.

5B5K Mineral deficiencies

Exclusions: Disorders of mineral absorption or transport (5C64)

Coded Elsewhere: Hypokalaemia (5C77)

Hypomagnesaemia (5C64.41)

5B5K.0 Iron deficiency

Iron deficiency is a state in which there is insufficient iron to maintain the normal physiological function of blood, brain and muscles. It can exist in the absence of anaemia if it has not lasted long enough or if it has not been severe enough to cause the haemoglobin concentration to fall below the threshold for the specific sex and age group. Iron deficiency is the most common nutritional deficiency.

Exclusions: Iron deficiency anaemia (3A00)

Coded Elsewhere: Acquired iron deficiency anaemia due to blood loss (3A00.0)

Acquired iron deficiency anaemia due to low intake (3A00.1)

Acquired iron deficiency anaemia due to decreased absorption (3A00.2)

Acquired iron deficiency anaemia due to increased requirement (3A00.3)

Acquired iron deficiency anaemia (3A00.Z)

Dementia due to iron deficiency (6D85.Y)

5B5K.1 Calcium deficiency

Hypocalcaemia is defined as a total serum calcium concentration of less than 8.4 mg/dl (2.1 mmol/litre) or an ionized calcium concentration of less than 4.48 mg/dl (1.12 mmol/litre). There are numerous causes of hypocalcaemia, chronic kidney disease being the most common cause. Other causes are: vitamin D deficiency, disorders associated with acquired or genetichypoparathyroidism , including intravenous bisphosphonate therapy, post-thyroidectomy and post-parathyroidectomy, and acute pancreatitis. Hypocalcaemia may be associated with a spectrum of clinical manifestations, ranging from few symptoms if the hypocalcaemia is mild, to life-threatening seizures, refractory heart failure, or laryngospasm if it is severe. In addition to severity, the rate of development of hypocalcaemia and chronicity determine the clinical manifestations.

Exclusions: Disorders of calcium metabolism (5C64.5)

Coded Elsewhere: Neonatal hypocalcaemia (KB61.2)

Neonatal osteopenia (KB61.3)

Myopathy due to calcium deficiency (8D40.2)

5B5K.10 Tetany due to acute calcium deficiency

The hallmark of acute hypocalcaemia is tetany, which is characterised by neuromuscular irritability. The symptoms of tetany may be mild (peri-oral numbness, paresthesias of the hands and feet, muscle cramps) or severe (carpopedal spasm, laryngospasm, and focal or generalised seizures, which must be distinguished from the generalised tonic muscle contractions that occur in severe tetany). Other patients have less specific symptoms such as fatigue, hyperirritability, anxiety, and depression, and some patients, even with severe hypocalcaemia, have no neuromuscular symptoms. Factors that determine the variation in frequency and severity of symptoms include acid-base status (hypocalcaemia and alkalosis act synergistically to cause tetany), hypomagnesaemia, and potassium balance.

5B5K.1Y Other specified calcium deficiency

5B5K.1Z Calcium deficiency, unspecified

5B5K.2 Zinc deficiency

The clinical features of severe zinc deficiency in humans are growth retardation, delayed sexual and bone maturation, skin lesions, diarrhoea, alopecia, impaired appetite, increased susceptibility to infections mediated via defects in the immune system, and the appearance of behavioural changes. The effects of marginal or mild zinc deficiency are less clear. A reduced growth rate and impairments of immune defence are so far the only clearly demonstrated signs of mild zinc deficiency in humans. Other effects, such as impaired taste and wound healing, which have been claimed to result from a low zinc intake, are less consistently observed.

Coded Elsewhere: Neonatal nutritional zinc deficiency (5C64.21)

5B5K.3 Iodine deficiency

Iodine deficiency disorders (IDD), caused mainly by a low dietary supply of iodine, refer to all of the consequences of iodine deficiency in a population that can be prevented by ensuring that the population has an adequate intake of iodine. Iodine deficiency is the most frequent cause of preventable brain damage in childhood.

Coded Elsewhere: Iodine-deficiency-related thyroid disorders or allied conditions (5A00.1)

Acquired hypothyroidism (5A00.2)

Congenital hypothyroidism due to iodine deficiency (5A00.04)

5B5K.4 Fluorine deficiency

A condition caused by a deficiency of fluoride. Low fluorine concentrations in an individual’s dental plaque and enamel may result in an increased risk for dental caries at any age. Fluorine deficiencies might also show negative effects on human’s bone health.

5B5K.5 Sodium chloride deficiency

Sodium and chloride are usually found together in most foods as sodium chloride, also termed salt. For that reason, the effects of sodium and chloride deficiency are considered together. Deficiency can be caused by poor intake or increased losses (e.g., diuretics increase the urinary excretion of water, sodium, and chloride; in cystic fibrosis the sodium and chloride content of sweat is very high; gastrointestinal losses are associated with diarrhoeal diseases, emesis, ostomy output and other causes).

5B5K.6 Copper deficiency

Dietary deficiency is rare; it has been observed in premature and low birthweight infants fed exclusively a cow’s milk diet and in individuals on long-term total parenteral nutrition without copper. Clinical manifestations include depigmentation of skin and hair, neurologic disturbances, leukopenia, hypochromic microcytic anaemia, and skeletal abnormalities.

Coded Elsewhere: Copper deficiency anaemia (3A03.3)

5B5K.7 Selenium deficiency

Selenium deficiency is rare but has been observed in individuals on long-term total parenteral nutrition lacking selenium. Clinical manifestations of deficiency arising from such situations are uncommon and poorly defined. They include muscular weakness and myalgia with, in several instances, the development of congestive heart failure. The importance of selenium for thyroid hormone metabolism is evident from changes in the T3–T4 ratio which develop after relatively mild selenium depletion in infants and elderly subjects.

5B5K.8 Chromium deficiency

Deficiency in humans is only described in long-term total parenteral nutrition patients receiving insufficient chromium. Hyperglycaemia or impaired glucose tolerance occurs. Elevated plasma free fatty acid concentrations, neuropathy, encephalopathy, and abnormalities in nitrogen metabolism are also reported.

5B5K.9 Manganese deficiency

5B5K.A Molybdenum deficiency

Molybdenum functions as a cofactor for a limited number of enzymes in humans: sulphite oxidase, xanthine oxidase and aldehyde oxidase. A rare severe metabolic defect causing molybdenum cofactor deficiency and preventing these enzymes from being synthesized has been described. Few infants with such defects survive the first days of life, and those who survive have severe neurological abnormalities. Although molybdenum deficiency related to a dietary deficiency is extremely rare in humans, it has been described in long-term total parenteral nutrition as being secondary to the administration of sulphite. Symptoms include: tachycardia, headache, night blindness, irritability and coma. Biochemical changes can consist of elevated plasma and methionine concentration, low serum uric acid concentration, high urinary thiosulfate and low urinary uric acid and sulphate levels.

5B5K.B Vanadium deficiency

A biological role of vanadium in humans has not yet been identified.

5B5K.Y Other specified mineral deficiency

5B5K.Z Mineral deficiency, unspecified

Sequelae of malnutrition or certain specified nutritional deficiencies (5B60‑5B6Z)

This refers to sequelae of malnutrition or certain specified nutritional deficiencies.

5B60 Sequelae of protein-energy malnutrition

This refers to a pathological condition resulting from protein-energy malnutrition.

5B61 Sequelae of vitamin A deficiency

This refers to a pathological condition resulting from vitamin A deficiency.

5B62 Sequelae of vitamin C deficiency

This refers to a pathological condition resulting from vitamin C deficiency.

5B63 Sequelae of rickets

Bowed legs and/or arms, knock-knees, deformities of the thoracic cage and/or spine and/or skeletal dysplasia secondary to chronic or advanced rickets

5B6Y Other specified sequelae of malnutrition or certain specified nutritional deficiencies

5B6Z Sequelae of malnutrition or certain specified nutritional deficiencies, unspecified

5B70 Essential fatty acid deficiency

Deficiency of EFA (linoleic acid, linolenic acid, arachidonic acid, docosapentaenoic acid, docosahexaenoic acid and eicosapentaenoic acid) can be caused by deficient intake, particularly, in rapidly growing infants (as preterm infants), in patients receiving parenteral nutrition without an adequate source of EFA, and in diseases with fat malabsorption. Clinical findings are: dermatitis, alopecia, and thrombocytopenia. The role of EFA during pregnancy and lactation has been highlighted, and the role of long-chain n-3 fatty acids as structural components for the development of the retinal function and central nervous system is now accepted. The prenatal period is a time of increased risk for omega-3 deficiency, as maternal tissue stores tend to decline as they are used for the developing fetus. Deficiency of n-3 EFA can affect growth, and cognitive and visual function in infants. The characteristic signs of deficiency attributed to the n-6 fatty acids are scaly skin rash, increased transepidermal water loss, reduced growth, and elevation of the plasma ratio of eicosatrienoic acid: arachidonic acid. EFA deficiency in special populations has been linked to hematologic disturbances and diminished immune response. Long-chain n-3 and n-6 fatty acids are essential nutrients and also, as part of the overall fat supply may affect the prevalence and severity of cardiovascular disease, diabetes, cancer and age-related functional decline.

5B71 Protein deficiency

5B7Y Other specified undernutrition

5B7Z Unspecified undernutrition

Overweight, obesity or specific nutrient excesses (5B80‑5C1Z)

Overweight or obesity (5B80‑5B81.Z)

5B80 Overweight or localised adiposity

Overweight is a condition characterized by excessive adiposity. Overweight is assessed by the body mass index (BMI), which is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). The BMI categories for defining overweight vary by age and gender in infants, children and adolescents. For adults, overweight (or pre-obesity) is defined by a BMI ranging from 25.00 to 29.99 kg/m². Localized adiposity is a condition characterized by accumulation of adipose tissue in specific regions of the body independently of BMI.

5B80.0 Overweight

Overweight is a condition characterized by excessive adiposity. Overweight is assessed by the body mass index (BMI), which is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). The BMI categories for defining overweight vary by age and gender in infants, children and adolescents. For adults, overweight (or pre-obesity) is defined by a BMI ranging from 25.00 to 29.99 kg/m².

5B80.00 Overweight in infants, children or adolescents

Overweight is a condition characterised by excessive adiposity. Overweight is assessed by the body mass index (BMI), which is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). In infants, children and adolescents, BMI categories for defining overweight vary by age and gender based on WHO growth charts. Children 0 to 5 years are overweight if weight-for-length/height or BMI-for-age is above 2 and less than or equal to 3 standard deviations of the median of the WHO Child Growth Standards. Children 5 to 19 years are overweight if BMI-for-age is above 1 and less than or equal to 2 standard deviations of the median of WHO Growth Reference for School-aged Children and Adolescents.

5B80.01 Overweight in adults

5B80.0Z Overweight, unspecified

5B80.1 Localised adiposity

A condition characterised by accumulation of adipose tissue in specific regions of the body.

Coded Elsewhere: Benign symmetrical lipomatosis (EF02.1)

5B81 Obesity

Obesity is a chronic complex disease defined by excessive adiposity that can impair health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. In a subgroup of patients, single major etiological factors can be identified (medications, diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome).

Body mass index (BMI) is a surrogate marker of adiposity calculated as weight (kg)/height² (m²). The BMI categories for defining obesity vary by age and gender in infants, children and adolescents. For adults, obesity is defined by a BMI greater than or equal to 30.00 kg/m² and there are three levels of severity in recognition of different management options.

Coded Elsewhere: Obesity hypoventilation syndrome (7A42.0)

Syndromes with obesity as a major feature (LD29)

5B81.0 Obesity due to energy imbalance

Obesity is a chronic complex disease defined by excessive adiposity that can impair health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants. In a subgroup of patients, single major etiological factors can be identified (diseases, immobilization, iatrogenic procedures, monogenic disease/genetic syndrome).

5B81.00 Obesity in children or adolescents

In infants, children and adolescents, BMI categories for defining obesity vary by age and gender based on WHO growth charts. Children 0 to 5 years have obesity if weight-for-length/height or BMI-for-age is above 3 standard deviations of the median of the WHO Child Growth Standards.

Children aged 5 to 19 years have obesity if BMI-for-age is above 2 standard deviations of the median of WHO Growth Reference for School-aged Children and Adolescents.

5B81.01 Obesity in adults

Obesity is defined as a body mass index (BMI) greater than or equal to 30.00 kg/m². There are three levels of severity in recognition of different management options.

5B81.1 Drug-induced obesity

5B81.Y Other specified obesity

5B81.Z Obesity, unspecified

Certain specified nutrient excesses (5B90‑5B9Z)

Any disease caused by an excess of specific nutrients. Confirmation is by blood test.

5B90 Vitamin excesses

5B90.0 Hypervitaminosis A

Because vitamin A is fat soluble and can be stored, primarily in the liver, routine consumption of large amounts of vitamin A over a period of time can result in toxic symptoms, including liver damage, bone abnormalities and joint pain, alopecia, headaches, vomiting, and skin desquamation. Hypervitaminosis A appears to be due to abnormal transport and distribution of vitamin A and retinoids caused by overloading of the plasma transport mechanisms. Very high single doses can cause transient acute toxic symptoms that may include bulging fontanelles in infants; headaches in older children and adults; and vomiting, diarrhoea, loss of appetite, and irritability in all age groups. Rarely does toxicity occur from ingestion of food sources of preformed vitamin A. When this occurs, it usually results from very frequent consumption of liver products.

Coded Elsewhere: Pseudotumour Cerebri related to Hypervitaminosis A (8D41.2)

5B90.1 Hypercarotenaemia

Excessive intake of carotenoids is not associated with toxicity but can cause yellow coloration of the skin that disappears when intake is reduced. This disorder is especially likely to occur in children with liver disease, diabetes mellitus or hypothyroidism, and in those who do not have enzymes that metabolize carotenoids.

5B90.2 Hypervitaminosis D

Hypervitaminosis D is secondary to excessive intake of vitamin D. It can occur with long-term high intake or with a substantial, acute ingestion. Excess amounts result in abnormally high concentrations of calcium and phosphate in the serum. The signs and symptoms of vitamin D intoxication are secondary to hypercalcaemia. Gastrointestinal manifestations include nausea, vomiting, constipation, abdominal pain and pancreatitis. Possible cardiac findings are hypertension, decreased Q-T interval and arrhythmias. The central nervous system effects of hypercalcaemia include lethargy, hypotonia, confusion, disorientation, depression, psychosis, hallucinations and coma. Hypercalcaemia impairs renal concentrating mechanisms, which can lead to polyuria, dehydration and hypernatremia. Hypercalcaemia can also lead to acute renal failure, nephrolithiasis and nephrocalcinosis, which can result in chronic renal insufficiency. Deaths are usually associated with arrhythmias or dehydration.

5B90.3 Megavitamin-B6 syndrome

A disease caused by an excess of vitamin B6. This disease is characterised by progressive sensory ataxia, diminished or absent tendon reflexes, and impaired sense of touch, temperature and pain. Confirmation is by blood test.

Coded Elsewhere: Peripheral neuropathy due to vitamin B6 hyperalimentation (8D41.0)

5B90.Y Other specified vitamin excess

5B90.Z Unspecified vitamin excesses

5B91 Mineral excesses

Coded Elsewhere: Hyperkalaemia (5C76)

Iron overload diseases (5C64.10)

5B91.0 Hypercalcaemia

Hypercalcaemia is a condition caused by increased calcium levels. The higher the calcium levels and the faster its level rises, the more severe will be the symptoms. When present, symptoms are caused by dehydration secondary to urinary losses of calcium, water and other electrolytes, and to an increase in membrane potential caused by the elevation in extracellular fluid ionized calcium concentration. Patients with moderate to severe hypercalcaemia often complain of nausea and vomiting, symptoms likely related to dehydration as well as to the effects of the hypercalcaemia on central nervous system function. Because hypercalcaemia tends to hyperpolarize membranes, a range of neurologic and neuromuscular signs and symptoms can occur. Patients with mild hypercalcaemia often complain of fatigue, depressed mood and asthenia. Gastrointestinal motility is impaired; this commonly results in constipation.

Coded Elsewhere: Myopathy due to hypercalcaemia (8D41.1)

5B91.1 Zinc excess

Adverse effects associated with chronic intake of supplemental zinc include suppression of immune response, decrease in high-density lipoprotein (HDL) cholesterol and reduced copper status. Acute adverse effects of excess zinc include epigastric pain, nausea, vomiting, loss of appetite, abdominal cramps, diarrhoea, headaches and gastrointestinal distress.

Coded Elsewhere: Myelopathy due to excess of zinc (8D41.Y)

5B91.2 Sodium chloride excess

The main adverse effect of increased sodium chloride in the diet is increased blood pressure, which is a major risk factor for cardiovascular-renal diseases. However, evidence from a variety of studies, including observational studies and clinical trials, has demonstrated heterogeneity in the blood pressure responses to sodium intake. Those individuals with the greatest reductions in blood pressure in response to decreased sodium intake are termed “salt sensitive”.

5B91.3 Fluorine excess

The primary adverse effects associated with chronic, excess fluoride intake are enamel and skeletal fluorosis. Enamel fluorosis is a dose-response effect caused by fluoride intake during the pre-eruptive development of teeth. The development of skeletal fluorosis and its severity is directly related to the level and duration of exposure. The clinical signs in advanced stages may include dose-related calcification of ligaments, osteosclerosis, exostoses, possibly osteoporosis of long bones, muscle wasting and neurological defects due to hypercalcification of vertebrae.

Coded Elsewhere: Dental enamel fluorosis (DA07.0)

5B91.4 Aluminium excess

Patients receiving long-term parenteral nutrition are at increased risk of aluminium toxicity because of bypass of the gastrointestinal tract during parenteral nutrition infusion. Complications of aluminium toxicity include metabolic bone disease, aluminium-associated encephalopathy in adults and impaired neurological development in preterm infants.

5B91.5 Manganese excess

Manganese toxicity in humans is a well-recognised occupational hazard for people who inhale manganese dust. High concentrations of circulating manganese as a result of total parenteral nutrition have also been associated with manganese toxicity. People with chronic liver disease have neurological pathology and behavioural signs of manganese neurotoxicity, probably because elimination of manganese in bile is impaired. The most prominent effect is central nervous system pathology, especially in the extra-pyramidal motor system. The lesions and symptoms are similar to those of Parkinson’s disease.

Coded Elsewhere: Dementia or parkinsonism due to manganese toxicity (6D84.Y)

5B91.Y Other specified mineral excess

5B91.Z Unspecified mineral excess

5B9Y Other specified nutrient excesses

5B9Z Certain specified nutrient excesses, unspecified

5C1Y Other specified overweight, obesity or specific nutrient excesses

5C1Z Overweight, obesity or specific nutrient excesses, unspecified

5C3Y Other specified nutritional disorders

5C3Z Nutritional disorders, unspecified

Metabolic disorders (5C50‑5D2Z)

Exclusions: androgen resistance syndrome (LD2A.4)

Congenital adrenal hyperplasia (5A71.01)

Ehlers-Danlos syndrome (LD28.1)

Hereditary haemolytic anaemia due to enzyme deficiency (3A10)

Marfan syndrome (LD28.01)

5-alpha-reductase deficiency (5A81.1)

Coded Elsewhere: Cystic fibrosis (CA25)

Metabolic disorders following abortion, ectopic or molar pregnancy (JA05.5)

Inborn errors of metabolism (5C50‑5C5Z)

Inborn errors of metabolism comprise a large class of genetic diseases involving disorders of metabolism. The majority are due to defects of single genes that code for enzymes that facilitate conversion of various substances (substrates) into others (products).

Exclusions: Disorders of lipoprotein metabolism or certain specified lipidaemias (5C80‑5C8Z)

5C50 Inborn errors of amino acid or other organic acid metabolism

5C50.0 Phenylketonuria

Phenylketonuria is a hereditary metabolic disease, characterised by deficiency of phenylalanine hydroxylase, an enzyme necessary for the transformation of phenylalanine into tyrosine. Untreated, phenylketonuria leads to mental retardation, sometimes profound, as well as hypopigmentation. Dietary phenylalanine restriction allows patients to lead almost normal lives.

5C50.00 Classical phenylketonuria

Classical phenylketonuria is a severe form of phenylketonuria (PKU) an inborn error of amino acid metabolism characterised in untreated patients by severe intellectual deficit and neuropsychiatric complications.

5C50.01 Nonclassical phenylketonuria

Mild phenylketonuria is a rare form of phenylketonuria (PKU), an inborn error of amino acid metabolism, characterised by symptoms of PKU of mild to moderate severity.

5C50.02 Embryofetopathy due to maternal phenylketonuria

Maternal phenylalaninaemia refers to developmental anomalies that may occur in offspring of women affected by phenylketonuria (PKU), and include fetal development disorders, including microcephaly, intrauterine growth retardation, and subsequent intellectual deficit, and embryo development disorders such as heart defects (usually conotruncal), corpus callosus agenesis, neuronal migration disorders, facial dysmorphism and more rarely cleft palate, tracheo-oesophageal abnormalities.

5C50.0Y Other specified phenylketonuria

5C50.0Z Phenylketonuria, unspecified

5C50.1 Disorders of tyrosine metabolism

Coded Elsewhere: Transitory tyrosinaemia of newborn (KB63.4)

Autosomal recessive dopa-responsive dystonia (8A02.11)

Oculocutaneous albinism type 1A (EC23.20)

Oculocutaneous albinism type 1B (EC23.20)

5C50.10 Alkaptonuria

Alkaptonuria is characterised by the accumulation of homogentisic acid (HGA) and its oxidised product benzoquinone acetic acid (BQA), leading to a darkening of the urine when it is left exposed to air, grey-blue colouration of the eye sclerae and the ear helix (ochronosis), and a disabling joint disease involving both the axial and peripheral joints (ochronotic arthropathy).

5C50.11 Tyrosinaemia type 1

Tyrosinemia type 1 is an inborn error of amino acid metabolism characterised by hepatorenal manifestations. The early-onset acute form of the disorder manifests between 15 days and 3 months after birth with hepatocellular necrosis. Septicaemia is a frequent complication. Renal tubular dysfunction occurs and is associated with phosphate loss and hypophosphatemic rickets. A later onset form has also been described and manifests with vitamin-resistant rickets caused by renal tubular dysfunction.

5C50.12 Tyrosinaemia type 2

Tyrosinemia type 2 is an inborn error of tyrosine metabolism characterised by hypertyrosinemia with oculocutaneous manifestations (eye redness, photophobia, excessive tearing and pain, palmoplantar hyperkeratosis) and, in some cases, intellectual deficit.

5C50.1Y Other specified disorders of tyrosine metabolism

5C50.1Z Disorders of tyrosine metabolism, unspecified

5C50.2 Disorders of histidine metabolism

Coded Elsewhere: Formiminoglutamic aciduria (3A02.Y)

5C50.20 Histidinaemia

Histidinemia is a disorder of histidine metabolism caused by a defect in histidase, and seems to be benign in most affected individuals.

5C50.21 Urocanic aciduria

This is an autosomal recessive metabolic disorder caused by a deficiency of the enzyme urocanase. It is a secondary disorder of histidine metabolism.

5C50.2Y Other specified disorders of histidine metabolism

5C50.2Z Disorders of histidine metabolism, unspecified

5C50.3 Disorders of tryptophan metabolism

Exclusions: Hartnup disease (5C60)

5C50.4 Disorders of lysine or hydroxylysine metabolism

Exclusions: Refsum disease (5C57.1)

Zellweger syndrome (5C57.0)

Glutaryl-CoA dehydrogenase deficiency (5C50.E1)

5C50.5 Disorders of the gamma-glutamyl cycle

Coded Elsewhere: Haemolytic anaemia due to glutathione synthetase deficiency (3A10.0Y)

Haemolytic anaemia due to gamma-glutamylcysteine synthetase deficiency (3A10.0Y)

5C50.6 Disorders of serine metabolism

5C50.7 Disorders of glycine metabolism

5C50.70 Glycine encephalopathy

Isolated nonketotic hyperglycinemia is an inborn disorder of glycine metabolism whose onset is generally neonatal with coma, severe hypotonia, myoclonic seizures, and microcephaly, usually progressing to severe intellectual deficit and tetrapyramidal syndrome.

5C50.71 Sarcosinaemia

Sarcosinaemia is a metabolic disorder characterised by an increased concentration of sarcosine in plasma and urine due to sarcosine dehydrogenase deficiency. Prevalence has been estimated at 1:28,000 to 1:350,000 in newborn screening programs. Sarcosinaemia is most probably a benign condition without significant clinical problems. It is transmitted in an autosomal recessive manner. Mutations in the gene for sarcosine dehydrogenase, located on chromosome 9q34, have been associated with this deficiency.

5C50.7Y Other specified disorders of glycine metabolism

5C50.7Z Disorders of glycine metabolism, unspecified

5C50.8 Disorders of proline or hydroxyproline metabolism

5C50.9 Disorders of ornithine metabolism

Coded Elsewhere: Hyperornithinaemia-hyperammonaemia-homocitrullinuria (5C50.AY)

Ornithine carbamoyltransferase deficiency (5C50.AY)

5C50.A Disorders of urea cycle metabolism

Exclusions: Disorders of ornithine metabolism (5C50.9)

Lysinuric protein intolerance (5C60)

5C50.A0 Argininosuccinic aciduria

Argininosuccinic aciduria is an autosomal recessive inherited deficiency of argininosuccinate lyase, an enzyme involved in the urea cycle that leads to severe hyperammonemic coma in neonates or, in childhood, to hypotonia, growth failure, anorexia and chronic vomiting or behavioural disorders. Onset can also occur later with hyperammonemic coma or behavioural disorders that simulate psychiatric disorders.

5C50.A1 Carbamoylphosphate synthetase deficiency

Carbamyl phosphate synthetase deficiency is an urea cycle disorder strictly limited to the liver and intestine that results in congenital hyperammonemia and defective citrulline synthesis.

5C50.A2 Argininaemia

Arginase deficiency is a rare autosomal recessive amino acid metabolism disorder characterised clinically by variable degrees of hyperammonemia, developing from about 3 years of age, and leading to progressive loss of developmental milestones and spasticity in the absence of treatment.

5C50.A3 Citrullinaemia

5C50.AY Other specified disorders of urea cycle metabolism

5C50.AZ Disorders of urea cycle metabolism, unspecified

5C50.B Disorders of methionine cycle or sulphur amino acid metabolism

Coded Elsewhere: Hereditary megaloblastic anaemia due to transcobalamin deficiency (3A01.0)

5C50.C Disorders of beta or omega amino acid metabolism

Exclusions: 4-hydroxybutyric aciduria (5C50.E1)

Coded Elsewhere: Gamma aminobutyric acid transaminase deficiency (5C59.1)

5C50.D Disorders of branched-chain amino acid metabolism

Exclusions: Methylmalonic acidaemia (5C50.E0)

Propionic acidaemia (5C50.E0)

Isovaleric acidaemia (5C50.E0)

3-methylglutaconic aciduria (5C50.E0)

Developmental delay due to 2-methylbutyryl-CoA dehydrogenase deficiency (5C50.E0)

3-hydroxyisobutyric aciduria (5C50.E0)

5C50.D0 Maple-syrup-urine disease

Maple syrup urine disease (MSUD) is a disorder of branched-chain amino acids metabolism. Four forms are described. The early onset classic form manifests after birth by lethargy, poor feeding and neurological signs of intoxication. Clinical course without treatment is characterised by deepening coma with maple syrup odour of urine. Subacute MSUD manifests later with encephalopathy, mental disability, major hypotonia, opisthotonus and cerebral atrophy with severe outcome. The intermittent form of MSUD may manifest at any age and presents with repeated ketoacidotic coma. Thiamine-responsive MSUD is a very rare form characterised by improvement of the biochemical profile with thiamine therapy.

5C50.DY Other specified disorders of branched-chain amino acid metabolism

5C50.DZ Disorders of branched-chain amino acid metabolism, unspecified

5C50.E Organic aciduria

An inborn error of metabolism disrupting normal amino acid metabolism, particularly branched-chain amino acids, causing a buildup of acids, which are usually not present

5C50.E0 Classical organic aciduria

This a term used to classify a group of metabolic disorders which disrupt normal amino acid metabolism, particularly branched-chain amino acids, causing a buildup of acids which are usually not present.

Coded Elsewhere: Ketoacidosis due to beta-ketothiolase deficiency (5C50.DY)

5C50.E1 Cerebral organic aciduria

This is a term used to classify a group of metabolic disorders which disrupt normal amino acid metabolism, particularly branched-chain amino acids, causing a buildup of acids which are usually not present.

5C50.EY Other specified organic aciduria

5C50.EZ Organic aciduria, unspecified

5C50.F Disorders of peptide metabolism

A condition which refers to inborn errors in peptide metabolism.

Exclusions: Disorders of gamma aminobutyric acid metabolism (5C59.1)

5C50.F0 Prolidase deficiency

Prolidase deficiency is a very rare inborn error of metabolism characterised by mild to severe skin lesions particularly on the face, palms, lower legs and soles, together with other variable features.

5C50.F1 Carnosinaemia

Carnosinaemia is a very rare inherited disorder of the metabolism of peptides that presents with serum carnosinase deficiency, variable degrees of intellectual deficit, sometimes with seizures, while a few patients are asymptomatic.

5C50.F2 Homocarnosinosis

Homocarnosinosis is a metabolic defect characterised by progressive spastic diplegia, intellectual deficit and retinitis pigmentosa. This extremely rare disorder has been reported in only one family, namely a woman and three of her children. The latter showed but their mother was symptom free. It is therefore uncertain whether there is a relationship between the biochemical defect and the clinical symptoms. Inheritance in the reported family seems to be autosomal dominant.

5C50.FY Other specified disorders of peptide metabolism

5C50.FZ Disorders of peptide metabolism, unspecified

5C50.G Trimethylaminuria

Trimethylaminuria is a metabolic disorder characterised by a body malodour similar to that of decaying fish.

Inclusions: Fish odour syndrome

5C50.Y Other specified inborn errors of amino acid or other organic acid metabolism

5C50.Z Inborn errors of amino acid or other organic acid metabolism, unspecified

5C51 Inborn errors of carbohydrate metabolism

Exclusions: Increased secretion of glucagon (5A42)

Diabetes mellitus (5A10‑5A2Y)

hypoglycaemia NOS (5A41)

Mucopolysaccharidosis (5C56.3)

Coded Elsewhere: Transitory disorders of carbohydrate metabolism specific to fetus or newborn (KB60)

5C51.0 Disorders of the pentose phosphate pathway

Coded Elsewhere: Haemolytic anaemia due to glucose-6-phosphate dehydrogenase deficiency (3A10.00)

5C51.1 Disorders of glycerol metabolism

5C51.2 Disorders of glyoxylate metabolism

Primary hyperoxaluria, or oxalosis, is a rare metabolic disorder transmitted as an autosomal recessive disease, including both type 1, the most frequent, and type 2, extremely rare. Hyperoxaluria type 1 is due to a defect of the peroxysomal hepatic enzyme L-alanine: glyoxylate aminotransferase (AGT). Hyperoxaluria type 2 is extremely rare and is due to glycerate dehydrogenase deficiency.

5C51.20 Primary hyperoxaluria type 1

Primary hyperoxaluria type 1 is a rare metabolic disorder due to a defect of the peroxysomal hepatic enzyme L-alanine: glyoxylate aminotransferase (AGT). The infantile form is characterised by chronic renal failure due to massive oxalate deposition. In other patients, urolithiasis develops with infections, haematuria, renal colic or acute renal failure due to complete obstruction. End-stage renal failure occurs before 15 years of age in half the cases and the resulting increase of circulating oxalate leads to its deposition in tissues causing cardiac conduction defects, hypertension, distal gangrene, and reduced joint mobility and pain.

5C51.2Y Other specified disorders of glyoxylate metabolism

5C51.2Z Disorders of glyoxylate metabolism, unspecified

5C51.3 Glycogen storage disease

The term Glycogen storage disease characterises a group of heterogeneous diseases resulting from defects in the process of glycogen synthesis or breakdown within muscles, liver, and other cell types.

5C51.4 Disorders of galactose metabolism

5C51.40 Galactose-1-phosphate uridyltransferase deficiency

Classic galactosemia is a life-threatening metabolic disease with onset in the neonatal period. Infants usually develop feeding difficulties, lethargy, and severe liver disease.

5C51.41 Galactokinase deficiency

Galactokinase deficiency is a rare mild form of galactosemia characterised by early onset of cataract and an absence of the usual signs of classic galactosemia, i.e. feeding difficulties, poor weight gain and growth, lethargy, and jaundice.

5C51.42 Glucose or galactose intolerance of newborn

5C51.4Y Other specified disorders of galactose metabolism

5C51.4Z Disorders of galactose metabolism, unspecified

5C51.5 Disorders of fructose metabolism

This refers to disorders of the metabolism of fructose in the phosphorylation of fructose to fructose 1-phosphate by fructokinase, thus trapping fructose for metabolism in the liver.

Coded Elsewhere: Fructose malabsorption (5C61.40)

5C51.50 Hereditary fructose intolerance

Hereditary fructose intolerance is an autosomal recessive disorder due to a deficiency of fructose-1-phosphate aldolase activity, which results in an accumulation of fructose-1-phosphate in the liver, kidney, and small intestine, and is characterised by severe abdominal pain, vomiting, and hypoglycaemia following ingestion of fructose or other sugars metabolised through fructose-1-phosphate.

Exclusions: Fructose malabsorption (5C61.40)

5C51.5Y Other specified disorders of fructose metabolism

5C51.5Z Disorders of fructose metabolism, unspecified

5C51.Y Other specified inborn errors of carbohydrate metabolism

5C51.Z Inborn errors of carbohydrate metabolism, unspecified

5C52 Inborn errors of lipid metabolism

Coded Elsewhere: Retinal dystrophy in lipid storage disorders (9B71.Y)

5C52.0 Inborn errors of fatty acid oxidation or ketone body metabolism

Coded Elsewhere: Adrenoleukodystrophy (8A44.1)

5C52.00 Disorders of carnitine transport or the carnitine cycle

5C52.01 Disorders of mitochondrial fatty acid oxidation

5C52.02 Disorders of ketone body metabolism

Coded Elsewhere: Cytosolic acetoacetyl-CoA thiolase deficiency (5C50.DY)

5C52.03 Sjögren-Larsson syndrome

Sjögren-Larsson syndrome is a neurocutaneous disorder caused by an inborn error of lipid metabolism and characterised by congenital ichthyosis, intellectual deficit, and spasticity.

5C52.0Y Other specified inborn errors of fatty acid oxidation or ketone body metabolism

5C52.0Z Inborn errors of fatty acid oxidation or ketone body metabolism, unspecified

5C52.1 Inborn errors of sterol metabolism

Coded Elsewhere: X-linked ichthyosis (EC20.01)

5C52.10 Disorders of cholesterol synthesis

Coded Elsewhere: Chondrodysplasia punctata, X-linked dominant (LD24.04)

Greenberg dysplasia (LD24.04)

Congenital hemidysplasia with ichthyosiform erythroderma and limbs defects (LD24.04)

Hyperalphalipoproteinaemia due to cholesteryl ester transfer protein deficiency (5C80.3)

5C52.11 Bile acid synthesis defect with cholestasis

Anomalies of bile acid synthesis are a group of sterol metabolism disorders due to enzyme deficiencies of bile acid synthesis in infants, children and adults, with variable manifestations that include cholestasis, neurological disease, and fat malabsorption. Eight inborn errors have been clearly identified, 7 of which lead to liver cholestasis and include: 3β-hydroxy-C27-steroid oxidoreductase deficiency (type 1), Δ4-3-oxosteroid 5β-reductase deficiency (type 2), oxysterol 7α-hydroxylase deficiency (type 3), 2-methylacyl-CoA racemase deficiency (type 4), bile acid CoA ligase deficiency, and cerebrotendinous xanthomatosis. Cholesterol 7α-hydroxylase deficiency leads to hypercholesterolaemia without liver cholestasis.

5C52.1Y Other specified inborn errors of sterol metabolism

5C52.1Z Inborn errors of sterol metabolism, unspecified

5C52.2 Neutral lipid storage disease

Neutral lipid storage disease (NLSD) refers to a group of diseases characterised by a deficit in the degradation of cytoplasmic triglycerides and their accumulation in cytoplasmic lipid vacuoles in most tissues of the body. The group is heterogeneous: NLSD with ichthyosis (NLSDI/Dorfman-Chanarin disease) and NLSD with myopathy (NLSDM/neutral lipid storage myopathy) can be distinguished.

5C52.Y Other specified inborn errors of lipid metabolism

5C52.Z Inborn errors of lipid metabolism, unspecified

5C53 Inborn errors of energy metabolism

5C53.0 Disorders of pyruvate metabolism

5C53.00 Pyruvate kinase deficiency

This refers to an enzyme involved in glycolysis. It catalyzes the transfer of a phosphate group from phosphoenolpyruvate (PEP) to ADP, yielding one molecule of pyruvate and one molecule of ATP.

Coded Elsewhere: Glycogen storage disease due to muscle pyruvate kinase deficiency (5C51.3)

Haemolytic anaemia due to red cell pyruvate kinase deficiency (3A10.Y)

5C53.01 Lactate dehydrogenase deficiency

This refers to a deficiency in the enzyme present in a wide variety of organisms, including plants and animals. This exists in four distinct enzyme classes. Two of them are cytochrome c-dependent enzymes, each acting on either D-lactate (EC 1.1.2.4) or L-lactate (EC 1.1.2.3). The other two are NAD(P)-dependent enzymes, each acting on either D-lactate (EC 1.1.1.28) or L-lactate (EC 1.1.1.27). This article is about the NAD(P)-dependent L-lactate dehydrogenase.

5C53.02 Pyruvate dehydrogenase complex deficiency

Pyruvate dehydrogenase deficiency (PDHD) is a rare neurometabolic disorder characterised by a wide range of clinical signs with metabolic and neurological components of varying severity. Manifestations range from often fatal, severe, neonatal to later-onset neurological disorders.

5C53.03 Pyruvate carboxylase deficiency

This is a deficiency in the enzyme of the ligase class that catalyzes the (depending on the species) irreversible carboxylation of pyruvate to form oxaloacetate (OAA).

5C53.0Y Other specified disorders of pyruvate metabolism

5C53.0Z Disorders of pyruvate metabolism, unspecified

5C53.1 Disorders of the citric acid cycle

5C53.2 Disorders of mitochondrial oxidative phosphorylation

An inborn error of metabolism in cellular respiration (oxidative phosphorylation) in the mitochondria, where a series of enzymes catalyze the transfer of electrons to molecular oxygen and the generation of energy-storing ATP

Coded Elsewhere: Neuropathy, ataxia, and retinitis pigmentosa (8C73.1)

5C53.20 Mitochondrial DNA depletion syndromes

The mitochondrial DNA (mtDNA) depletion syndrome (MDS) is a clinically heterogeneous group of mitochondrial disorders characterised by a reduction of the mtDNA copy number in affected tissues without mutations or rearrangements in the mtDNA. MDS is phenotypically heterogeneous, manifesting either as a hepatocerebral form, a myopathic form, a benign 'later-onset' myopathic form or a cardiomyopathic form.

Coded Elsewhere: Childhood-onset autosomal dominant optic atrophy (9C40.8)

5C53.21 Multiple mitochondrial DNA deletion syndromes

This is the multiple DNA located in organelles called mitochondria, structures within eukaryotic cells that convert the chemical energy from food into a form that cells can use, adenosine triphosphate (ATP).

Coded Elsewhere: Progressive external ophthalmoplegia, autosomal dominant (9C82.0)

Progressive external ophthalmoplegia, autosomal recessive (9C82.0)

Autosomal dominant optic atrophy plus syndrome (9C40.8)

Deafness - optic atrophy syndrome (LD2H.Y)

Autosomal dominant optic atrophy and cataract (9C40.8)

5C53.22 Coenzyme Q10 deficiency

This is a deficiency in a 1,4-benzoquinone, where Q refers to the quinone chemical group, and 10 refers to the number of isoprenyl chemical subunits in its tail. This oil-soluble, vitamin-like substance is present in most eukaryotic cells, primarily in the mitochondria. It is a component of the electron transport chain and participates in aerobic cellular respiration, generating energy in the form of ATP.

Coded Elsewhere: Cerebellar atrophy - ataxia - seizures (LD90.Y)

5C53.23 Mitochondrial protein translation defects

This refers to defects in the enzyme that belongs to the family of hydrolases, specifically those acting on acid anhydrides to catalyse transmembrane movement of substances.

Coded Elsewhere: Pontocerebellar hypoplasia type 6 (LD20.01)

Mitochondrial myopathy with sideroblastic anaemia (3A72.0Y)

5C53.24 Leigh syndrome

Leigh syndrome or subacute necrotizing encephalomyelopathy is a progressive neurological disease defined by specific neuropathological features associating brainstem and basal ganglia lesions. Loss of motor milestones, hypotonia with poor head control, recurrent vomiting, and a movement disorder are common initial symptoms. Pyramidal and extrapyramidal signs, nystagmus, breathing disorders, ophthalmoplegia and peripheral neuropathy are often noted later. Epilepsy is relatively uncommon. Leigh syndrome has multiple causes, all of which imply a defect in aerobic energy production, ranging from the pyruvate dehydrogenase complex to the oxidative phosphorylation pathway.

Coded Elsewhere: Maternally inherited Leigh syndrome (8C73.Y)

5C53.25 Isolated ATP synthase deficiency

5C53.2Y Other specified disorders of mitochondrial oxidative phosphorylation

5C53.2Z Disorders of mitochondrial oxidative phosphorylation, unspecified

5C53.3 Disorders of mitochondrial membrane transport

An inborn error of metabolism in proteins in the membranes of mitochondria, which serve to transport molecules and other factors such as ions into or out of the organelles

5C53.30 Mitochondrial substrate carrier disorders

Coded Elsewhere: Autosomal recessive sideroblastic anaemia, pyridoxine-refractory (3A72.00)

5C53.31 Mitochondrial protein import disorders

This refers to disorders in the enzyme that belongs to the family of hydrolases, specifically those acting on acid anhydrides to catalyse transmembrane movement of substances.

Coded Elsewhere: Deafness-dystonia optic atrophy syndrome (8A02.12)

5C53.3Y Other specified disorders of mitochondrial membrane transport

5C53.3Z Disorders of mitochondrial membrane transport, unspecified

5C53.4 Disorders of creatine metabolism

An inborn error of metabolism in creatine which serves as an energy shuttle between the mitochondrial sites of ATP production and the cytosol where ATP is utilized

5C53.Y Other specified inborn errors of energy metabolism

5C53.Z Inborn errors of energy metabolism, unspecified

5C54 Inborn errors of glycosylation or other specified protein modification

Congenital Disorders of Glycosylation (CDG) syndromes are a group of glycoprotein synthesis disorders characterised by neurological manifestations that can be associated with multivisceral involvement. The CDG syndromes are associated with different enzymatic deficits.

5C54.0 Disorders of protein N-glycosylation

Congenital disorders involving defective N-glycosylation of proteins (the addition of glycans linked to the polypeptide chain by a beta-linkage between the anomeric carbon of N-acetylglucosamine and the amido group of L-asparagine).

5C54.1 Disorders of protein O-glycosylation

Congenital disorders involving defective O-linked glycosylation, which typically occurs via an alpha linkage of the glycan to the hydroxyl group of a serine or threonine residue on a protein

Coded Elsewhere: Multiple osteochondromas (LD24.20)

5C54.2 Disorders of multiple glycosylation or other pathways

Coded Elsewhere: Hereditary inclusion body myositis (4A41.20)

5C54.Y Other specified congenital disorders of glycosylation and protein modification

5C54.Z Congenital disorders of glycosylation and protein modification, unspecified

5C55 Inborn errors of purine, pyrimidine or nucleotide metabolism

Exclusions: Xeroderma pigmentosum (LD27.1)

Calculus of kidney (GB70.0)

5C55.0 Disorders of purine metabolism

Coded Elsewhere: Primary gout (FA25.0)

Haemolytic anaemia due to adenosine deaminase excess (3A10.1)

Immunodeficiency due to purine nucleoside phosphorylase deficiency (4A01.1Y)

Severe combined immunodeficiency T- B- due to adenosine deaminase deficiency (4A01.10)

5C55.00 Xanthinuria

5C55.01 Lesch-Nyhan syndrome

Lesch-Nyhan syndrome (LNS) is the most severe form of hypoxanthine-guanine phosphoribosyltransferase (HPRT) deficiency, a hereditary disorder of purine metabolism, and is associated with uric acid overproduction (UAO), neurological troubles, and behavioural problems. Patients are normal at birth. Psychomotor delay becomes evident within 3 to 6 months with a delay in head support and sitting, hypotonia and athetoid movements. Sandy urine in diapers or crystalluria with urinary tract obstruction are common forms of presentation. Patients usually show mild to moderate intellectual deficit. Diagnosis is suspected when psychomotor delay occurs in a patient with elevated UA in blood and urine. Undetectable HPRT enzyme activity in peripheral blood or in intact cells (erythrocyte, fibroblast) and molecular genetic testing confirm the diagnosis. Inheritance is X-linked recessive.

5C55.0Y Other specified disorders of purine metabolism

5C55.0Z Disorders of purine metabolism, unspecified

5C55.1 Disorders of pyrimidine metabolism

Coded Elsewhere: Hereditary orotic aciduria (3A03.0)

Haemolytic anaemia due to pyrimidine 5' nucleotidase deficiency (3A10.Y)

5C55.2 Disorders of nucleotide metabolism

Coded Elsewhere: Haemolytic anaemia due to adenosine triphosphatase deficiency (3A10.Y)

5C55.Y Other specified inborn errors of purine, pyrimidine or nucleotide metabolism

5C55.Z Inborn errors of purine, pyrimidine or nucleotide metabolism, unspecified

5C56 Lysosomal diseases

Exclusions: Glycogen storage disease due to LAMP-2 deficiency (5C51.3)

5C56.0 Sphingolipidosis

Coded Elsewhere: Krabbe disease (8A44.4)

5C56.00 Gangliosidosis

5C56.01 Fabry disease

Fabry disease (FD) is a progressive, inherited, multisystemic lysosomal storage disease characterised by specific neurological, cutaneous, renal, cardiovascular, cochleo-vestibular and cerebrovascular manifestations.

Coded Elsewhere: Glomerular disease associated with Fabry disease (GB4Z)

5C56.02 Metachromatic leukodystrophy

Metachromatic leukodystrophy is a neurodegenerative disease characterised by an accumulation of sulfatides (sulphated glycosphingolipids, especially sulfogalactosylceramides or sulfogalactocerebrosides) in the nervous system and kidneys. Three forms of the disease exist: late infantile, juvenile and adult.

5C56.0Y Other specified sphingolipidosis

5C56.0Z Sphingolipidosis, unspecified

5C56.1 Neuronal ceroid lipofuscinosis

Neuronal ceroid lipofuscinoses (NCLs) are a group of inherited progressive degenerative brain diseases characterised clinically by a decline of mental and other capacities, epilepsy, and vision loss through retinal degeneration, and histopathologically by intracellular accumulation of an autofluorescent material, ceroid lipofuscin, in the neuronal cells in the brain and in the retina.

5C56.2 Glycoproteinosis

These are lysosomal storage diseases affecting glycoproteins, resulting from defects in lysosomal function. The term is sometimes reserved for conditions involving degradation of glycoproteins.

5C56.20 Mucolipidosis

Exclusions: Sialidosis (mucolipidosis type 1) (5C56.21)

Coded Elsewhere: Mucolipidosis type 4 (5C56.0Y)

Wolman disease (5C56.0Y)

5C56.21 Oligosaccharidosis

5C56.2Y Other specified glycoproteinosis

5C56.2Z Glycoproteinosis, unspecified

5C56.3 Mucopolysaccharidosis

Inclusions: Disorders of glycosaminoglycan metabolism

5C56.30 Mucopolysaccharidosis type 1

Mucopolysaccharidosis type 1 (MPS 1) is a rare lysosomal storage disease belonging to the group of mucopolysaccharidoses. There are three variants, differing widely in their severity, with Hurler syndrome (57% of cases) being the most severe, Scheie syndrome (20% of cases) the mildest and Hurler-Scheie syndrome (23% of cases) giving an intermediate phenotype.

5C56.31 Mucopolysaccharidosis type 2

Mucopolysaccharidosis type 2 (MPS 2) is a lysosomal storage disease belonging to the group of mucopolysaccharidoses. The clinical picture ranges from severe (the most frequent form) with early psychomotor regression, facial dysmorphism (macroglossia, constantly opened mouth, coarse features), hepatosplenomegaly, limited joint motion, carpal tunnel syndrome, dysostosis multiplex, small size, behavioural disorders and psychomotor regression leading to intellectual deficit, deafness, cardiac and respiratory disorders, and cutaneous signs, to mild (normal intelligence, milder dysmorphism and dysostoses).

Inclusions: Hunter syndrome

5C56.32 Mucopolysaccharidosis type 4

Mucopolysaccharidosis type IV (MPS IV) is a lysosomal storage disease belonging to the group of mucopolysaccharidoses, and characterised by spondylo-epiphyso-metaphyseal dysplasia. It exists in two clinically indistinguishable forms, A and B. A deficiency in one of the two enzymes required for the degradation of keratan sulfate (KS) is responsible for the MPS IV subtypes: N-acetylgalactosamine-6-sulfate sulfatase in MPS IVA, and beta-D-galactosidase in MPS IVB.

5C56.33 Mucopolysaccharidosis type 6

Mucopolysaccharidosis type 6 (MPS VI) is a lysosomal storage disease with progressive multisystem involvement, associated with a deficiency of arylsulfatase B (ASB) leading to the accumulation of dermatan sulfate. The disorder shows a wide spectrum of symptoms from slowly to rapidly progressing forms.

5C56.3Y Other specified mucopolysaccharidosis

5C56.3Z Mucopolysaccharidosis, unspecified

5C56.4 Disorders of sialic acid metabolism

This refers to any disorders of the N- or O-substituted derivatives of neuraminic acid, a monosaccharide with a nine-carbon backbone.

5C56.Y Other specified lysosomal diseases

5C56.Z Lysosomal diseases, unspecified

5C57 Peroxisomal diseases

Peroxisomal disorders represent a class of medical conditions caused by defects in peroxisome functions. This may be due to defects in single enzymes important for peroxisome function or in peroxins, proteins encoded by PEX genes that are critical for normal peroxisome assembly and biogenesis.

Coded Elsewhere: Primary hyperoxaluria type 1 (5C51.20)

Adrenoleukodystrophy (8A44.1)

Rhizomelic chondrodysplasia punctata (LD24.04)

Glutaric aciduria type 3 (5C50.E0)

5C57.0 Disorders of peroxisome biogenesis

Peroxisome biogenesis disorders (PBDs) include the Zellweger syndrome spectrum (PBD-ZSD) and rhizomelic chondrodysplasia punctata type 1 (RCDP1). PBD-ZSD represents a continuum of disorders including infantile Refsum disease, neonatal adrenoleukodystrophy, and Zellweger syndrome. Collectively, PBDs are autosomal recessive developmental brain disorders that also result in skeletal and craniofacial dysmorphism, liver dysfunction, progressive sensorineural hearing loss, and retinopathy.

5C57.1 Disorders of peroxisomal alpha-, beta- or omega-oxidation

Coded Elsewhere: Congenital bile acid synthesis defect type 4 (5C52.11)

5C57.Y Other specified peroxisomal diseases

5C57.Z Peroxisomal diseases, unspecified

5C58 Inborn errors of porphyrin or heme metabolism

Inclusions: defects of catalase and peroxidase

Coded Elsewhere: X-linked sideroblastic anaemia, pyridoxine-responsive (3A72.00)

5C58.0 Disorders of bilirubin metabolism or excretion

Coded Elsewhere: Neonatal hyperbilirubinaemia (KA87)

5C58.00 Crigler-Najjar syndrome

Crigler-Najjar syndrome is an autosomal recessive disorder of bilirubin metabolism characterised by unconjugated hyperbilirubinemia due to a hepatic deficit of bilirubin glucuronosyltransferase activity. Two types have been described, CNS types 1 and 2, depending on whether the enzymatic deficit is complete or partial: clinical manifestations vary accordingly. Patients present with isolated jaundice that appears early in life. Biological analyses detect severe unconjugated hyperbilirubinemia with normal liver function tests. Abdominal imaging studies (plain X-rays, CT scans or ultrasonograms) and liver histology findings are normal. Diagnosis is generally confirmed by genomic DNA analysis.

5C58.01 Gilbert syndrome

Gilbert's syndrome is an inherited liver disorder characterised by jaundice due to unconjugated hyperbilirubinemia, resulting from a partial deficiency in hepatic bilirubin glucuronosyltransferase activity.

5C58.02 Dubin-Johnson syndrome

Dubin-Johnson syndrome (DJS) is a benign, inherited liver disorder characterised clinically by chronic, predominantly conjugated, hyperbilirubinemia and histopathologically by black-brown pigment deposition in parenchymal liver cells.

5C58.03 Progressive familial intrahepatic cholestasis

Progressive familial intrahepatic cholestasis (PFIC) refers to a heterogeneous group of autosomal recessive disorders of childhood that disrupt bile formation and present with cholestasis of hepatocellular origin. Three types of PFIC have been identified and are related to mutations in hepatocellular transport system genes involved in bile formation. PFIC1 and PFIC2 usually appear in the first months of life, whereas onset of PFIC3 may also occur later in infancy, in childhood or even during young adulthood.

5C58.04 Benign recurrent intrahepatic cholestasis

5C58.0Y Other specified disorders of bilirubin metabolism or excretion

5C58.0Z Disorders of bilirubin metabolism or excretion, unspecified

5C58.1 Porphyrias

Porphyrias constitute a group of diseases characterised by intermittent neuro-visceral manifestations, cutaneous lesions or by the combination of both. All porphyrias are caused by a deficiency in one of the enzymes of the heme biosynthesis pathway resulting in an accumulation of porphyrins and/or their precursors in the liver or bone marrow. Clinical signs of the disease usually appear in adulthood, but some porphyrias affect children. Porphyrias can be classified according to the main location of the metabolic anomaly. Direct or indirect neurotoxicity may cause neurological manifestations. Transmission of hereditary porphyrias is autosomal and either dominant with weak penetrance or recessive with complete penetrance. Diagnosis is mainly based on the measurement of porphyrins and their precursors in biological samples.

Coded Elsewhere: Liver diseases due to porphyria (5C90.1)

5C58.10 Porphyria cutanea tarda

Porphyria cutanea tarda (PCT) is due to an accumulation of uroporphyrins in plasma from blockage of the normal haem synthetic pathway in the liver at the level of uroporphyrinogen decarboxylase (URO-D). The majority of cases are sporadic and frequently associated with iron overload. PCT manifests as skin fragility and blistering in light-exposed skin, particularly on the dorsa of the hands, together with hypertrichosis.

5C58.12 Erythropoietic porphyrias

Erythropoietic porphyrias are associated clinically with photosensitivity and biochemically with abnormal accumulation of porphyrins in erythrocytes. They include erythropoietic protoporphyria and the very rare congenital erythropoietic porphyria.

5C58.13 Variegate porphyria

Variegate porphyria is a form of acute hepatic porphyria characterised by the occurrence of neuro-visceral attacks with or without the presence of cutaneous lesions (bullous photodermatitis).

5C58.1Y Other specified porphyrias

5C58.1Z Porphyrias, unspecified

5C58.Y Other specified inborn errors of porphyrin or heme metabolism

5C58.Z Inborn errors of porphyrin or heme metabolism, unspecified

5C59 Inborn errors of neurotransmitter metabolism

5C59.0 Disorders of biogenic amine metabolism

5C59.00 Disorders of catecholamine synthesis

Any condition caused by failure to correctly synthesize catecholamines. Confirmation is by blood test.

5C59.01 Disorders of pterin metabolism

Any condition caused by failure to correctly metabolize pterin.

Coded Elsewhere: Dopa-responsive dystonia (8A02.11)

5C59.0Y Other specified disorders of biogenic amine metabolism

5C59.0Z Disorders of biogenic amine metabolism, unspecified

5C59.1 Disorders of gamma aminobutyric acid metabolism

Coded Elsewhere: 4-hydroxybutyric aciduria (5C50.E1)

5C59.2 Disorders of pyridoxine metabolism

Coded Elsewhere: Pyridoxal dependent epilepsy (8A61.00)

Pyridoxine dependent epilepsy with antiquitin mutations (8A61.0Y)

5C59.Y Other specified inborn errors of neurotransmitter metabolism

5C59.Z Inborn errors of neurotransmitter metabolism, unspecified

5C5A Alpha-1-antitrypsin deficiency

Alpha-1-antitrypsin deficiency (AATD) is a genetic disorder that manifests as pulmonary emphysema, liver cirrhosis and, rarely, as the skin disease panniculitis, and is characterised by low serum levels of AAT, the main protease inhibitor (PI) in human serum.

5C5Y Other specified inborn errors of metabolism

5C5Z Inborn errors of metabolism, unspecified

Disorders of metabolite absorption or transport (5C60‑5C6Z)

5C60 Disorders of amino acid absorption or transport

Any condition caused by deficiencies in amino acid absorption and transport.

Exclusions: Disorders of tryptophan metabolism (5C50.3)

Coded Elsewhere: Fanconi syndrome (GB90.42)

5C60.0 Oculocerebrorenal syndrome

Oculocerebrorenal syndrome of Lowe (OCRL) is a multisystem disorder characterised by congenital cataracts, glaucoma, intellectual disabilities, postnatal growth retardation and renal tubular dysfunction with chronic renal failure.

5C60.1 Cystinosis

Cystinosis is a metabolic disease characterised by an accumulation of cystine inside the lysosomes of different tissues due to a defect in cystine transport out of lysosomes. There are three clinical forms : infantile, juvenile and ocular. The infantile form is severe, multisystem disease, with impaired proximal tubular reabsorptive capacity, with severe fluid-electrolyte balance alterations, cystine deposits in various organs and progression towards renal failure after 6 years of age. Juvenile cystinosis appear around 8 years of age and has an intermediate clinical picture with end-stage renal disease occurring after the age of 15.The ocular, adult form presents with photophobia.

5C60.2 Cystinuria

Cystinuria is a renal tubular aminoacid transport disorder characterised by recurrent formation of kidneys cystine stones.

5C60.Y Other specified disorders of amino acid absorption or transport

5C60.Z Disorders of amino acid absorption or transport, unspecified

5C61 Disorders of carbohydrate absorption or transport

5C61.0 Glucose-galactose malabsorption

Glucose-galactose malabsorption is characterised by diarrhoea and severe neonatal dehydration. Around 300 cases have been described to date. Moderate glucosuria has also been reported, but fructose absorption is normal. Glucose-galactose malabsorption is caused by a mutation in the SLC5A1 gene, encoding the glucose-sodium cotransporter, SGTL1. The mode of transmission is autosomal recessive. The fatal consequences of this syndrome can be avoided by following a glucose and galactose restricted diet.

Exclusions: Glucose or galactose intolerance of newborn (5C51.42)

5C61.1 Maltase-glucoamylase deficiency

Chronic diarrhea due to glucoamylase deficiency is characterised by chronic diarrhoea in infancy or childhood in association with intestinal glucoamylase deficiency.

5C61.2 Congenital sucrase-isomaltase deficiency

Congenital sucrase-isomaltase deficiency (CSID) is a carbohydrate intolerance disorder characterised by malabsorption of oligosaccharides and disaccharides. CSID is transmitted as an autosomal recessive trait and is caused by mutations in the brush-border membrane complex sucrase-isomaltase (SI), which is required for the breakdown of sucrose and starch into monosaccharides. The SI deficiency results in an accumulation of disaccharides in the lumen, causing osmotic diarrhoea. The prognosis for patients is good as the starch intolerance usually resolves during the first few years of life and sucrose intolerance usually improves with age.

5C61.3 Alpha, alpha trehalase deficiency

Alpha, alpha trehalase deficiency is characterised by diarrhoea and vomiting after ingestion of trehalose, a disaccharide found mainly in mushrooms. The disease is very rare in most populations but the incidence has been estimated at least 1 in 13 in Greenland. Isolated trehalose intolerance is due to a deficiency of trehalase (TREH; 11q23.3), a brush-border membrane glycoprotein.

5C61.4 Acquired monosaccharide malabsorption

This is an acquired condition in which the cells lining the intestine cannot take in one or all of the sugars glucose, galactose or fructose, which prevents proper digestion of these molecules and larger molecules made from them.

It may cause osmotic diarrhoea.

5C61.40 Fructose malabsorption

5C61.4Y Other specified acquired monosaccharide malabsorption

5C61.4Z Acquired monosaccharide malabsorption, unspecified

5C61.5 Disorders of facilitated glucose transport

Coded Elsewhere: Glycogen storage disease due to GLUT2 deficiency (5C51.3)

5C61.6 Lactose intolerance

Lactose intolerance is the inability to digest lactose, a sugar found in milk and some dairy products, due to a deficiency of lactase, the enzyme that metabolizes lactose. Lactose intolerance occurs when lactose is not completely broken down and consequently the sugar cannot be absorbed into the blood.

5C61.60 Primary lactase deficiency

5C61.61 Congenital lactase deficiency

This is a congenital deficiency of lactase (EC 3.2.1.108), inherited as an autosomal recessive trait, presenting in infancy and manifested by profuse watery diarrhoea in response to dietary milk, due to inability to digest lactose, a sugar found in milk and to a lesser extent milk-derived dairy products. The condition may lead to marasmus and death if lactose is not eliminated from the diet.

5C61.62 Secondary lactase deficiency

This form of lactase deficiency results from some sort of damage to the intestines either due to a disease or surgery.

Coding Note: Code also the causing condition

5C61.6Z Lactose intolerance, unspecified

5C61.Y Other specified disorders of carbohydrate absorption or transport

5C61.Z Disorders of carbohydrate absorption or transport, unspecified

5C62 Disorders of lipid absorption or transport

5C63 Disorders of vitamin or non-protein cofactor absorption or transport

Coded Elsewhere: Hereditary factor X deficiency (3B14.1)

Combined deficiency of vitamin K-dependent clotting factors (3B14.2)

5C63.0 Disorders of cobalamin metabolism or transport

Coded Elsewhere: Hereditary vitamin B12 deficiency anaemia (3A01.0)

Neonatal vitamin B12 deficiency anaemia (3A01.1)

Methylmalonic aciduria, vitamin B12 responsive (5C50.E0)

Congenital or neonatal vitamin B12 deficiency anaemia (3A01.Z)

5C63.1 Disorders of folate metabolism or transport

Coded Elsewhere: Formiminoglutamic aciduria (3A02.Y)

5C63.2 Disorders of vitamin D metabolism or transport

5C63.20 Hypocalcaemic vitamin D dependent rickets

Hypocalcaemic vitamin D-dependent rickets (VDDR-I) is an early-onset hereditary vitamin D metabolism disorder characterised by severe hypocalcaemia leading to osteomalacia and rachitic bone deformations, and moderate hypophosphatemia.

5C63.21 Hypocalcaemic vitamin D resistant rickets

Hypocalcaemic vitamin D-resistant rickets is a hereditary disorder of vitamin D action characterised by hypocalcaemia, severe rickets and in many cases alopecia.

5C63.22 Hypophosphataemic rickets

Hypophosphatemic rickets is a group of genetic diseases characterised by hypophosphatemia, rickets, and normal serum levels of calcium.

5C63.2Y Other specified disorders of vitamin D metabolism or transport

5C63.2Z Disorders of vitamin D metabolism or transport, unspecified

5C63.Y Other specified disorders of vitamin or non-protein cofactor absorption or transport

5C63.Z Disorders of vitamin or non-protein cofactor absorption or transport, unspecified

5C64 Disorders of mineral absorption or transport

A condition in which there is a deviation or interruption in the processing of a specific mineral in the body: its absorption, transport, storage, and utilization

Exclusions: Disorders of the parathyroids or parathyroid hormone system (5A50‑5A5Z)

Vitamin D deficiency (5B57)

dietary mineral deficiency (5B5K)

5C64.0 Disorders of copper metabolism

Any condition caused by failure to correctly metabolize copper.

Coded Elsewhere: X-linked cutis laxa (LD28.2)

5C64.00 Wilson disease

Wilson disease is an autosomal recessive disorder of copper metabolism characterised by the toxic accumulation of copper, mainly in the liver and central nervous system that may present as hepatic, neurologic or psychiatric forms.

5C64.0Y Other specified disorders of copper metabolism

5C64.0Z Disorders of copper metabolism, unspecified

5C64.1 Disorders of iron metabolism

This refers to any disorders of the set of chemical reactions maintaining human homeostasis of iron. The control of this necessary but potentially toxic substance is an important part of many aspects of human health and disease.

Exclusions: Sideroblastic anaemia (3A72)

Iron deficiency anaemia (3A00)

5C64.10 Iron overload diseases

Iron overload is the accumulation of excess iron in body tissues. Iron overload usually occurs as a result of a genetic predisposition to absorb and store iron in excess amounts, the most common form of which is hereditary hemochromatosis. Iron overload can also occur as a complication of other hematologic disorders that require chronic transfusion therapy, repeated injections of parenteral iron, or excessive iron ingestion. Excessive iron stores usually accumulate in the reticuloendothelial tissues and cause little damage (“hemosiderosis”). If overload continues, iron eventually begins to accumulate in tissues such as hepatic parenchyma, pancreas, heart and synovium, causing hemochromatosis.

Coded Elsewhere: Friedreich ataxia (8A03.10)

Atransferrinaemia (3A00.Y)

Microcytic anaemia with liver iron overload (3A00.Y)

5C64.1Y Other specified disorders of iron metabolism

5C64.1Z Disorders of iron metabolism, unspecified

5C64.2 Disorders of zinc metabolism

Any condition caused by failure to correctly metabolize zinc. These conditions may present with dermatitis, diarrhoea, alopecia, loss of appetite, growth impairment, neuropsychological changes, or immune deficiency syndromes.

5C64.20 Acrodermatitis enteropathica

Acrodermatitis enteropathica is an uncommon autosomal recessive disorder of intestinal zinc absorption. Signs usually appear within the first months of life with an exudative and crusted erythema located predominantly around body orifices (mouth, anogenital) and on the scalp and distal extremities. The signs are often misdiagnosed as being due to infection. The condition responds rapidly to zinc supplementation which must be continued throughout life.

5C64.21 Zinc deficiency syndromes

Coded Elsewhere: Acrodermatitis enteropathica (5C64.20)

5C64.2Y Other specified disorders of zinc metabolism

5C64.2Z Disorders of zinc metabolism, unspecified

5C64.3 Disorders of phosphorus metabolism or phosphatases

Any condition caused by errors in phosphorus metabolism, or in phosphatase activity.

Exclusions: Adult osteomalacia (FB83.2)

Osteoporosis (FB83.1)

Coded Elsewhere: Hypophosphataemic rickets (5C63.22)

Phosphate losing hypophosphataemia (GB90.48)

5C64.4 Disorders of magnesium metabolism

Any condition caused by failure to correctly metabolize magnesium.

Coded Elsewhere: Transitory neonatal disorders of calcium or magnesium metabolism (KB61)

5C64.40 Hypermagnesaemia

This is an electrolyte disturbance in which there is an abnormally elevated level of magnesium in the blood. Usually this results in excess of magnesium in the body.

5C64.41 Hypomagnesaemia

This is an electrolyte disturbance in which there is an abnormally low level of magnesium in the blood. Normal magnesium levels in humans fall between 1.5 - 2.5 mg/dL. Usually a serum level less than 0.7 mmol/L is used as reference for hypomagnesemia (not hypomagnesia which refers to low magnesium content in food/supplement sources).

Coded Elsewhere: Neonatal hypomagnesaemia (KB61.0)

5C64.4Z Disorders of magnesium metabolism, unspecified

5C64.5 Disorders of calcium metabolism

This refers to disorders in the mechanism by which the body maintains adequate calcium levels. Derangements of this mechanism lead to hypercalcaemia or hypocalcaemia, both of which can have important consequences for health.

Exclusions: Hyperparathyroidism (5A51)

Chondrocalcinosis (FA26.2)

Coded Elsewhere: Familial hypocalciuric hypercalcaemia (5A51.2)

Hypercalciuria (MF98.0)

Nephrocalcinosis (GB57)

Hypercalcaemia (5B91.0)

Transitory neonatal disorders of calcium or magnesium metabolism (KB61)

5C64.6 Disorders of sodium metabolism

Coded Elsewhere: Tubular disorders of sodium or potassium transport (GB90.46)

Congenital sodium diarrhoea (DA90.1)

5C64.7 Disorders of chloride metabolism

Coded Elsewhere: Congenital chloride diarrhoea (DA90.1)

5C64.Y Disorders of other specified mineral absorption or transport

5C64.Z Disorders of mineral absorption or transport, unspecified

5C6Y Other specified disorders of metabolite absorption or transport

5C6Z Disorders of metabolite absorption or transport, unspecified

Disorders of fluid, electrolyte or acid-base balance (5C70‑5C7Z)

5C70 Volume depletion

Exclusions: Hypovolaemic shock (MG40.1)

5C70.0 Dehydration

Dehydration occurs when there is an insufficient amount or excessive loss of water in the body. This can be caused by vomiting, diarrhoea, fever, use of diuretics, profuse sweating, or decreased water intake.

Coded Elsewhere: Dehydration of newborn (KB63.1)

5C70.1 Hypovolaemia

This is a state of decreased blood volume; more specifically, decrease in volume of blood plasma. It is thus the intravascular component of volume contraction (or loss of blood volume due to things such as haemorrhaging or dehydration), but, as it also is the most essential one, hypovolemia and volume contraction are sometimes used synonymously.

Exclusions: Traumatic shock, not elsewhere classified (NF0A.4)

Hypovolaemic shock (MG40.1)

5C70.Y Other specified volume depletion

5C70.Z Volume depletion, unspecified

5C71 Hyperosmolality or hypernatraemia

Serum sodium concentrations in excess of 145 mmol/L; increased serum concentration of osmotically active particles

Coded Elsewhere: Hypernatremia of newborn (KB63.21)

5C72 Hypo-osmolality or hyponatraemia

Serum sodium concentrations of less than 135 mEq/L; decreased serum concentration of osmotically active particles

Inclusions: sodium [na] deficiency

Exclusions: Syndrome of inappropriate secretion of antidiuretic hormone (5A60.2)

Coded Elsewhere: Hyponatremia of newborn (KB63.20)

5C73 Acidosis

Acidosis is an abnormally acidic state of the blood and tissues.

Exclusions: diabetic acidosis (5A10‑5A2Y)

Coded Elsewhere: Late metabolic acidosis of newborn (KB63.0)

Kussmaul respiration (5A22.Y)

5C73.0 Acute respiratory acidosis

This is an acute condition in which decreased ventilation (hypoventilation) causes increased blood carbon dioxide concentration and decreased pH (a condition generally called acidosis). Carbon dioxide is produced continuously as the body's cells respire, and this CO2 will accumulate rapidly if the lungs do not adequately expel it through alveolar ventilation. Alveolar hypoventilation thus leads to an increased PaCO2 (called hypercapnia). The increase in PaCO2 in turn decreases the HCO3-/PaCO2 ratio and decreases pH.

5C73.1 Chronic respiratory acidosis

This is a chronic condition in which decreased ventilation (hypoventilation) causes increased blood carbon dioxide concentration and decreased pH (a condition generally called acidosis). Carbon dioxide is produced continuously as the body's cells respire, and this CO2 will accumulate rapidly if the lungs do not adequately expel it through alveolar ventilation. Alveolar hypoventilation thus leads to an increased PaCO2 (called hypercapnia). The increase in PaCO2 in turn decreases the HCO3⁻/PaCO2 ratio and decreases pH.

5C73.2 Anion gap metabolic acidosis

This is a form of metabolic acidosis characterised by a high anion gap. The list of agents that cause high anion gap metabolic acidosis is similar to but broader than the list of agents that cause a serum osmolal gap.

5C73.Y Other specified acidosis

5C73.Z Acidosis, unspecified

5C74 Alkalosis

Alkalosis is an abnormally basic state of the blood and tissues.

5C75 Mixed disorder of acid-base balance

This is a condition where more than one of the normal mechanisms that regulate the amount of acid or base content in the body are dysfunctional.

5C76 Hyperkalaemia

Inclusions: Potassium [K] excess

Potassium [K] overload

Coded Elsewhere: Hyperkalaemia of newborn (KB63.31)

5C77 Hypokalaemia

Coded Elsewhere: Hypokalaemia of newborn (KB63.30)

5C78 Fluid overload

This is the condition where there is too much fluid in the blood. The opposite condition is hypovolemia, which is too little fluid volume in the blood. Fluid volume excess in the intravascular compartment occurs due to an increase in total body sodium content and a consequent increase in extracellular body water. The mechanism usually stems from compromised regulatory mechanisms for sodium handling as seen in congestive heart failure (CHF), kidney failure, and liver failure. It may also be caused by excessive intake of sodium from foods, intravenous (IV) solutions and blood transfusions, medications, or diagnostic contrast dyes.

5C7Y Other specified disorders of fluid, electrolyte or acid-base balance

5C7Z Disorders of fluid, electrolyte or acid-base balance, unspecified

Disorders of lipoprotein metabolism or certain specified lipidaemias (5C80‑5C8Z)

Elevated levels of lipoprotein(a), or Lp(a), in the blood. It is associated with an elevated risk of cardiovascular diseases.

Exclusions: Sphingolipidosis (5C56.0)

Coded Elsewhere: Lipoid dermatoarthritis (FA38.Y)

Multicentric reticulohistiocytosis (EE8Y)

Lipoid proteinosis (LD27.Y)

5C80 Hyperlipoproteinaemia

Disorders of lipoprotein metabolism that result in high levels of lipoproteins in the circulating blood

5C80.0 Hypercholesterolaemia

5C80.00 Primary hypercholesterolaemia

This is a genetic disorder characterised by high cholesterol levels, specifically very high levels of low-density lipoprotein (LDL, "bad cholesterol"), in the blood and early cardiovascular disease.

Coded Elsewhere: Sitosterolaemia (5C52.1Y)

5C80.01 Secondary hypercholesterolaemia

Coding Note: Code also the causing condition

5C80.0Z Hypercholesterolaemia, unspecified

5C80.1 Hypertriglyceridaemia

A form of hyperlipidaemia characterised by abnormally elevated levels of triglyceride-rich lipoproteins in the blood. It is associated with an elevated risk of cardiovascular morbidity.

Inclusions: Hyperlipidaemia, group B

Endogenous hyperglyceridaemia

5C80.2 Mixed hyperlipidaemia

Elevated levels of both LDL cholesterol and triglycerides in the blood

Inclusions: Hyperbetalipoproteinaemia with prebetalipoproteinaemia

Hypercholesterolaemia with endogenous hyperglyceridaemia

Hyperlipidaemia, group C

Exclusions: cerebrotendinous cholesterosis [van Bogaert-Scherer-Epstein] (5C52.11)

5C80.3 Hyperalphalipoproteinaemia

A condition in which high-density lipoprotein is elevated in the blood.

5C80.Y Other specified hyperlipoproteinaemia

5C80.Z Hyperlipoproteinaemia, unspecified

5C81 Hypolipoproteinaemia

Disorders characterised by low level of lipoproteins of any type in the blood

Inclusions: High-density lipoprotein deficiency

5C81.0 Hypoalphalipoproteinaemia

A disorder characterised by low levels of high-density lipoprotein in the blood.

5C81.1 Hypobetalipoproteinaemia

Hypobetalipoproteinemia (HBL) constitutes a group of lipoprotein metabolism disorders that are characterised by permanently low levels (below the 5th percentile) of apolipoprotein B and LDL cholesterol. There are two types of HBL: familial hypobetalipoproteinemia and chylomicron retention disease (CMRD; see these terms). The familial form can be severe with early onset (abetalipoproteinemia/homozygous familial hypobetalipoproteinemia; see this term) or benign (benign familial hypobetalipoproteinemia; see this term). (Please add the sentence). Severe familial HBL and CMRD appear in infancy or childhood. As a result they are often associated with growth delay, diarrhoea with steatorrhoea, and fat malabsorption. Benign familial hypobetalipoproteinemia is generally asymptomatic, but in adults is occasionally associated with dietary intolerance to fat. HBL disorders are caused by mutations in proteins involved in the synthesis, secretion and catabolism of lipoproteins containing apolipoprotein B (LDL, VLDL and chylomicrons).

5C81.Y Other specified hypolipoproteinaemia

5C81.Z Hypolipoproteinaemia, unspecified

5C8Y Other specified disorders of lipoprotein metabolism or lipidaemias

5C8Z Unspecified disorders of lipoprotein metabolism or lipidaemias

5C90 Metabolic or transporter liver disease

Exclusions: Alcoholic liver disease (DB94)

Non-alcoholic fatty liver disease (DB92)

Drug-induced or toxic liver disease (DB95)

Acute fatty liver of pregnancy (JA65.0)

Coded Elsewhere: Bile acid synthesis defect with cholestasis (5C52.11)

Progressive familial intrahepatic cholestasis (5C58.03)

Benign recurrent intrahepatic cholestasis (5C58.04)

Glycogen storage disease (5C51.3)

Disorders of galactose metabolism (5C51.4)

Disorders of fructose metabolism (5C51.5)

Alpha-1-antitrypsin deficiency (5C5A)

Reye syndrome (8E46)

5C90.0 Liver diseases due to urea cycle defects

This is a group of liver diseases due to defects in the urea cycle, which is a metabolic cycle of nitrogen-containing compounds that produces the waste product urea.

Coded Elsewhere: Argininosuccinic aciduria (5C50.A0)

Carbamoylphosphate synthetase deficiency (5C50.A1)

Argininaemia (5C50.A2)

Ornithine carbamoyltransferase deficiency (5C50.AY)

5C90.1 Liver diseases due to disorders of porphyrin or bilirubin metabolism or transport

These are liver diseases due to disorders of porphyrin and bilirubin metabolism and transport

Exclusions: Defects of catalase and peroxidase (5C58)

Coded Elsewhere: Porphyria cutanea tarda (5C58.10)

Variegate porphyria (5C58.13)

Crigler-Najjar syndrome (5C58.00)

Gilbert syndrome (5C58.01)

Dubin-Johnson syndrome (5C58.02)

Rotor syndrome (5C58.0Y)

5C90.2 Liver diseases due to disorders of amino acid metabolism

This is liver disease due to the disorder of the various biochemical processes responsible for the synthesis of proteins and amino acids, and the breakdown of proteins (and other large molecules, too) by catabolism.

Coded Elsewhere: Disorders of tyrosine metabolism (5C50.1)

Citrullinaemia (5C50.A3)

5C90.3 Liver disease due to disorders of lysosomal storage

This is liver disease due to a group of approximately 50 rare inherited metabolic disorders that result from defects in lysosomal function.

Coded Elsewhere: Gaucher disease (5C56.0Y)

Niemann-Pick disease (5C56.0Y)

Wolman disease (5C56.0Y)

Cholesteryl ester storage disease (5C56.0Y)

5C90.4 Liver diseases due to mitochondrial disorders

This is liver disease due to a group of disorders caused by dysfunctional mitochondria, the organelles that generate energy for the cell.

5C90.5 Liver diseases due to disorders of mineral metabolism

This is a liver disease due to a disorder of the organic compound required by an organism as a vital nutrient in limited amounts.

Coding Note: Code also the causing condition

5C90.Y Other specified metabolic or transporter liver disease

5C90.Z Metabolic or transporter liver disease, unspecified

Other metabolic disorders (5D00‑5D0Y)

Exclusions: histiocytosis X (chronic) (2B31.2)

Coded Elsewhere: Tophaceous gout (FA25.20)

5D00 Amyloidosis

Amyloidosis is a vast group of diseases defined by the presence of insoluble protein deposits in tissues. Its diagnosis is based on histological findings. Amyloidoses are classified according to clinical signs and biochemical type of amyloid protein involved. Most amyloidoses are multisystemic, 'generalised' or 'diffuse'. There are a few forms of localised amylosis. The most frequent forms are AL amyloidosis (immunoglobulins), AA (inflammatory), and ATTR (transthyretin accumulation).

Exclusions: Dementia due to Alzheimer disease (6D80)

5D00.0 AL amyloidosis

AL amyloid is due to the deposition of immunoglobulin light chains in glomeruli where they are seen as Congo red binding fibrils and immuno-stain specifically for kappa or lambda light chains. By light microscopy there is amorphous hyaline material in the mesangium and capillary walls. A light chain producing plasma cell or B-cell dysplasia is responsible. Other organs are also involved in this systemic disease.

Coded Elsewhere: Isolated cerebral amyloid angiopathy (8B22.3)

5D00.1 AA amyloidosis

AA amyloid is due to the deposition of the acute phase reactant serum amyloid A protein (SAA) in glomeruli where they are seen as Congo red binding fibrils which immunostain specifically for SAA. Chronic inflammation is responsible. Other organs are also involved in this systemic disease.

5D00.2 Hereditary amyloidosis

Hereditary amyloidosis (familial amyloidosis) is an inherited disorder that often affects the liver, nerves, heart and kidneys. Many different types of gene abnormalities present at birth are associated with an increased risk of amyloid disease. The type and location of an amyloid gene abnormality can affect the risk of certain complications, the age at which symptoms first appear, and the way the disease progresses over time.

5D00.20 Hereditary ATTR amyloidosis

5D00.21 Non-neuropathic heredofamilial amyloidosis

This is an amyloidosis (the formation of insoluble proteins, or amyloids) of inherited origin that does not affect the peripheral nerves. The most common sites of deposits are associated with the kidney and heart.

Coded Elsewhere: Familial Mediterranean fever with amyloidosis (4A60.0)

5D00.2Y Other specified hereditary amyloidosis

5D00.2Z Hereditary amyloidosis, unspecified

5D00.3 Dialysis-associated amyloidosis

Dialysis-related amyloidosis develops when proteins in blood are deposited in joints and tendons — causing pain, stiffness and fluid in the joints, as well as carpal tunnel syndrome. This type generally affects people on long-term dialysis.

5D00.Y Other specified amyloidosis

5D00.Z Amyloidosis, unspecified

5D01 Tumour lysis syndrome

This is a group of metabolic complications that can occur after treatment of cancer, usually lymphomas and leukaemias, and sometimes even without treatment. These complications are caused by the breakdown products of dying cancer cells and include hyperkalaemia, hyperphosphataemia, hyperuricaemia and hyperuricosuria, hypocalcaemia, and consequent acute uric acid nephropathy and acute renal failure.

Coding Note: Code also the causing condition

5D0Y Other specified metabolic disorders

5D2Z Metabolic disorders, unspecified

Postprocedural endocrine or metabolic disorders (5D40‑5D46)

Any endocrine or metabolic disorder caused by or subsequent to any medical procedure.

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

5D40 Postprocedural hypothyroidism

5D40.0 Postirridation hypothyroidism

5D40.00 Hypothyroidism postradioactive iodine ablation

5D40.0Y Other specified postirridation hypothyroidism

5D40.0Z Postirridation hypothyroidism, unspecified

5D40.Y Other specified postprocedural hypothyroidism

5D40.Z Postprocedural hypothyroidism, unspecified

5D41 Postprocedural hypoinsulinaemia

This is a low level of insulin that can result after medical procedures, including radiation, and it carries a risk of developing diabetes mellitus.

Inclusions: Postpancreatectomy hyperglycaemia

Postsurgical hypoinsulinaemia

5D42 Postprocedural hypoparathyroidism

This refers to a postprocedural decreased function of the parathyroid glands with underproduction of parathyroid hormone. This can lead to low levels of calcium in the blood, often causing cramping and twitching of muscles or tetany (involuntary muscle contraction), and several other symptoms.

Inclusions: Parathyroprival tetany

5D43 Postprocedural hypopituitarism

This is the postprocedural decreased (hypo) secretion of one or more of the eight hormones normally produced by the pituitary gland at the base of the brain. If there is decreased secretion of most pituitary hormones, the term panhypopituitarism (pan meaning "all") is used.

5D44 Postprocedural ovarian failure

A condition in women characterised by amenorrhea, caused by or subsequent to any intervention. This condition may also present with hot flashes, night sweats, irritability, poor concentration, decreased sex drive, pain during sex, vaginal dryness.

5D45 Postprocedural testicular hypofunction

A condition in men characterised by testosterone deficiency, caused by or subsequent to any intervention. This condition may present with fatigue, decreased libido, erectile dysfunction, negative mood states, decreased lean body mass, increased fat mass, or decreased bone mineral density.

5D46 Postprocedural adrenocortical hypofunction

A condition caused by or subsequent to any medical procedure. This condition is characterised by adrenocortical hormone deficiency. This condition may present with chronic fatigue, muscle weakness, loss of appetite, weight loss or abdominal pain.

CHAPTER 06

Mental, behavioural or neurodevelopmental disorders

This chapter has 162 four-character categories.

Code range starts with 6A00

Mental, behavioural and neurodevelopmental disorders are syndromes characterised by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Exclusions: Acute stress reaction (QE84)

Uncomplicated bereavement (QE62)

Coded Elsewhere: Sleep-wake disorders (7A00-7B2Z)

Sexual dysfunctions (HA00-HA0Z)

Gender incongruence (HA60-HA6Z)

This chapter contains the following top level blocks:

* Neurodevelopmental disorders
* Schizophrenia or other primary psychotic disorders
* Catatonia
* Mood disorders
* Anxiety or fear-related disorders
* Obsessive-compulsive or related disorders
* Disorders specifically associated with stress
* Dissociative disorders
* Feeding or eating disorders
* Elimination disorders
* Disorders of bodily distress or bodily experience
* Disorders due to substance use or addictive behaviours
* Impulse control disorders
* Disruptive behaviour or dissocial disorders
* Personality disorders and related traits
* Paraphilic disorders
* Factitious disorders
* Neurocognitive disorders
* Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium
* Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere

Neurodevelopmental disorders (6A00‑6A0Z)

Neurodevelopmental disorders are behavioural and cognitive disorders that arise during the developmental period that involve significant difficulties in the acquisition and execution of specific intellectual, motor, language, or social functions. Although behavioural and cognitive deficits are present in many mental and behavioural disorders that can arise during the developmental period (e.g., Schizophrenia, Bipolar disorder), only disorders whose core features are neurodevelopmental are included in this grouping. The presumptive etiology for neurodevelopmental disorders is complex, and in many individual cases is unknown.

Coded Elsewhere: Primary tics or tic disorders (8A05.0)

Secondary neurodevelopmental syndrome (6E60)

6A00 Disorders of intellectual development

Disorders of intellectual development are a group of etiologically diverse conditions originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately two or more standard deviations below the mean (approximately less than the 2.3rd percentile), based on appropriately normed, individually administered standardized tests. Where appropriately normed and standardized tests are not available, diagnosis of disorders of intellectual development requires greater reliance on clinical judgment based on appropriate assessment of comparable behavioural indicators.

Coding Note: Use additional code, if desired, to identify any known aetiology.

Exclusions: Dementia (6D80‑6D8Z)

6A00.0 Disorder of intellectual development, mild

A mild disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately two to three standard deviations below the mean (approximately 0.1 – 2.3 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons often exhibit difficulties in the acquisition and comprehension of complex language concepts and academic skills. Most master basic self-care, domestic, and practical activities. Persons affected by a mild disorder of intellectual development can generally achieve relatively independent living and employment as adults but may require appropriate support.

6A00.1 Disorder of intellectual development, moderate

A moderate disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately three to four standard deviations below the mean (approximately 0.003 – 0.1 percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Language and capacity for acquisition of academic skills of persons affected by a moderate disorder of intellectual development vary but are generally limited to basic skills. Some may master basic self-care, domestic, and practical activities. Most affected persons require considerable and consistent support in order to achieve independent living and employment as adults.

6A00.2 Disorder of intellectual development, severe

A severe disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately four or more standard deviations below the mean (less than approximately the 0.003rd percentile), based on appropriately normed, individually administered standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons exhibit very limited language and capacity for acquisition of academic skills. They may also have motor impairments and typically require daily support in a supervised environment for adequate care, but may acquire basic self-care skills with intensive training. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

6A00.3 Disorder of intellectual development, profound

A profound disorder of intellectual development is a condition originating during the developmental period characterised by significantly below average intellectual functioning and adaptive behaviour that are approximately four or more standard deviations below the mean (approximately less than the 0.003rd percentile), based on individually administered appropriately normed, standardized tests or by comparable behavioural indicators when standardized testing is unavailable. Affected persons possess very limited communication abilities and capacity for acquisition of academic skills is restricted to basic concrete skills. They may also have co-occurring motor and sensory impairments and typically require daily support in a supervised environment for adequate care. Severe and profound disorders of intellectual development are differentiated exclusively on the basis of adaptive behaviour differences because existing standardized tests of intelligence cannot reliably or validly distinguish among individuals with intellectual functioning below the 0.003rd percentile.

6A00.4 Disorder of intellectual development, provisional

Disorder of intellectual development, provisional is assigned when there is evidence of a disorder of intellectual development but the individual is an infant or child under the age of four or it is not possible to conduct a valid assessment of intellectual functioning and adaptive behaviour because of sensory or physical impairments (e.g., blindness, pre-lingual deafness), motor or communication impairments, severe problem behaviours or co-occurring mental and behavioural disorders.

6A00.Z Disorders of intellectual development, unspecified

Coding Note: Use additional code, if desired, to identify any known aetiology.

6A01 Developmental speech or language disorders

Developmental speech or language disorders arise during the developmental period and are characterised by difficulties in understanding or producing speech and language or in using language in context for the purposes of communication that are outside the limits of normal variation expected for age and level of intellectual functioning. The observed speech and language problems are not attributable to regional, social, or cultural/ethnic language variations and are not fully explained by anatomical or neurological abnormalities. The presumptive aetiology for Developmental speech or language disorders is complex, and in many individual cases, is unknown.

6A01.0 Developmental speech sound disorder

Developmental speech sound disorder is characterised by difficulties in the acquisition, production and perception of speech that result in errors of pronunciation, either in number or types of speech errors made or the overall quality of speech production, that are outside the limits of normal variation expected for age and level of intellectual functioning and result in reduced intelligibility and significantly affect communication. The errors in pronunciation arise during the early developmental period and cannot be explained by social, cultural, and other environmental variations (e.g., regional dialects). The speech errors are not fully explained by a hearing impairment or a structural or neurological abnormality.

Inclusions: Functional speech articulation disorder

Exclusions: Deafness not otherwise specified (AB52)

Diseases of the nervous system (Chapter 08)

Dysarthria (MA80.2)

Verbal apraxia (MB4A)

6A01.1 Developmental speech fluency disorder

Developmental speech fluency disorder is characterised by frequent or pervasive disruption of the normal rhythmic flow and rate of speech characterised by repetitions and prolongations in sounds, syllables, words, and phrases, as well as blocking and word avoidance or substitutions. The speech dysfluency is persistent over time. The onset of speech dysfluency occurs during the developmental period and speech fluency is markedly below what would be expected for age. Speech dysfluency results in significant impairment in social communication, personal, family, social, educational, occupational or other important areas of functioning. The speech dysfluency is not better accounted for by a Disorder of Intellectual Development, a Disease of the Nervous System, a sensory impairment, or a structural abnormality, or other speech or voice disorder.

Exclusions: Tic disorders (8A05)

6A01.2 Developmental language disorder

Developmental language disorder is characterised by persistent deficits in the acquisition, understanding, production or use of language (spoken or signed), that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual’s ability to communicate. The individual’s ability to understand, produce or use language is markedly below what would be expected given the individual’s age. The language deficits are not explained by another neurodevelopmental disorder or a sensory impairment or neurological condition, including the effects of brain injury or infection.

Exclusions: Autism spectrum disorder (6A02)

Diseases of the nervous system (Chapter 08)

Deafness not otherwise specified (AB52)

Selective mutism (6B06)

6A01.20 Developmental language disorder with impairment of receptive and expressive language

Developmental language disorder with impairment of receptive and expressive language is characterised by persistent difficulties in the acquisition, understanding, production, and use of language that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual’s ability to communicate. The ability to understand spoken or signed language (i.e., receptive language) is markedly below the expected level given the individual’s age and level of intellectual functioning, and is accompanied by persistent impairment in the ability to produce and use spoken or signed language (i.e., expressive language).

Inclusions: developmental dysphasia or aphasia, receptive type

Exclusions: acquired aphasia with epilepsy [Landau-Kleffner] (8A62.2)

Autism spectrum disorder (6A02)

Selective mutism (6B06)

dysphasia NOS (MA80.1)

Diseases of the nervous system (Chapter 08)

Deafness not otherwise specified (AB52)

6A01.21 Developmental language disorder with impairment of mainly expressive language

Developmental language disorder with impairment of mainly expressive language is characterised by persistent difficulties in the acquisition, production, and use of language that arise during the developmental period, typically during early childhood, and cause significant limitations in the individual’s ability to communicate. The ability to produce and use spoken or signed language (i.e., expressive language) is markedly below the expected level given the individual’s age and level of intellectual functioning, but the ability to understand spoken or signed language (i.e., receptive language) is relatively intact.

Inclusions: Developmental dysphasia or aphasia, expressive type

Exclusions: acquired aphasia with epilepsy [Landau-Kleffner] (8A62.2)

Selective mutism (6B06)

dysphasia and aphasia: developmental, receptive type (6A01.20)

dysphasia NOS (MA80.1)

aphasia NOS (MA80.0)

Diseases of the nervous system (Chapter 08)

Deafness not otherwise specified (AB52)

6A01.22 Developmental language disorder with impairment of mainly pragmatic language

Developmental language disorder with impairment of mainly pragmatic language is characterised by persistent and marked difficulties with the understanding and use of language in social contexts, for example making inferences, understanding verbal humour, and resolving ambiguous meaning. These difficulties arise during the developmental period, typically during early childhood, and cause significant limitations in the individual’s ability to communicate. Pragmatic language abilities are markedly below the expected level given the individual’s age and level of intellectual functioning, but the other components of receptive and expressive language are relatively intact. This qualifier should not be used if the pragmatic language impairment is better explained by Autism Spectrum Disorder or by impairments in other components of receptive or expressive language.

Exclusions: Diseases of the nervous system (Chapter 08)

Selective mutism (6B06)

6A01.23 Developmental language disorder, with other specified language impairment

Developmental language disorder with other specified language impairment is characterised by persistent difficulties in the acquisition, understanding, production or use of language (spoken or signed), that arise during the developmental period and cause significant limitations in the individual’s ability to communicate. The pattern of specific deficits in language abilities is not adequately captured by any of the other developmental language disorder categories.

Exclusions: Autism spectrum disorder (6A02)

Diseases of the nervous system (Chapter 08)

Disorders of intellectual development (6A00)

Selective mutism (6B06)

6A01.Y Other specified developmental speech or language disorders

6A01.Z Developmental speech or language disorders, unspecified

6A02 Autism spectrum disorder

Autism spectrum disorder is characterised by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual’s age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual’s functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.

Inclusions: Autistic disorder

Exclusions: Rett syndrome (LD90.4)

6A02.0 Autism spectrum disorder without disorder of intellectual development and with mild or no impairment of functional language

All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

6A02.1 Autism spectrum disorder with disorder of intellectual development and with mild or no impairment of functional language

All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is only mild or no impairment in the individual's capacity to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires.

6A02.2 Autism spectrum disorder without disorder of intellectual development and with impaired functional language

All definitional requirements for autism spectrum disorder are met, intellectual functioning and adaptive behaviour are found to be at least within the average range (approximately greater than the 2.3rd percentile), and there is marked impairment in functional language (spoken or signed) relative to the individual’s age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires.

6A02.3 Autism spectrum disorder with disorder of intellectual development and with impaired functional language

All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is marked impairment in functional language (spoken or signed) relative to the individual’s age, with the individual not able to use more than single words or simple phrases for instrumental purposes, such as to express personal needs and desires.

6A02.5 Autism spectrum disorder with disorder of intellectual development and with absence of functional language

All definitional requirements for both autism spectrum disorder and disorder of intellectual development are met and there is complete, or almost complete, absence of ability relative to the individual’s age to use functional language (spoken or signed) for instrumental purposes, such as to express personal needs and desires

6A02.Y Other specified autism spectrum disorder

6A02.Z Autism spectrum disorder, unspecified

6A03 Developmental learning disorder

Developmental learning disorder is characterised by significant and persistent difficulties in learning academic skills, which may include reading, writing, or arithmetic. The individual’s performance in the affected academic skill(s) is markedly below what would be expected for chronological age and general level of intellectual functioning, and results in significant impairment in the individual’s academic or occupational functioning. Developmental learning disorder first manifests when academic skills are taught during the early school years. Developmental learning disorder is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological or motor disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Symbolic dysfunctions (MB4B)

6A03.0 Developmental learning disorder with impairment in reading

Developmental learning disorder with impairment in reading is characterised by significant and persistent difficulties in learning academic skills related to reading, such as word reading accuracy, reading fluency, and reading comprehension. The individual’s performance in reading is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual’s academic or occupational functioning. Developmental learning disorder with impairment in reading is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Disorders of intellectual development (6A00)

6A03.1 Developmental learning disorder with impairment in written expression

Developmental learning disorder with impairment in written expression is characterised by significant and persistent difficulties in learning academic skills related to writing, such as spelling accuracy, grammar and punctuation accuracy, and organisation and coherence of ideas in writing. The individual’s performance in written expression is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual’s academic or occupational functioning. Developmental learning disorder with impairment in written expression is not due to a disorder of intellectual development, sensory impairment (vision or hearing), a neurological or motor disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Disorders of intellectual development (6A00)

6A03.2 Developmental learning disorder with impairment in mathematics

Developmental learning disorder with impairment in mathematics is characterised by significant and persistent difficulties in learning academic skills related to mathematics or arithmetic, such as number sense, memorization of number facts, accurate calculation, fluent calculation, and accurate mathematic reasoning. The individual’s performance in mathematics or arithmetic is markedly below what would be expected for chronological or developmental age and level of intellectual functioning and results in significant impairment in the individual’s academic or occupational functioning. Developmental learning disorder with impairment in mathematics is not due to a disorder of intellectual development, sensory impairment (vision or hearing), a neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Disorders of intellectual development (6A00)

6A03.3 Developmental learning disorder with other specified impairment of learning

Developmental learning disorder with other specified impairment of learning is characterised by significant and persistent difficulties in learning academic skills other than reading, mathematics, and written expression. The individual’s performance in the relevant academic skill is markedly below what would be expected for chronological age and level of intellectual functioning and results in significant impairment in the individual’s academic or occupational functioning. Developmental learning disorder with other specified impairment of learning is not due to a disorder of intellectual development, sensory impairment (vision or hearing), neurological disorder, lack of availability of education, lack of proficiency in the language of academic instruction, or psychosocial adversity.

Exclusions: Disorders of intellectual development (6A00)

6A03.Z Developmental learning disorder, unspecified

6A04 Developmental motor coordination disorder

Developmental motor coordination disorder is characterised by a significant delay in the acquisition of gross and fine motor skills and impairment in the execution of coordinated motor skills that manifest in clumsiness, slowness, or inaccuracy of motor performance. Coordinated motor skills are markedly below that expected given the individual's chronological age and level of intellectual functioning. Onset of coordinated motor skills difficulties occurs during the developmental period and is typically apparent from early childhood. Coordinated motor skills difficulties cause significant and persistent limitations in functioning (e.g. in activities of daily living, school work, and vocational and leisure activities). Difficulties with coordinated motor skills are not solely attributable to a Disease of the Nervous System, Disease of the Musculoskeletal System or Connective Tissue, sensory impairment, and not better explained by a Disorder of Intellectual Development.

Exclusions: Abnormalities of gait and mobility (MB44)

Diseases of the musculoskeletal system or connective tissue (Chapter 15)

Diseases of the nervous system (Chapter 08)

6A05 Attention deficit hyperactivity disorder

Attention deficit hyperactivity disorder is characterised by a persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity that has a direct negative impact on academic, occupational, or social functioning. There is evidence of significant inattention and/or hyperactivity-impulsivity symptoms prior to age 12, typically by early to mid-childhood, though some individuals may first come to clinical attention later. The degree of inattention and hyperactivity-impulsivity is outside the limits of normal variation expected for age and level of intellectual functioning. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. The relative balance and the specific manifestations of inattentive and hyperactive-impulsive characteristics varies across individuals and may change over the course of development. In order for a diagnosis to be made, manifestations of inattention and/or hyperactivity-impulsivity must be evident across multiple situations or settings (e.g., home, school, work, with friends or relatives), but are likely to vary according to the structure and demands of the setting. Symptoms are not better accounted for by another mental, behavioural, or neurodevelopmental disorder and are not due to the effect of a substance or medication.

Inclusions: attention deficit disorder with hyperactivity

attention deficit syndrome with hyperactivity

6A05.0 Attention deficit hyperactivity disorder, predominantly inattentive presentation

All definitional requirements for attention deficit hyperactivity disorder are met and inattentive symptoms are predominant in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Some hyperactive-impulsive symptoms may also be present, but these are not clinically significant in relation to the inattentive symptoms.

6A05.1 Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation

All definitional requirements for attention deficit hyperactivity disorder are met and hyperactive-impulsive symptoms are predominant in the clinical presentation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences. Some inattentive symptoms may also be present, but these are not clinically significant in relation to the hyperactive-impulsive symptoms.

6A05.2 Attention deficit hyperactivity disorder, combined presentation

All definitional requirements for attention deficit hyperactivity disorder are met. Both inattentive and hyperactive-impulsive symptoms are clinically significant, with neither predominating in the clinical presentation. Inattention refers to significant difficulty in sustaining attention to tasks that do not provide a high level of stimulation or frequent rewards, distractibility and problems with organisation. Hyperactivity refers to excessive motor activity and difficulties with remaining still, most evident in structured situations that require behavioural self-control. Impulsivity is a tendency to act in response to immediate stimuli, without deliberation or consideration of the risks and consequences.

6A05.Y Attention deficit hyperactivity disorder, other specified presentation

6A05.Z Attention deficit hyperactivity disorder, presentation unspecified

6A06 Stereotyped movement disorder

Stereotyped movement disorder is characterised by the persistent (e.g., lasting several months) presence of voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal), and markedly interfere with normal activities or result in self-inflicted bodily injury. Stereotyped movements that are non-injurious can include body rocking, head rocking, finger-flicking mannerisms, and hand flapping. Stereotyped self-injurious behaviours can include repetitive head banging, face slapping, eye poking, and biting of the hands, lips, or other body parts.

Exclusions: Tic disorders (8A05)

Trichotillomania (6B25.0)

Abnormal involuntary movements (MB46)

6A06.0 Stereotyped movement disorder without self-injury

This category should be applied to forms of Stereotyped movement disorder in which stereotyped behaviours markedly interfere with normal activities, but do not result in self-inflicted bodily injury. Stereotyped movement disorder without self-injury is characterised by voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal), and markedly interfere with normal activities. Stereotyped movements that are non-injurious can include body rocking, head rocking, finger-flicking mannerisms, and hand flapping.

6A06.1 Stereotyped movement disorder with self-injury

This category should be applied to forms of Stereotyped movement disorder in which stereotyped behaviours result in self-inflicted bodily injury that is significant enough to require medical treatment, or would result in such injury if protective measures (e.g., helmet to prevent head injury) were not employed. Stereotyped movement disorder with self-injury is characterised by voluntary, repetitive, stereotyped, apparently purposeless (and often rhythmic) movements that arise during the early developmental period, are not caused by the direct physiological effects of a substance or medication (including withdrawal). Stereotyped movements that are self-injurious can include head banging, face slapping, eye poking, and biting of the hands, lips, or other body parts.

6A06.Z Stereotyped movement disorder, unspecified

6A0Y Other specified neurodevelopmental disorders

6A0Z Neurodevelopmental disorders, unspecified

Schizophrenia or other primary psychotic disorders (6A20‑6A2Z)

Schizophrenia and other primary psychotic disorders are characterised by significant impairments in reality testing and alterations in behaviour manifest in positive symptoms such as persistent delusions, persistent hallucinations, disorganised thinking (typically manifest as disorganised speech), grossly disorganised behaviour, and experiences of passivity and control, negative symptoms such as blunted or flat affect and avolition, and psychomotor disturbances. The symptoms occur with sufficient frequency and intensity to deviate from expected cultural or subcultural norms. These symptoms do not arise as a feature of another mental and behavioural disorder (e.g., a mood disorder, delirium, or a disorder due to substance use). The categories in this grouping should not be used to classify the expression of ideas, beliefs, or behaviours that are culturally sanctioned.

Coded Elsewhere: Substance-induced psychotic disorders

Secondary psychotic syndrome (6E61)

6A20 Schizophrenia

Schizophrenia is characterised by disturbances in multiple mental modalities, including thinking (e.g., delusions, disorganisation in the form of thought), perception (e.g., hallucinations), self-experience (e.g., the experience that one's feelings, impulses, thoughts, or behaviour are under the control of an external force), cognition (e.g., impaired attention, verbal memory, and social cognition), volition (e.g., loss of motivation), affect (e.g., blunted emotional expression), and behaviour (e.g., behaviour that appears bizarre or purposeless, unpredictable or inappropriate emotional responses that interfere with the organisation of behaviour). Psychomotor disturbances, including catatonia, may be present. Persistent delusions, persistent hallucinations, thought disorder, and experiences of influence, passivity, or control are considered core symptoms. Symptoms must have persisted for at least one month in order for a diagnosis of schizophrenia to be assigned. The symptoms are not a manifestation of another health condition (e.g., a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g., corticosteroids), including withdrawal (e.g., alcohol withdrawal).

Exclusions: Schizotypal disorder (6A22)

schizophrenic reaction (6A22)

Acute and transient psychotic disorder (6A23)

6A20.0 Schizophrenia, first episode

Schizophrenia, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizophrenia (including duration) but who have never before experienced an episode during which diagnostic requirements for Schizophrenia were met.

6A20.00 Schizophrenia, first episode, currently symptomatic

All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

6A20.01 Schizophrenia, first episode, in partial remission

All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A20.02 Schizophrenia, first episode, in full remission

All definitional requirements for Schizophrenia, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A20.0Z Schizophrenia, first episode, unspecified

6A20.1 Schizophrenia, multiple episodes

Schizophrenia, multiple episodes should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizophrenia and who have also previously experienced episodes during which diagnostic requirements were met, with substantial remission of symptoms between episodes. Some attenuated symptoms may remain during periods of remission, and remissions may have occurred in response to medication or other treatment.

6A20.10 Schizophrenia, multiple episodes, currently symptomatic

All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.

6A20.11 Schizophrenia, multiple episodes, in partial remission

All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A20.12 Schizophrenia, multiple episodes, in full remission

All definitional requirements for Schizophrenia, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A20.1Z Schizophrenia, multiple episodes, unspecified

6A20.2 Schizophrenia, continuous

Symptoms fulfilling all definitional requirements of Schizophrenia have been present for almost all of the illness course over a period of at least one year, with periods of subthreshold symptoms being very brief relative to the overall course.

6A20.20 Schizophrenia, continuous, currently symptomatic

All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration are currently met, or have been met within the past one month.

6A20.21 Schizophrenia, continuous, in partial remission

All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A20.22 Schizophrenia, continuous, in full remission

All definitional requirements for Schizophrenia, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A20.2Z Schizophrenia, continuous, unspecified

6A20.Y Other specified episode of schizophrenia

6A20.Z Schizophrenia, episode unspecified

6A21 Schizoaffective disorder

Schizoaffective disorder is an episodic disorder in which the diagnostic requirements of schizophrenia and a manic, mixed, or moderate or severe depressive episode are met within the same episode of illness, either simultaneously or within a few days of each other. Prominent symptoms of schizophrenia (e.g. delusions, hallucinations, disorganisation in the form of thought, experiences of influence, passivity and control) are accompanied by typical symptoms of a moderate or severe depressive episode (e.g. depressed mood, loss of interest, reduced energy), a manic episode (e.g. an extreme mood state characterised by euphoria, irritability, or expansiveness; increased activity or a subjective experience of increased energy) or a mixed episode. Psychomotor disturbances, including catatonia, may be present. Symptoms must have persisted for at least one month. The symptoms are not a manifestation of another medical condition (e.g. a brain tumor) and are not due to the effect of a substance or medication on the central nervous system (e.g. corticosteroids), including withdrawal (e.g. alcohol withdrawal).

6A21.0 Schizoaffective disorder, first episode

Schizoaffective disorder, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizoaffective disorder (including duration) but who have never before experienced an episode during which diagnostic requirements for Schizoaffective disorder or Schizophrenia were met.

6A21.00 Schizoaffective disorder, first episode, currently symptomatic

All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

6A21.01 Schizoaffective disorder, first episode, in partial remission

All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A21.02 Schizoaffective disorder, first episode, in full remission

All definitional requirements for Schizoaffective disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A21.0Z Schizoaffective disorder, first episode, unspecified

6A21.1 Schizoaffective disorder, multiple episodes

Schizoaffective disorder, multiple episodes should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for Schizoaffective disorder and who have also previously experienced episodes during which diagnostic requirements for Schizoaffective disorder or Schizophrenia were met, with substantial remission of symptoms between episodes. Some attenuated symptoms may remain during period of remission, and remissions may have occurred in response to medication or other treatment.

6A21.10 Schizoaffective disorder, multiple episodes, currently symptomatic

All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.

6A21.11 Schizoaffective disorder, multiple episodes, in partial remission

All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A21.12 Schizoaffective disorder, multiple episodes, in full remission

All definitional requirements for Schizoaffective disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A21.1Z Schizoaffective disorder, multiple episodes, unspecified

6A21.2 Schizoaffective disorder, continuous

Symptoms fulfilling all definitional requirements of Schizoaffective disorder have been present for almost all of the illness course over a period of at least one year, with periods of subthreshold symptoms being very brief relative to the overall course.

6A21.20 Schizoaffective disorder, continuous, currently symptomatic

All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration are currently met, or have been met within the past one month.

6A21.21 Schizoaffective disorder, continuous, in partial remission

All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A21.22 Schizoaffective disorder, continuous, in full remission

All definitional requirements for Schizoaffective disorder, continuous in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A21.2Z Schizoaffective disorder, continuous, unspecified

6A21.Y Other specified schizoaffective disorder

6A21.Z Schizoaffective disorder, unspecified

6A22 Schizotypal disorder

Schizotypal disorder is characterised by an enduring pattern (i.e. characteristic of the person’s functioning over a period of at least several years) of eccentricities in behaviour, appearance and speech, accompanied by cognitive and perceptual distortions, unusual beliefs, and discomfort with— and often reduced capacity for— interpersonal relationships. Symptoms may include constricted or inappropriate affect and anhedonia. Paranoid ideas, ideas of reference, or other psychotic symptoms, including hallucinations in any modality, may occur, but are not of sufficient intensity or duration to meet the diagnostic requirements of schizophrenia, schizoaffective disorder, or delusional disorder. The symptoms cause distress or impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Schizotypal personality disorder

Exclusions: Autism spectrum disorder (6A02)

Personality disorder (6D10)

6A23 Acute and transient psychotic disorder

Acute and transient psychotic disorder is characterised by acute onset of psychotic symptoms that emerge without a prodrome and reach their maximal severity within two weeks. Symptoms may include delusions, hallucinations, disorganisation of thought processes, perplexity or confusion, and disturbances of affect and mood. Catatonia-like psychomotor disturbances may be present. Symptoms typically change rapidly, both in nature and intensity, from day to day, or even within a single day. The duration of the episode does not exceed 3 months, and most commonly lasts from a few days to 1 month. The symptoms are not a manifestation of another medical condition (e.g. a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g. corticosteroids), including withdrawal (e.g. alcohol withdrawal).

6A23.0 Acute and transient psychotic disorder, first episode

Acute and transient psychotic disorder, first episode should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for acute and transient psychotic disorder but who have never before experienced a similar episode.

6A23.00 Acute and transient psychotic disorder, first episode, currently symptomatic

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration are currently met, or have been met within the past one month.

6A23.01 Acute and transient psychotic disorder, first episode, in partial remission

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A23.02 Acute and transient psychotic disorder, first episode, in full remission

All definitional requirements for Acute and transient psychotic disorder, first episode in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A23.0Z Acute and transient psychotic disorder, first episode, unspecified

6A23.1 Acute and transient psychotic disorder, multiple episodes

Acute and transient psychotic disorder, multiple episodes should be used to identify individuals experiencing symptoms that meet the diagnostic requirements for acute and transient psychotic disorder and who have experienced similar episodes in the past.

6A23.10 Acute and transient psychotic disorder, multiple episodes, currently symptomatic

All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration are currently met, or have been met within the past one month.

6A23.11 Acute and transient psychotic disorder, multiple episodes, in partial remission

All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A23.12 Acute and transient psychotic disorder, multiple episodes, in full remission

All definitional requirements for Acute and transient psychotic disorder, multiple episodes in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A23.1Z Acute and transient psychotic disorder, multiple episodes, unspecified

6A23.Y Other specified acute and transient psychotic disorder

6A23.Z Acute and transient psychotic disorder, unspecified

6A24 Delusional disorder

Delusional disorder is characterised by the development of a delusion or set of related delusions, typically persisting for at least 3 months and often much longer, in the absence of a Depressive, Manic, or Mixed mood episode. The delusions are variable in content across individuals, but typically stable within individuals, although they may evolve over time. Other characteristic symptoms of Schizophrenia (i.e. clear and persistent hallucinations, negative symptoms, disorganised thinking, or experiences of influence, passivity, or control) are not present, although various forms of perceptual disturbances (e.g. hallucinations, illusions, misidentifications of persons) thematically related to the delusion are still consistent with the diagnosis. Apart from actions and attitudes directly related to the delusion or delusional system, affect, speech, and behavior are typically unaffected. The symptoms are not a manifestation of another medical condition (e.g., a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g. corticosteroids), including withdrawal effects (e.g. alcohol withdrawal).

6A24.0 Delusional disorder, currently symptomatic

All definitional requirements for Delusional disorder in terms of symptoms and duration are currently met, or have been met within the past one month.

6A24.1 Delusional disorder, in partial remission

All definitional requirements for Delusional disorder in terms of symptoms and duration were previously met. Symptoms have ameliorated such that the diagnostic requirements for the disorder have not been met for at least one month, but some clinically significant symptoms remain, which may or may not be associated with functional impairment. The partial remission may have occurred in response to medication or other treatment.

6A24.2 Delusional disorder, in full remission

All definitional requirements for Delusional disorder in terms of symptoms and duration were previously met. Symptoms have ameliorated such that no significant symptoms remain. The remission may have occurred in response to medication or other treatment.

6A24.Z Delusional disorder, unspecified

6A25 Symptomatic manifestations of primary psychotic disorders

These categories may be used to characterize the current clinical presentation in individuals diagnosed with Schizophrenia or another primary psychotic disorder, and should not be used in individuals without such a diagnosis. Multiple categories may be applied. Symptoms attributable to the direct pathophysiological consequences of a health condition or injury not classified under Mental, behavioural or neurodevelopmental disorders (e.g., a brain tumour or traumatic brain injury), or to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, should not be considered as examples of the respective types of symptoms.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.0 Positive symptoms in primary psychotic disorders

Positive symptoms in primary psychotic disorders include persistent delusions, persistent hallucinations (most commonly verbal auditory hallucinations), disorganised thinking (formal thought disorder such as loose associations, thought derailment, or incoherence), grossly disorganised behaviour (behaviour that appears bizarre, purposeless and not goal-directed) and experiences of passivity and control (the experience that one's feelings, impulses, or thoughts are under the control of an external force). The rating should be made based on the severity of positive symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.1 Negative symptoms in primary psychotic disorders

Negative symptoms in primary psychotic disorders include constricted, blunted, or flat affect, alogia or paucity of speech, avolition (general lack of drive, or lack of motivation to pursue meaningful goals), asociality (reduced or absent engagement with others and interest in social interaction) and anhedonia (inability to experience pleasure from normally pleasurable activities). To be considered negative psychotic symptoms, relevant symptoms should not be entirely attributable to antipsychotic drug treatment, a depressive disorder, or an under-stimulating environment, and should not be a direct consequence of a positive symptom (e.g., persecutory delusions causing a person to become socially isolated due to fear of harm). The rating should be made based on the severity of negative symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.2 Depressive mood symptoms in primary psychotic disorders

Depressive mood symptoms in primary psychotic disorders refer to depressed mood as reported by the individual (feeling down, sad) or manifested as a sign (e.g. tearful, defeated appearance). If only non-mood symptoms of a depressive episode are present (e.g., anhedonia, psychomotor slowing), this descriptor should not be used. This descriptor may be used whether or not depressive symptoms meet the diagnostic requirements of a separately diagnosed Depressive disorder. The rating should be made based on the severity of depressive mood symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.3 Manic mood symptoms in primary psychotic disorders

Manic mood symptoms in primary psychotic disorders refer to elevated, euphoric, irritable, or expansive mood states, including rapid changes among different mood states (i.e., mood lability). It also includes increased subjective experience of energy, which may be accompanied by increased goal-directed activity. The severity of associated non-mood symptoms of a Manic or Hypomanic Episode (e.g., decreased need for sleep, distractibility) should not be considered in making a rating. Increased non-goal-directed psychomotor activity should be considered as part of the rating of the 'psychomotor symptoms in primary psychotic disorders' rather than here. This descriptor may be used whether or not the manic symptoms meet the diagnostic requirements of a separately diagnosed bipolar disorder. The rating should be made based on the severity of manic mood symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.4 Psychomotor symptoms in primary psychotic disorders

Psychomotor symptoms in primary psychotic disorders include psychomotor agitation or excessive motor activity, usually manifested by purposeless behaviours such as fidgeting, shifting, fiddling, inability to sit or stand still, wringing of the hands, psychomotor retardation, or a visible generalised slowing of movements and speech, and catatonic symptoms such as excitement, posturing, waxy flexibility, negativism, mutism, or stupor. The rating should be made based on the severity of psychomotor symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

6A25.5 Cognitive symptoms in primary psychotic disorders

Cognitive symptoms in primary psychotic disorders refer to cognitive impairment in any of the following domains: speed of processing, attention/concentration, orientation, judgment, abstraction, verbal or visual learning, and working memory. The cognitive impairment is not attributable to a neurodevelopmental disorder, a delirium or other neurocognitive disorder, or the direct effects of a substance or medication on the central nervous system, including withdrawal effects. Ideally, use of this category should be based on the results of locally validated, standardized neuropsychological assessments, although such measures may not be available in all settings. The rating should be made based on the severity of cognitive symptoms during the past week.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of these symptoms in primary psychotic disorders.

Exclusions: Neurocognitive disorders (6D70‑6E0Z)

Neurodevelopmental disorders (6A00‑6A0Z)

6A2Y Other specified primary psychotic disorder

6A2Z Schizophrenia or other primary psychotic disorders, unspecified

Catatonia (6A40‑6A4Z)

Catatonia is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abnormal psychomotor activity. The assessment of catatonia is complex and requires observation, interview and physical exam. Catatonia can occur in the context of another mental disorder, such as Schizophrenia or Other Primary Psychotic Disorders, Mood Disorders, and Neurodevelopmental Disorders, especially Autism Spectrum Disorder. Catatonia can also develop during or soon after intoxication or withdrawal from certain psychoactive substances, including phencyclidine (PCP), cannabis, hallucinogens such as mescaline or LSD, cocaine and MDMA or related drugs, or during the use of certain psychoactive and non-psychoactive medications (e.g. antipsychotic medications, benzodiazepines, steroids, disulfiram, ciprofloxacin). Finally, Catatonia can occur as a direct pathophysiological consequence of a medical condition not classified under Mental, Behavioural or Neurodevelopmental Disorders. Examples of medical conditions that may be associated with Catatonia include diabetic ketoacidosis, hypercalcemia, hepatic encephalopathy, homocystinuria, neoplasms head trauma, cerebrovascular disease, and encephalitis.

Exclusions: Harmful effects of drugs, medicaments or biological substances, not elsewhere classified (NE60)

Coded Elsewhere: Secondary catatonia syndrome (6E69)

6A40 Catatonia associated with another mental disorder

Catatonia associated with another mental disorder is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abnormal psychomotor activity, which occurs in the context of another mental disorder, such as Schizophrenia or Other Primary Psychotic Disorders, Mood Disorders, and Neurodevelopmental Disorders, especially Autism Spectrum Disorder.

6A41 Catatonia induced by substances or medications

Catatonia induced by substances or medications is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abnormal psychomotor activity, which develops during or soon after intoxication or withdrawal from certain psychoactive substances, including phencyclidine (PCP), cannabis, hallucinogens such as mescaline or LSD, cocaine and MDMA or related drugs, or during the use of certain psychoactive and non-psychoactive medications (e.g. antipsychotic medications, benzodiazepines, steroids, disulfiram, ciprofloxacin).

Exclusions: Neuroleptic malignant syndrome (8A00‑8A0Z)

Serotonin syndrome (8D85)

6A4Z Catatonia, unspecified

Coding Note: Code also the causing condition

Mood disorders (6A60‑6A8Z)

Mood Disorders refers to a superordinate grouping of Bipolar and Depressive Disorders. Mood disorders are defined according to particular types of mood episodes and their pattern over time. The primary types of mood episodes are Depressive episode, Manic episode, Mixed episode, and Hypomanic episode. Mood episodes are not independently diagnosable entities, and therefore do not have their own diagnostic codes. Rather, mood episodes make up the primary components of most of the Depressive and Bipolar Disorders.

Coded Elsewhere: Substance-induced mood disorders

Secondary mood syndrome (6E62)

Bipolar or related disorders (6A60‑6A6Z)

Bipolar and related disorders are episodic mood disorders defined by the occurrence of Manic, Mixed or Hypomanic episodes or symptoms. These episodes typically alternate over the course of these disorders with Depressive episodes or periods of depressive symptoms.

6A60 Bipolar type I disorder

Bipolar type I disorder is an episodic mood disorder defined by the occurrence of one or more manic or mixed episodes. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterised by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different mood states (i.e., mood lability). A mixed episode is characterised by the presence of several prominent manic and several prominent depressive symptoms consistent with those observed in manic episodes and depressive episodes, which either occur simultaneously or alternate very rapidly (from day to day or within the same day). Symptoms must include an altered mood state consistent with a manic and/or depressive episode (i.e., depressed, dysphoric, euphoric or expansive mood), and be present most of the day, nearly every day, during a period of at least 2 weeks, unless shortened by a treatment intervention. Although the diagnosis can be made based on evidence of a single manic or mixed episode, typically manic or mixed episodes alternate with depressive episodes over the course of the disorder.

Exclusions: Cyclothymia (6A62)

Bipolar type II disorder (6A61)

6A60.0 Bipolar type I disorder, current episode manic, without psychotic symptoms

Bipolar type I disorder, current episode manic, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met, the current episode is manic, and there are no delusions or hallucinations present during the episode. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterised by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different mood states (i.e., mood lability). If the individual has experienced Manic or Mixed Episodes in the past, a duration of one week is not required in order to diagnose a current episode if all other diagnostic requirements are met.

6A60.1 Bipolar type I disorder, current episode manic, with psychotic symptoms

Bipolar type I disorder, current episode manic with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I Disorder have been met, the current episode is Manic and there are delusions or hallucinations present during the episode. A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterised by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different mood states (i.e., mood lability). If the individual has experienced Manic or Mixed Episodes in the past, a duration of one week is not required in order to diagnose a current episode if all other diagnostic requirements are met.

6A60.2 Bipolar type I disorder, current episode hypomanic

Bipolar type I disorder, current episode hypomanic is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is hypomanic. A hypomanic episode is a persistent mood state lasting at least several days characterised by mild elevation of mood or increased irritability and increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid speech, rapid or racing thoughts, increased self-esteem, an increase in sexual drive or sociability, decreased need for sleep, distractibility, or impulsive or reckless behaviour. The symptoms are not severe enough to cause marked impairment in occupational functioning or in usual social activities or relationships with others, does not necessitate hospitalization, and there are no accompanying delusions or hallucinations.

6A60.3 Bipolar type I disorder, current episode depressive, mild

Bipolar type I disorder, current episode depressive, mild is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a mild level of severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one or more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A60.4 Bipolar type I disorder, current episode depressive, moderate without psychotic symptoms

Bipolar type I disorder, current episode depressive, moderate, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a moderate level of severity and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A60.5 Bipolar type I disorder, current episode depressive, moderate with psychotic symptoms

Bipolar type I disorder, current episode depressive, moderate, with psychotic symptoms diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive at a moderate level of severity and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A60.6 Bipolar type I disorder, current episode depressive, severe without psychotic symptoms

Bipolar type I disorder, current episode depressive, severe, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A60.7 Bipolar type I disorder, current episode depressive, severe with psychotic symptoms

Bipolar type I disorder, current episode depressive, severe, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A60.8 Bipolar type I disorder, current episode depressive, unspecified severity

Bipolar type I disorder, current episode depressive, unspecified severity is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the current episode is depressive, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A60.9 Bipolar type I disorder, current episode mixed, without psychotic symptoms

Bipolar type I disorder, current episode mixed, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is mixed and there are no delusions or hallucinations present during the episode. A mixed episode is characterised by the presence of several prominent manic and several prominent depressive symptoms consistent with those observed in manic episodes and depressive episodes, which either occur simultaneously or alternate very rapidly (from day to day or within the same day). Symptoms must include an altered mood state consistent with a manic and/or depressive episode (i.e., depressed, dysphoric, euphoric or expansive mood), and be present most of the day, nearly every day, during a period of at least 2 weeks, unless shortened by a treatment intervention. If the individual has experienced Manic or Mixed Episodes in the past, a duration of 2 weeks is not required in order to diagnose a current episode if all other diagnostic requirements are met.

6A60.A Bipolar type I disorder, current episode mixed, with psychotic symptoms

Bipolar type I disorder, current episode mixed, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type I disorder are met and the current episode is mixed and there are delusions or hallucinations present during the episode. A mixed episode is characterised by the presence of several prominent manic and several prominent depressive symptoms consistent with those observed in manic episodes and depressive episodes, which either occur simultaneously or alternate very rapidly (from day to day or within the same day). Symptoms must include an altered mood state consistent with a manic and/or depressive episode (i.e., depressed, dysphoric, euphoric or expansive mood), and be present most of the day, nearly every day, during a period of at least 2 weeks, unless shortened by a treatment intervention. If the individual has experienced Manic or Mixed Episodes in the past, a duration of 2 weeks is not required in order to diagnose a current episode if all other diagnostic requirements are met.

6A60.B Bipolar type I disorder, currently in partial remission, most recent episode manic or hypomanic

Bipolar type I disorder, currently in partial remission, most recent episode manic or hypomanic is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a manic or hypomanic episode. The full definitional requirements for a manic or hypomanic episode are no longer met but some significant mood symptoms remain. In some cases, residual mood symptoms may be depressive rather than manic or hypomanic, but do not satisfy the definitional requirements for a depressive episode.

6A60.C Bipolar type I disorder, currently in partial remission, most recent episode depressive

Bipolar type I disorder, currently in partial remission, most recent episode depressive is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a depressive episode. The full definitional requirements for the episode are no longer met but some significant depressive symptoms remain.

6A60.D Bipolar type I disorder, currently in partial remission, most recent episode mixed

Bipolar type I disorder, currently in partial remission, most recent episode mixed is diagnosed when the definitional requirements for Bipolar type I disorder have been met and the most recent episode was a mixed episode. The full definitional requirements for the episode are no longer met but some significant mood symptoms remain.

6A60.E Bipolar type I disorder, currently in partial remission, most recent episode unspecified

Bipolar type I disorder, currently in partial remission, most recent episode unspecified is diagnosed when the definitional requirements for Bipolar type I disorder have been met but there is insufficient information to determine the nature of the most recent mood episode. The full definitional requirements for a mood episode are no longer met but some significant mood symptoms remain.

6A60.F Bipolar type I disorder, currently in full remission

Bipolar type I disorder, currently in full remission is diagnosed when the full definitional requirements for Bipolar I disorder have been met in the past but there are no longer any significant mood symptoms.

6A60.Y Other specified bipolar type I disorder

6A60.Z Bipolar type I disorder, unspecified

6A61 Bipolar type II disorder

Bipolar type II disorder is an episodic mood disorder defined by the occurrence of one or more hypomanic episodes and at least one depressive episode. A hypomanic episode is a persistent mood state lasting for at least several days characterised by persistent elevation of mood or increased irritability as well as increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as increased talkativeness, rapid or racing thoughts, increased self-esteem, decreased need for sleep, distractability, and impulsive or reckless behavior. The symptoms represent a change from the individual’s typical mood, energy level, and behavior but are not severe enough to cause marked impairment in functioning. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as changes in appetite or sleep, psychomotor agitation or retardation, fatigue, feelings of worthless or excessive or inappropriate guilt, feelings or hopelessness, difficulty concentrating, and suicidality. There is no history of manic or mixed episodes.

6A61.0 Bipolar type II disorder, current episode hypomanic

Bipolar type II disorder, current episode hypomanic is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is hypomanic. A hypomanic episode is a persistent mood state lasting at least several days characterised by mild elevation of mood or increased irritability and increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid speech, rapid or racing thoughts, increased self-esteem, an increase in sexual drive or sociability, decreased need for sleep, distractibility, or impulsive or reckless behaviour. The symptoms are not severe enough to cause marked impairment in occupational functioning or in usual social activities or relationships with others, does not necessitate hospitalization, and there are no accompanying delusions or hallucinations.

6A61.1 Bipolar type II disorder, current episode depressive, mild

Bipolar type II disorder, current episode depressive, mild is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a mild level of severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one or more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A61.2 Bipolar type II disorder, current episode depressive, moderate without psychotic symptoms

Bipolar type II disorder, current episode depressive, moderate, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a moderate level of severity and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A61.3 Bipolar type II disorder, current episode depressive, moderate with psychotic symptoms

Bipolar type II disorder, current episode depressive, moderate, with psychotic symptoms diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive at a moderate level of severity and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A61.4 Bipolar type II disorder, current episode depressive, severe without psychotic symptoms

Bipolar type II disorder, current episode depressive, severe, without psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A61.5 Bipolar type II disorder, current episode depressive, severe with psychotic symptoms

Bipolar type II disorder, current episode depressive, severe, with psychotic symptoms is diagnosed when the definitional requirements for Bipolar type II disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A61.6 Bipolar type II disorder, current episode depressive, unspecified severity

Bipolar type II disorder, current episode depressive, unspecified severity is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the current episode is depressive, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A61.7 Bipolar type II disorder, currently in partial remission, most recent episode hypomanic

Bipolar type II disorder, currently in partial remission, most recent episode hypomanic is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the most recent episode was a hypomanic episode. The full definitional requirements for a hypomanic episode are no longer met but some significant mood symptoms remain. In some cases, residual mood symptoms may be depressive rather than hypomanic, but do not satisfy the definitional requirements for a depressive episode.

6A61.8 Bipolar type II disorder, currently in partial remission, most recent episode depressive

Bipolar type II disorder, currently in partial remission, most recent episode depressive is diagnosed when the definitional requirements for Bipolar type II disorder have been met and the most recent episode was a depressive episode. The full definitional requirements for the episode are no longer met but some significant depressive symptoms remain.

6A61.9 Bipolar type II disorder, currently in partial remission, most recent episode unspecified

Bipolar type II disorder, currently in partial remission, most recent episode unspecified is diagnosed when the definitional requirements for Bipolar type II disorder have been met but there is insufficient information to determine the nature of the most recent mood episode. The full definitional requirements for a mood episode are no longer met but some significant mood symptoms remain.

6A61.A Bipolar type II disorder, currently in full remission

Bipolar type II disorder, currently in full remission, is diagnosed when the definitional requirements for Bipolar type II disorder have been met but there are no longer any significant mood symptoms.

6A61.Y Other specified bipolar type II disorder

6A61.Z Bipolar type II disorder, unspecified

6A62 Cyclothymic disorder

Cyclothymic disorder is characterised by a persistent instability of mood over a period of at least 2 years, involving numerous periods of hypomanic (e.g., euphoria, irritability, or expansiveness, psychomotor activation) and depressive (e.g., feeling down, diminished interest in activities, fatigue) symptoms that are present during more of the time than not. The hypomanic symptomatology may or may not be sufficiently severe or prolonged to meet the full definitional requirements of a hypomanic episode (see Bipolar type II disorder), but there is no history of manic or mixed episodes (see Bipolar type I disorder). The depressive symptomatology has never been sufficiently severe or prolonged to meet the diagnostic requirements for a depressive episode (see Bipolar type II disorder). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Cycloid personality

Cyclothymic personality

6A6Y Other specified bipolar or related disorders

6A6Z Bipolar or related disorders, unspecified

Depressive disorders (6A70‑6A7Z)

Depressive disorders are characterised by depressive mood (e.g., sad, irritable, empty) or loss of pleasure accompanied by other cognitive, behavioural, or neurovegetative symptoms that significantly affect the individual’s ability to function. A depressive disorder should not be diagnosed in individuals who have ever experienced a manic, mixed or hypomanic episode, which would indicate the presence of a bipolar disorder.

Coded Elsewhere: Premenstrual dysphoric disorder (GA34.41)

6A70 Single episode depressive disorder

Single episode depressive disorder is characterised by the presence or history of one depressive episode when there is no history of prior depressive episodes. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. There have never been any prior manic, hypomanic, or mixed episodes, which would indicate the presence of a bipolar disorder.

Exclusions: recurrent depressive disorder (6A71)

Adjustment disorder (6B43)

Bipolar or related disorders (6A60‑6A6Z)

6A70.0 Single episode depressive disorder, mild

Single episode depressive disorder, mild, is diagnosed when the definitional requirements of a Depressive episode are met and the episode is of mild severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one or more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A70.1 Single episode depressive disorder, moderate, without psychotic symptoms

Single episode depressive disorder, moderate, without psychotic symptoms is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, the episode is of moderate severity, and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A70.2 Single episode depressive disorder, moderate, with psychotic symptoms

Single episode depressive disorder, moderate, with psychotic symptoms is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, the episode is of moderate severity, and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A70.3 Single episode depressive disorder, severe, without psychotic symptoms

Single episode depressive disorder, severe, without psychotic symptoms is diagnosed when the definitional requirements for Single episode depressive disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

Inclusions: Major depression single episode without psychotic symptoms

Vital depression single episode without psychotic symptoms

6A70.4 Single episode depressive disorder, severe, with psychotic symptoms

Single episode depressive disorder, severe, with psychotic symptoms is diagnosed when the definitional requirements for Single episode depressive disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains). In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

6A70.5 Single episode depressive disorder, unspecified severity

Single episode depressive disorder, unspecified severity is diagnosed when the definitional requirements of a depressive episode have been met, there is no history of prior depressive episodes, and there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A70.6 Single episode depressive disorder, currently in partial remission

Single episode depressive disorder, currently in partial remission, is diagnosed when the full definitional requirements for a depressive episode have been met and there is no history of prior depressive episodes. The full definitional requirements for a depressive episode are no longer met but some significant mood symptoms remain.

6A70.7 Single episode depressive disorder, currently in full remission

Single episode depressive disorder, currently in full remission is diagnosed when the full definitional requirements for one depressive episode have been met in the past and there are no longer any significant mood symptoms. There is no history of depressive episodes preceding the episode under consideration.

6A70.Y Other specified single episode depressive disorder

6A70.Z Single episode depressive disorder, unspecified

6A71 Recurrent depressive disorder

Recurrent depressive disorder is characterised by a history of at least two depressive episodes separated by at least several months without significant mood disturbance. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. There have never been any prior manic, hypomanic, or mixed episodes, which would indicate the presence of a Bipolar disorder.

Inclusions: seasonal depressive disorder

Exclusions: Adjustment disorder (6B43)

Bipolar or related disorders (6A60‑6A6Z)

Single episode depressive disorder (6A70)

6A71.0 Recurrent depressive disorder, current episode mild

Recurrent depressive disorder, current episode mild is diagnosed when the definitional requirements for Recurrent depressive disorder have been met and there is currently a depressive episode of mild severity. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a mild depressive episode, the individual is usually distressed by the symptoms and has some difficulty in continuing to function in one or more domains (personal, family, social, educational, occupational, or other important domains). There are no delusions or hallucinations during the episode.

6A71.1 Recurrent depressive disorder, current episode moderate, without psychotic symptoms

Recurrent depressive disorder, current episode moderate, without psychotic symptoms is diagnosed when the definitional requirements for recurrent depressive disorder have been met and there is currently a depressive episode of moderate severity, and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A71.2 Recurrent depressive disorder, current episode moderate, with psychotic symptoms

Recurrent depressive disorder, current episode moderate, with psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder have been met and there is currently a depressive episode of moderate severity, and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a moderate depressive episode, several symptoms of a depressive episode are present to a marked degree, or a large number of depressive symptoms of lesser severity are present overall. The individual typically has considerable difficulty functioning in multiple domains (personal, family, social, educational, occupational, or other important domains).

6A71.3 Recurrent depressive disorder, current episode severe, without psychotic symptoms

Recurrent depressive disorder, current episode severe, without psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder are met and the current episode is severe and there are no delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

Inclusions: Endogenous depression without psychotic symptoms

Major depression, recurrent without psychotic symptoms

Manic-depressive psychosis, depressed type without psychotic symptoms

Vital depression, recurrent without psychotic symptoms

6A71.4 Recurrent depressive disorder, current episode severe, with psychotic symptoms

Recurrent depressive disorder, current episode severe, with psychotic symptoms is diagnosed when the definitional requirements for Recurrent depressive disorder are met and the current episode is severe and there are delusions or hallucinations during the episode. A depressive episode is characterised by a period of depressed mood or diminished interest in activities occurring most of the day, nearly every day during a period lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains). In a severe depressive episode, many or most symptoms of a Depressive Episode are present to a marked degree, or a smaller number of symptoms are present and manifest to an intense degree. The individual has serious difficulty continuing to function in most domains (personal, family, social, educational, occupational, or other important domains).

Inclusions: Endogenous depression with psychotic symptoms

Manic-depressive psychosis, depressed type with psychotic symptoms

6A71.5 Recurrent depressive disorder, current episode, unspecified severity

Recurrent depressive disorder current episode, unspecified severity is diagnosed when the definitional requirements of a depressive episode have been met and there is a history of prior depressive episodes, but there is insufficient information to determine the severity of the current depressive episode. A depressive episode is characterised by a period of almost daily depressed mood or diminished interest in activities lasting at least two weeks accompanied by other symptoms such as difficulty concentrating, feelings of worthlessness or excessive or inappropriate guilt, hopelessness, recurrent thoughts of death or suicide, changes in appetite or sleep, psychomotor agitation or retardation, and reduced energy or fatigue. The symptoms are associated with at least some difficulty in continuing with ordinary work, social, or domestic activities.

6A71.6 Recurrent depressive disorder, currently in partial remission

Recurrent depressive disorder, currently in partial remission, is diagnosed when the definitional requirements for Recurrent depressive disorder have been met; the full definitional requirements for a depressive episode are no longer met but some significant mood symptoms remain.

6A71.7 Recurrent depressive disorder, currently in full remission

Recurrent depressive disorder, currently in full remission is diagnosed when the definitional requirements for recurrent depressive disorder have been met but currently there are no significant mood symptoms.

6A71.Y Other specified recurrent depressive disorder

6A71.Z Recurrent depressive disorder, unspecified

6A72 Dysthymic disorder

Dysthymic disorder is characterised by a persistent depressive mood (i.e., lasting 2 years or more), for most of the day, for more days than not. In children and adolescents depressed mood can manifest as pervasive irritability. The depressed mood is accompanied by additional symptoms such as markedly diminished interest or pleasure in activities, reduced concentration and attention or indecisiveness, low self-worth or excessive or inappropriate guilt, hopelessness about the future, disturbed sleep or increased sleep, diminished or increased appetite, or low energy or fatigue. During the first 2 years of the disorder, there has never been a 2-week period during which the number and duration of symptoms were sufficient to meet the diagnostic requirements for a Depressive Episode. There is no history of Manic, Mixed, or Hypomanic Episodes.

Inclusions: Dysthymia

Exclusions: anxiety depression (mild or not persistent) (6A73)

6A73 Mixed depressive and anxiety disorder

Mixed depressive and anxiety disorder is characterised by symptoms of both anxiety and depression more days than not for a period of two weeks or more. Depressive symptoms include depressed mood or markedly diminished interest or pleasure in activities. There are multiple anxiety symptoms, which may include feeling nervous, anxious, or on edge, not being able to control worrying thoughts, fear that something awful will happen, having trouble relaxing, muscle tension, or sympathetic autonomic symptoms. Neither set of symptoms, considered separately, is sufficiently severe, numerous, or persistent to justify a diagnosis of another depressive disorder or an anxiety or fear-related disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. There is no history of manic or mixed episodes, which would indicate the presence of a bipolar disorder.

6A7Y Other specified depressive disorders

6A7Z Depressive disorders, unspecified

6A80 Symptomatic and course presentations for mood episodes in mood disorders

These categories may be applied to describe the presentation and characteristics of mood episodes in the context of single episode depressive disorder, recurrent depressive disorder, bipolar type I disorder, or bipolar type II disorder. These categories indicate the presence of specific, important features of the clinical presentation or of the course, onset, and pattern of mood episodes. These categories are not mutually exclusive, and as many may be added as apply.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

Coded Elsewhere: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms (6E20)

Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms (6E21)

6A80.0 Prominent anxiety symptoms in mood episodes

In the context of a current depressive, manic, mixed, or hypomanic episode, prominent and clinically significant anxiety symptoms (e.g., feeling nervous, anxious or on edge, not being able to control worrying thoughts, fear that something awful will happen, having trouble relaxing, motor tension, autonomic symptoms) have been present for most of the time during the episode. If there have been panic attacks during a current depressive or mixed episode, these should be recorded separately.

When the diagnostic requirements for both a mood disorder and an anxiety or fear-related disorder are met, the anxiety or fear-related disorder should also be diagnosed.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A80.1 Panic attacks in mood episodes

In the context of a current mood episode (manic, depressive, mixed, or hypomanic), there have been recurrent panic attacks (i.e., at least two) during the past month that occur specifically in response to anxiety-provoking cognitions that are features of the mood episode. If panic attacks occur exclusively in response to such thoughts, panic attacks should be recorded using this qualifier rather than assigning an additional co-occurring diagnosis of panic disorder.

If some panic attacks over the course of the depressive or mixed episode have been unexpected and not exclusively in response to depressive or anxiety-provoking thoughts, a separate diagnosis of panic disorder should be assigned.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

Exclusions: Panic disorder (6B01)

6A80.2 Current depressive episode persistent

The diagnostic requirements for a depressive episode are currently met and have been met continuously for at least the past 2 years.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A80.3 Current depressive episode with melancholia

In the context of a current Depressive Episode, several of the following symptoms have been present during the worst period of the current episode: loss of interest or pleasure in most activities that are normally enjoyable to the individual (i.e., pervasive anhedonia); lack of emotional reactivity to normally pleasurable stimuli or circumstances (i.e., mood does not lift even transiently with exposure); terminal insomnia (i.e., waking in the morning two hours or more before the usual time); depressive symptoms are worse in the morning; marked psychomotor retardation or agitation; marked loss of appetite or loss of weight.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A80.4 Seasonal pattern of mood episode onset

In the context of recurrent depressive disorder, bipolar type I or bipolar type II disorder, there has been a regular seasonal pattern of onset and remission of at least one type of episode (i.e., depressive, manic, mixed, or hypomanic episodes), with a substantial majority of the relevant mood episodes corresponding to the seasonal pattern. (In bipolar type I and bipolar type II disorder, all types of mood episodes may not follow this pattern.) A seasonal pattern should be differentiated from an episode that is coincidental with a particular season but predominantly related to a psychological stressor that regularly occurs at that time of the year (e.g., seasonal unemployment).

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A80.5 Rapid cycling

In the context of bipolar type I or bipolar type II disorder, there has been a high frequency of mood episodes (at least four) over the past 12 months. There may be a switch from one polarity of mood to the other, or the mood episodes may be demarcated by a period of remission. In individuals with a high frequency of mood episodes, some may have a shorter duration than those usually observed in bipolar type I or bipolar type II disorder. In particular, depressive periods may only last several days. If depressive and manic symptoms alternate very rapidly (i.e., from day to day or within the same day), a mixed episode should be diagnosed rather than rapid cycling.

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify specific clinically important features of mood episodes in mood disorders.

6A8Y Other specified mood disorders

6A8Z Mood disorders, unspecified

Anxiety or fear-related disorders (6B00‑6B0Z)

Anxiety and fear-related disorders are characterised by excessive fear and anxiety and related behavioural disturbances, with symptoms that are severe enough to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Fear and anxiety are closely related phenomena; fear represents a reaction to perceived imminent threat in the present, whereas anxiety is more future-oriented, referring to perceived anticipated threat. A key differentiating feature among the Anxiety and fear-related disorders are disorder-specific foci of apprehension, that is, the stimulus or situation that triggers the fear or anxiety. The clinical presentation of Anxiety and fear-related disorders typically includes specific associated cognitions that can assist in differentiating among the disorders by clarifying the focus of apprehension.

Coded Elsewhere: Substance-induced anxiety disorders

Hypochondriasis (6B23)

Secondary anxiety syndrome (6E63)

6B00 Generalised anxiety disorder

Generalised anxiety disorder is characterised by marked symptoms of anxiety that persist for at least several months, for more days than not, manifested by either general apprehension (i.e. ‘free-floating anxiety’) or excessive worry focused on multiple everyday events, most often concerning family, health, finances, and school or work, together with additional symptoms such as muscular tension or motor restlessness, sympathetic autonomic over-activity, subjective experience of nervousness, difficulty maintaining concentration, irritability, or sleep disturbance. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The symptoms are not a manifestation of another health condition and are not due to the effects of a substance or medication on the central nervous system.

6B01 Panic disorder

Panic disorder is characterised by recurrent unexpected panic attacks that are not restricted to particular stimuli or situations. Panic attacks are discrete episodes of intense fear or apprehension accompanied by the rapid and concurrent onset of several characteristic symptoms (e.g. palpitations or increased heart rate, sweating, trembling, shortness of breath, chest pain, dizziness or lightheadedness, chills, hot flushes, fear of imminent death). In addition, panic disorder is characterised by persistent concern about the recurrence or significance of panic attacks, or behaviours intended to avoid their recurrence, that results in significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The symptoms are not a manifestation of another medical condition and are not due to the effects of a substance or medication on the central nervous system.

Exclusions: Panic attack (MB23.H)

6B02 Agoraphobia

Agoraphobia is characterised by marked and excessive fear or anxiety that occurs in response to multiple situations where escape might be difficult or help might not be available, such as using public transportation, being in crowds, being outside the home alone (e.g., in shops, theatres, standing in line). The individual is consistently anxious about these situations due to a fear of specific negative outcomes (e.g., panic attacks, other incapacitating or embarrassing physical symptoms). The situations are actively avoided, entered only under specific circumstances such as in the presence of a trusted companion, or endured with intense fear or anxiety. The symptoms persist for at least several months, and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

6B03 Specific phobia

Specific phobia is characterised by a marked and excessive fear or anxiety that consistently occurs upon exposure or anticipation of exposure to one or more specific objects or situations (e.g., proximity to certain animals, flying, heights, closed spaces, sight of blood or injury) that is out of proportion to actual danger. The phobic objects or situations are avoided or else endured with intense fear or anxiety. Symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Inclusions: Simple phobia

Exclusions: Body dysmorphic disorder (6B21)

Hypochondriasis (6B23)

6B04 Social anxiety disorder

Social anxiety disorder is characterised by marked and excessive fear or anxiety that consistently occurs in one or more social situations such as social interactions (e.g. having a conversation), doing something while feeling observed (e.g. eating or drinking in the presence of others), or performing in front of others (e.g. giving a speech). The individual is concerned that he or she will act in a way, or show anxiety symptoms, that will be negatively evaluated by others. Relevant social situations are consistently avoided or else endured with intense fear or anxiety. The symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

6B05 Separation anxiety disorder

Separation anxiety disorder is characterised by marked and excessive fear or anxiety about separation from specific attachment figures. In children and adolescents, separation anxiety typically focuses on caregivers, parents or other family members and the fear or anxiety is beyond what would be considered developmentally normative. In adults, the focus is typically a romantic partner or children. Manifestations of separation anxiety may include thoughts of harm or untoward events befalling the attachment figure, reluctance to go to school or work, recurrent excessive distress upon separation, reluctance or refusal to sleep away from the attachment figure, and recurrent nightmares about separation. The symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Exclusions: mood [affective] disorders (6A60‑6A8Z)

Selective mutism (6B06)

Social anxiety disorder (6B04)

6B06 Selective mutism

Selective mutism is characterised by consistent selectivity in speaking, such that a child demonstrates adequate language competence in specific social situations, typically at home, but consistently fails to speak in others, typically at school. The disturbance lasts for at least one month, is not limited to the first month of school, and is of sufficient severity to interfere with educational achievement or with social communication. Failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation (e.g. a different language spoken at school than at home).

Exclusions: Schizophrenia (6A20)

transient mutism as part of separation anxiety in young children (6B05)

Autism spectrum disorder (6A02)

6B0Y Other specified anxiety or fear-related disorders

6B0Z Anxiety or fear-related disorders, unspecified

Obsessive-compulsive or related disorders (6B20‑6B2Z)

Obsessive-compulsive and related disorders is a group of disorders characterised by repetitive thoughts and behaviours that are believed to share similarities in aetiology and key diagnostic validators. Cognitive phenomena such as obsessions, intrusive thoughts and preoccupations are central to a subset of these conditions (i.e., obsessive-compulsive disorder, body dysmorphic disorder, hypochondriasis, and olfactory reference disorder) and are accompanied by related repetitive behaviours. Hoarding Disorder is not associated with intrusive unwanted thoughts but rather is characterised by a compulsive need to accumulate possessions and distress related to discarding them. Also included in the grouping are body-focused repetitive behaviour disorders, which are primarily characterised by recurrent and habitual actions directed at the integument (e.g., hair-pulling, skin-picking) and lack a prominent cognitive aspect. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Coded Elsewhere: Substance-induced obsessive-compulsive or related disorders

Secondary obsessive-compulsive or related syndrome (6E64)

Tourette syndrome (8A05.00)

6B20 Obsessive-compulsive disorder

Obsessive-Compulsive Disorder is characterised by the presence of persistent obsessions or compulsions, or most commonly both. Obsessions are repetitive and persistent thoughts, images, or impulses/urges that are intrusive, unwanted, and are commonly associated with anxiety. The individual attempts to ignore or suppress obsessions or to neutralize them by performing compulsions. Compulsions are repetitive behaviours including repetitive mental acts that the individual feels driven to perform in response to an obsession, according to rigid rules, or to achieve a sense of ‘completeness’. In order for obsessive-compulsive disorder to be diagnosed, obsessions and compulsions must be time consuming (e.g. taking more than an hour per day) or result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: anankastic neurosis

obsessive-compulsive neurosis

Exclusions: obsessive compulsive behaviour (MB23.4)

6B20.0 Obsessive-compulsive disorder with fair to good insight

All definitional requirements of obsessive-compulsive disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B20.1 Obsessive-compulsive disorder with poor to absent insight

All definitional requirements of obsessive-compulsive disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B20.Z Obsessive-compulsive disorder, unspecified

6B21 Body dysmorphic disorder

Body Dysmorphic Disorder is characterised by persistent preoccupation with one or more perceived defects or flaws in appearance that are either unnoticeable or only slightly noticeable to others. Individuals experience excessive self-consciousness, often with ideas of reference (i.e., the conviction that people are taking notice, judging, or talking about the perceived defect or flaw). In response to their preoccupation, individuals engage in repetitive and excessive behaviours that include repeated examination of the appearance or severity of the perceived defect or flaw, excessive attempts to camouflage or alter the perceived defect, or marked avoidance of social situations or triggers that increase distress about the perceived defect or flaw. The symptoms are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Anorexia Nervosa (6B80)

Bodily distress disorder (6C20)

Concern about body appearance (QD30‑QD3Z)

6B21.0 Body dysmorphic disorder with fair to good insight

All definitional requirements of body dysmorphic disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B21.1 Body dysmorphic disorder with poor to absent insight

All definitional requirements of body dysmorphic disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B21.Z Body dysmorphic disorder, unspecified

6B22 Olfactory reference disorder

Olfactory Reference Disorder is characterised by persistent preoccupation with the belief that one is emitting a perceived foul or offensive body odour or breath that is either unnoticeable or only slightly noticeable to others. Individuals experience excessive self-consciousness about the perceived odour, often with ideas of reference (i.e., the conviction that people are taking notice, judging, or talking about the odour). In response to their preoccupation, individuals engage in repetitive and excessive behaviours such as repeatedly checking for body odour or checking the perceived source of the smell, or repeatedly seeking reassurance, excessive attempts to camouflage, alter, or prevent the perceived odour, or marked avoidance of social situations or triggers that increase distress about the perceived foul or offensive odour. The symptoms are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B22.0 Olfactory reference disorder with fair to good insight

All definitional requirements of olfactory reference disorder are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B22.1 Olfactory reference disorder with poor to absent insight

All definitional requirements of olfactory reference disorder are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B22.Z Olfactory reference disorder, unspecified

6B23 Hypochondriasis

Hypochondriasis is characterised by persistent preoccupation or fear about the possibility of having one or more serious, progressive or life-threatening illnesses. The preoccupation is accompanied by either: 1) repetitive and excessive health-related behaviours, such as repeatedly checking the body for evidence of illness, spending inordinate amounts of time searching for information about the feared illness, repeatedly seeking reassurance (e.g. arranging multiple medical consultations); or 2) maladaptive avoidance behaviour related to health (e.g. avoids medical appointments). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Hypochondriacal neurosis

Illness anxiety disorder

Exclusions: Body dysmorphic disorder (6B21)

Bodily distress disorder (6C20)

Fear of cancer (MG24.0)

6B23.0 Hypochondriasis with fair to good insight

All definitional requirements of hypochondriasis are met. Much of the time, the individual is able to entertain the possibility that his or her disorder-specific beliefs may not be true and is willing to accept an alternative explanation for his or her experience. At circumscribed times (e.g., when highly anxious), the individual may demonstrate no insight.

6B23.1 Hypochondriasis with poor to absent insight

All definitional requirements of hypochondriasis are met. Most or all of the time, the individual is convinced that the disorder-specific beliefs are true and cannot accept an alternative explanation for their experience. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B23.Z Hypochondriasis, unspecified

6B24 Hoarding disorder

Hoarding disorder is characterised by accumulation of possessions that results in living spaces becoming cluttered to the point that their use or safety is compromised. Accumulation occurs due to both repetitive urges or behaviours related to amassing items and difficulty discarding possessions due to a perceived need to save items and distress associated with discarding them. If living areas are uncluttered this is only due to the intervention of third parties (e.g., family members, cleaners, authorities). Amassment may be passive (e.g. accumulation of incoming flyers or mail) or active (e.g. excessive acquisition of free, purchased, or stolen items). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B24.0 Hoarding disorder with fair to good insight

All definitional requirements of hoarding disorder are met. The individual recognizes that hoarding-related beliefs and behaviours (pertaining to excessive acquisition, difficulty discarding, or clutter) are problematic. This qualifier level may still be applied if, at circumscribed times (e.g., when being forced to discard items), the individual demonstrates no insight.

6B24.1 Hoarding disorder with poor to absent insight

All definitional requirements of hoarding disorder are met. Most or all of the time, the individual is convinced that that hoarding-related beliefs and behaviours (pertaining to excessive acquisition, difficulty discarding, or clutter) are not problematic, despite evidence to the contrary. The lack of insight exhibited by the individual does not vary markedly as a function of anxiety level.

6B24.Z Hoarding disorder, unspecified

6B25 Body-focused repetitive behaviour disorders

Body focused repetitive behaviour disorders are characterised by recurrent and habitual actions directed at the integument (e.g. hair-pulling, skin-picking, lip-biting), typically accompanied by unsuccessful attempts to decrease or stop the behaviour involved, and which lead to dermatological sequelae (e.g., hair loss, skin lesions, lip abrasions). The behaviour may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B25.0 Trichotillomania

Trichotillomania is characterised by recurrent pulling of one’s own hair leading to significant hair loss, accompanied by unsuccessful attempts to decrease or stop the behaviour. Hair pulling may occur from any region of the body in which hair grows but the most common sites are the scalp, eyebrows, and eyelids. Hair pulling may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Compulsive hair plucking

Exclusions: stereotyped movement disorder with hair-plucking (6A06)

6B25.1 Excoriation disorder

Excoriation disorder is characterised by recurrent picking of one’s own skin leading to skin lesions, accompanied by unsuccessful attempts to decrease or stop the behaviour. The most commonly picked sites are the face, arms and hands, but many individuals pick from multiple body sites. Skin picking may occur in brief episodes scattered throughout the day or in less frequent but more sustained periods. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: skin picking disorder

Exclusions: Stereotyped movement disorder (6A06)

Acute excoriation of skin (ME62.9)

Chronic excoriation of skin (ME63.7)

6B25.Y Other specified body-focused repetitive behaviour disorders

6B25.Z Body-focused repetitive behaviour disorders, unspecified

6B2Y Other specified obsessive-compulsive or related disorders

6B2Z Obsessive-compulsive or related disorders, unspecified

Disorders specifically associated with stress (6B40‑6B4Z)

Disorders specifically associated with stress are directly related to exposure to a stressful or traumatic event, or a series of such events or adverse experiences. For each of the disorders in this grouping, an identifiable stressor is a necessary, though not sufficient, causal factor. Although not all individuals exposed to an identified stressor will develop a disorder, the disorders in this grouping would not have occurred without experiencing the stressor. Stressful events for some disorders in this grouping are within the normal range of life experiences (e.g., divorce, socio-economic problems, bereavement). Other disorders require the experience of a stressor of an extremely threatening or horrific nature (i.e., potentially traumatic events). With all disorders in this grouping, it is the nature, pattern, and duration of the symptoms that arise in response to the stressful events—together with associated functional impairment—that distinguishes the disorders.

Exclusions: Burnout (QD85)

Acute stress reaction (QE84)

6B40 Post traumatic stress disorder

Post traumatic stress disorder (PTSD) may develop following exposure to an extremely threatening or horrific event or series of events. It is characterised by all of the following: 1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares. Re-experiencing may occur via one or multiple sensory modalities and is typically accompanied by strong or overwhelming emotions, particularly fear or horror, and strong physical sensations; 2) avoidance of thoughts and memories of the event or events, or avoidance of activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat, for example as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises. The symptoms persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Inclusions: Traumatic neurosis

Exclusions: Acute stress reaction (QE84)

Complex post traumatic stress disorder (6B41)

6B41 Complex post traumatic stress disorder

Complex post traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterised by severe and persistent 1) problems in affect regulation; 2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Post traumatic stress disorder (6B40)

Personality disorder (6D10)

6B42 Prolonged grief disorder

Prolonged grief disorder is a disturbance in which, following the death of a partner, parent, child, or other person close to the bereaved, there is persistent and pervasive grief response characterised by longing for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain (e.g. sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one’s self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities). The grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum) and clearly exceeds expected social, cultural or religious norms for the individual’s culture and context. Grief reactions that have persisted for longer periods that are within a normative period of grieving given the person’s cultural and religious context are viewed as normal bereavement responses and are not assigned a diagnosis. The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B43 Adjustment disorder

Adjustment disorder is a maladaptive reaction to an identifiable psychosocial stressor or multiple stressors (e.g. divorce, illness or disability, socio-economic problems, conflicts at home or work) that usually emerges within a month of the stressor. The disorder is characterised by preoccupation with the stressor or its consequences, including excessive worry, recurrent and distressing thoughts about the stressor, or constant rumination about its implications, as well as by failure to adapt to the stressor that causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The symptoms are not better explained by another mental disorder (e.g., Mood Disorder, another Disorder Specifically Associated with Stress) and typically resolve within 6 months, unless the stressor persists for a longer duration.

Exclusions: separation anxiety disorder of childhood (6B05)

Recurrent depressive disorder (6A71)

Single episode depressive disorder (6A70)

Prolonged grief disorder (6B42)

Uncomplicated bereavement (QE62)

Burnout (QD85)

Acute stress reaction (QE84)

6B44 Reactive attachment disorder

Reactive attachment disorder is characterised by grossly abnormal attachment behaviours in early childhood, occurring in the context of a history of grossly inadequate child care (e.g., severe neglect, maltreatment, institutional deprivation). Even when an adequate primary caregiver is newly available, the child does not turn to the primary caregiver for comfort, support and nurture, rarely displays security-seeking behaviours towards any adult, and does not respond when comfort is offered. Reactive attachment disorder can only be diagnosed in children, and features of the disorder develop within the first 5 years of life. However, the disorder cannot be diagnosed before the age of 1 year (or a developmental age of less than 9 months), when the capacity for selective attachments may not be fully developed, or in the context of Autism spectrum disorder.

Exclusions: Asperger syndrome (6A02)

disinhibited attachment disorder of childhood (6B45)

6B45 Disinhibited social engagement disorder

Disinhibited social engagement disorder is characterised by grossly abnormal social behaviour, occurring in the context of a history of grossly inadequate child care (e.g., severe neglect, institutional deprivation). The child approaches adults indiscriminately, lacks reticence to approach, will go away with unfamiliar adults, and exhibits overly familiar behaviour towards strangers. Disinhibited social engagement disorder can only be diagnosed in children, and features of the disorder develop within the first 5 years of life. However, the disorder cannot be diagnosed before the age of 1 year (or a developmental age of less than 9 months), when the capacity for selective attachments may not be fully developed, or in the context of Autism spectrum disorder.

Exclusions: Asperger syndrome (6A02)

Adjustment disorder (6B43)

Attention deficit hyperactivity disorder (6A05)

reactive attachment disorder of childhood (6B44)

6B4Y Other specified disorders specifically associated with stress

6B4Z Disorders specifically associated with stress, unspecified

Dissociative disorders (6B60‑6B6Z)

Dissociative disorders are characterised by involuntary disruption or discontinuity in the normal integration of one or more of the following: identity, sensations, perceptions, affects, thoughts, memories, control over bodily movements, or behaviour. Disruption or discontinuity may be complete, but is more commonly partial, and can vary from day to day or even from hour to hour. The symptoms of dissociative disorders are not due to the direct effects of a medication or substance, including withdrawal effects, are not better explained by another Mental, behavioural, or neurodevelopmental disorder, a Sleep-wake disorder, a Disease of the nervous system or other health condition, and are not part of an accepted cultural, religious, or spiritual practice. Dissociative symptoms in dissociative disorders are sufficiently severe to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Coded Elsewhere: Secondary dissociative syndrome (6E65)

6B60 Dissociative neurological symptom disorder

Dissociative neurological symptom disorder is characterised by the presentation of motor, sensory, or cognitive symptoms that imply an involuntary discontinuity in the normal integration of motor, sensory, or cognitive functions and are not consistent with a recognised disease of the nervous system, other mental or behavioural disorder, or other medical condition. The symptoms do not occur exclusively during another dissociative disorder and are not due to the effects of a substance or medication on the central nervous system, including withdrawal effects, or a Sleep-Wake disorder.

Exclusions: Factitious disorders (6D50‑6D5Z)

6B60.0 Dissociative neurological symptom disorder, with visual disturbance

Dissociative neurological symptom disorder, with visual disturbance is characterised by visual symptoms such as blindness, tunnel vision, diplopia, visual distortions or hallucinations that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.1 Dissociative neurological symptom disorder, with auditory disturbance

Dissociative neurological symptom disorder, with auditory disturbance is characterised by auditory symptoms such as loss of hearing or auditory hallucinations that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.2 Dissociative neurological symptom disorder, with vertigo or dizziness

Dissociative neurological symptom disorder, with vertigo or dizziness is characterised by a sensation of spinning while stationary (vertigo) or dizziness that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.

6B60.3 Dissociative neurological symptom disorder, with other sensory disturbance

Dissociative neurological symptom disorder, with other sensory disturbance is characterised by sensory symptoms not identified in other specific categories in this grouping such as numbness, tightness, tingling, burning, pain, or other symptoms related to touch, smell, taste, balance, proprioception, kinesthesia, or thermoception. The symptoms are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.4 Dissociative neurological symptom disorder, with non-epileptic seizures

Dissociative neurological symptom disorder, with non-epileptic seizures is characterised by a symptomatic presentation of seizures or convulsions that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.5 Dissociative neurological symptom disorder, with speech disturbance

Dissociative neurological symptom disorder, with speech disturbance is characterised by symptoms such as difficulty with speaking (dysphonia), loss of the ability to speak (aphonia) or difficult or unclear articulation of speech (dysarthria) that are not consistent with a recognised disease of the nervous system, a neurodevelopmental or neurocognitive disorder, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.6 Dissociative neurological symptom disorder, with paresis or weakness

Dissociative neurological symptom disorder, with paresis or weakness is characterised by a difficulty or inability to intentionally move parts of the body or to coordinate movements that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.

6B60.7 Dissociative neurological symptom disorder, with gait disturbance

Dissociative neurological symptom disorder, with gait disturbance is characterised by symptoms involving the individual’s ability or manner of walking, including ataxia and the inability to stand unaided, that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.8 Dissociative neurological symptom disorder, with movement disturbance

Dissociative neurological symptom disorder, with movement disturbance is characterised by symptoms such as chorea, myoclonus, tremor, dystonia, facial spasm, parkinsonism, or dyskinesia that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.80 Dissociative neurological symptom disorder, with chorea

Dissociative neurological symptom disorder, with chorea is characterised by irregular, non-repetitive, brief, jerky, flowing movements that move randomly from one part of the body to another that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.81 Dissociative neurological symptom disorder, with myoclonus

Dissociative neurological symptom disorder, with myoclonus is characterised by sudden rapid jerks that may be focal, multifocal or generalised that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.82 Dissociative neurological symptom disorder, with tremor

Dissociative neurological symptom disorder, with tremor is characterised by involuntary oscillation of a body part that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.

6B60.83 Dissociative neurological symptom disorder, with dystonia

Dissociative neurological symptom disorder, with dystonia is characterised by sustained muscle contractions that frequently cause twisting and repetitive movements or abnormal postures that are not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and do not occur exclusively during another dissociative disorder.

6B60.84 Dissociative neurological symptom disorder, with facial spasm

Dissociative neurological symptom disorder, with facial spasm is characterised by involuntary muscle contractions or twitching of the face that is not consistent with a recognised disease of the nervous system, other mental, behavioural or neurodevelopmental disorder, or other medical condition and does not occur exclusively during another dissociative disorder.

6B60.85 Dissociative neurological symptom disorder, with Parkinsonism

Dissociative neurological symptom disorder, with Parkinsonism is characterised by a symptomatic presentation of a Parkinson-like syndrome in the absence of confirmed Parkinson disease that does not occur exclusively during another mental, behavioural or neurodevelopmental disorder, other medical condition, or another dissociative disorder. Dissociative neurological symptom disorder, with Parkinsonism can be distinguished from Parkinson disease by features such as abrupt onset, early disability, bilateral shaking and slowness, nondecremental slowness when performing repetitive movements, voluntary resistance against passive movement without cogwheel rigidity, distractability, ‘give-way’ weakness, stuttering speech, bizarre gait, and a variety of behavioural symptoms.

6B60.8Y Dissociative neurological symptom disorder, with other specified movement disturbance

6B60.8Z Dissociative neurological symptom disorder, with unspecified movement disturbance

6B60.9 Dissociative neurological symptom disorder, with cognitive symptoms

Dissociative neurological symptom disorder, with cognitive symptoms is characterised by impaired cognitive performance in memory, language or other cognitive domains that is internally inconsistent and not consistent with a recognised disease of the nervous system, a neurodevelopmental or neurocognitive disorder, other mental, behavioural or neurodevelopmental disorder, or another medical condition and does not occur exclusively during another dissociative disorder.

Exclusions: Dissociative amnesia (6B61)

6B60.Y Dissociative neurological symptom disorder, with other specified symptoms

6B60.Z Dissociative neurological symptom disorder, with unspecified symptoms

6B61 Dissociative amnesia

Dissociative amnesia is characterised by an inability to recall important autobiographical memories, typically of recent traumatic or stressful events, that is inconsistent with ordinary forgetting. The amnesia does not occur exclusively during another dissociative disorder and is not better explained by another mental, behavioural or neurodevelopmental disorder. The amnesia is not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and is not due to a disease of the nervous system or to head trauma. The amnesia results in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: amnesia NOS (MB21.1)

Amnestic disorder due to use of alcohol (6D72.10)

Anterograde amnesia (MB21.10)

Retrograde amnesia (MB21.11)

nonalcoholic organic amnesic syndrome (6D72.0)

postictal amnesia in epilepsy (8A60‑8A6Z)

6B61.0 Dissociative amnesia with dissociative fugue

Dissociative amnesia with dissociative fugue is characterised by all of the features of Dissociative Amnesia, accompanied by dissociative fugue, i.e., a loss of a sense of personal identity and sudden travel away from home, work, or significant others for an extended period of time (days or weeks). A new identity may be assumed.

Exclusions: postictal fugue in epilepsy (8A60‑8A6Z)

6B61.1 Dissociative amnesia without dissociative fugue

Dissociative amnesia without dissociative fugue is characterised by all of the features of dissociative amnesia occurring in the absence of symptoms of dissociative fugue.

6B61.Z Dissociative amnesia, unspecified

6B62 Trance disorder

Trance disorder is characterised by trance states in which there is a marked alteration in the individual’s state of consciousness or a loss of the individual’s customary sense of personal identity in which the individual experiences a narrowing of awareness of immediate surroundings or unusually narrow and selective focusing on environmental stimuli and restriction of movements, postures, and speech to repetition of a small repertoire that is experienced as being outside of one’s control. The trance state is not characterised by the experience of being replaced by an alternate identity. Trance episodes are recurrent or, if the diagnosis is based on a single episode, the episode has lasted for at least several days. The trance state is involuntary and unwanted and is not accepted as a part of a collective cultural or religious practice. The symptoms do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The symptoms are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, exhaustion, or to hypnagogic or hypnopompic states, and are not due to a disease of the nervous system, head trauma, or a sleep-wake disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B63 Possession trance disorder

Possession trance disorder is characterised by trance states in which there is a marked alteration in the individual’s state of consciousness and the individual’s customary sense of personal identity is replaced by an external ‘possessing’ identity and in which the individual’s behaviours or movements are experienced as being controlled by the possessing agent. Possession trance episodes are recurrent or, if the diagnosis is based on a single episode, the episode has lasted for at least several days. The possession trance state is involuntary and unwanted and is not accepted as a part of a collective cultural or religious practice. The symptoms do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The symptoms are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, exhaustion, or to hypnagogic or hypnopompic states, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Schizophrenia (6A20)

Disorders due to use of other specified psychoactive substances, including medications (6C4E)

Acute and transient psychotic disorder (6A23)

Secondary personality change (6E68)

6B64 Dissociative identity disorder

Dissociative identity disorder is characterised by disruption of identity in which there are two or more distinct personality states (dissociative identities) associated with marked discontinuities in the sense of self and agency. Each personality state includes its own pattern of experiencing, perceiving, conceiving, and relating to self, the body, and the environment. At least two distinct personality states recurrently take executive control of the individual’s consciousness and functioning in interacting with others or with the environment, such as in the performance of specific aspects of daily life such as parenting, or work, or in response to specific situations (e.g., those that are perceived as threatening). Changes in personality state are accompanied by related alterations in sensation, perception, affect, cognition, memory, motor control, and behaviour. There are typically episodes of amnesia, which may be severe. The symptoms are not better explained by another mental, behavioural or neurodevelopmental disorder and are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B65 Partial dissociative identity disorder

Partial dissociative identity disorder is characterised by disruption of identity in which there are two or more distinct personality states (dissociative identities) associated with marked discontinuities in the sense of self and agency. Each personality state includes its own pattern of experiencing, perceiving, conceiving, and relating to self, the body, and the environment. One personality state is dominant and normally functions in daily life, but is intruded upon by one or more non-dominant personality states (dissociative intrusions). These intrusions may be cognitive, affective, perceptual, motor, or behavioural. They are experienced as interfering with the functioning of the dominant personality state and are typically aversive. The non-dominant personality states do not recurrently take executive control of the individual’s consciousness and functioning, but there may be occasional, limited and transient episodes in which a distinct personality state assumes executive control to engage in circumscribed behaviours, such as in response to extreme emotional states or during episodes of self-harm or the reenactment of traumatic memories. The symptoms are not better explained by another mental, behavioural or neurodevelopmental disorder and are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B66 Depersonalization-derealization disorder

Depersonalization-derealization disorder is characterised by persistent or recurrent experiences of depersonalization, derealization, or both. Depersonalization is characterised by experiencing the self as strange or unreal, or feeling detached from, or as though one were an outside observer of, one’s thoughts, feelings, sensations, body, or actions. Derealization is characterised by experiencing other persons, objects, or the world as strange or unreal (e.g., dreamlike, distant, foggy, lifeless, colourless, or visually distorted) or feeling detached from one’s surroundings. During experiences of depersonalization or derealization, reality testing remains intact. The experiences of depersonalization or derealization do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The experiences of depersonalization or derealization are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, and are not due to a disease of the nervous system or to head trauma. The symptoms result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B6Y Other specified dissociative disorders

6B6Z Dissociative disorders, unspecified

Feeding or eating disorders (6B80‑6B8Z)

Feeding and Eating Disorders involve abnormal eating or feeding behaviours that are not explained by another health condition and are not developmentally appropriate or culturally sanctioned. Feeding disorders involve behavioural disturbances that are not related to body weight and shape concerns, such as eating of non-edible substances or voluntary regurgitation of foods. Eating disorders involve abnormal eating behaviour and preoccupation with food as well as prominent body weight and shape concerns.

6B80 Anorexia Nervosa

Anorexia Nervosa is characterised by significantly low body weight for the individual’s height, age and developmental stage that is not due to another health condition or to the unavailability of food. A commonly used threshold is body mass index (BMI) less than 18.5 kg/m² in adults and BMI-for-age under 5th percentile in children and adolescents. Rapid weight loss (e.g. more than 20% of total body weight within 6 months) may replace the low body weight guideline as long as other diagnostic requirements are met. Children and adolescents may exhibit failure to gain weight as expected based on the individual developmental trajectory rather than weight loss. Low body weight is accompanied by a persistent pattern of behaviours to prevent restoration of normal weight, which may include behaviours aimed at reducing energy intake (restricted eating), purging behaviours (e.g. self-induced vomiting, misuse of laxatives), and behaviours aimed at increasing energy expenditure (e.g. excessive exercise), typically associated with a fear of weight gain. Low body weight or shape is central to the person's self-evaluation or is inaccurately perceived to be normal or even excessive.

6B80.0 Anorexia Nervosa with significantly low body weight

Anorexia Nervosa with significantly low body weight meets all definitional requirements for Anorexia Nervosa, with BMI between 18.5 kg/m2 and 14.0 kg/m² for adults or between the fifth percentile and the 0.3 percentile for BMI-for-age in children and adolescents.

6B80.00 Anorexia Nervosa with significantly low body weight, restricting pattern

Anorexia Nervosa with significantly low body weight, restricting pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with significantly low body weight and who induce weight loss and maintain low body weight through restricted food intake or fasting alone or in combination with increased energy expenditure (such as through excessive exercise) but who do not engage in binge eating or purging behaviours.

6B80.01 Anorexia Nervosa with significantly low body weight, binge-purge pattern

Anorexia Nervosa with significantly low body weight, binge-purge pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with significantly low body weight and who present with episodes of binge eating or purging behaviours. These individuals induce weight loss and maintain low body weight through restricted food intake, commonly accompanied by significant purging behaviours aimed at getting rid of ingested food (e.g. self-induced vomiting, laxative abuse or enemas). This pattern also includes individuals who exhibit binge eating episodes but do not purge.

6B80.0Z Anorexia Nervosa with significantly low body weight, unspecified

6B80.1 Anorexia Nervosa with dangerously low body weight

Anorexia Nervosa with dangerously low body weight meets all definitional requirements for Anorexia Nervosa, with BMI under 14.0 kg/m² in adults or under the 0.3rd percentile for BMI-for-age in children and adolescents. In the context of Anorexia Nervosa, severe underweight status is an important prognostic factor that is associated with high risk of physical complications and substantially increased mortality.

6B80.10 Anorexia Nervosa with dangerously low body weight, restricting pattern

Anorexia Nervosa with dangerously low body weight, restricting pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with dangerously low body weight and who induce weight loss and maintain low body weight through restricted food intake or fasting alone or in combination with increased energy expenditure (such as through excessive exercise) but who do not engage in binge eating or purging behaviours.

6B80.11 Anorexia Nervosa with dangerously low body weight, binge-purge pattern

Anorexia Nervosa with dangerously low body weight, binge-purge pattern refers to individuals who meet the definitional requirements of Anorexia Nervosa with dangerously low body weight and who present with episodes of binge eating or purging behaviours. These individuals induce weight loss and maintain low body weight through restricted food intake, commonly accompanied by significant purging behaviours aimed at getting rid of ingested food (e.g. self-induced vomiting, laxative abuse or enemas). This pattern also includes individuals who exhibit binge eating episodes but do not purge.

6B80.1Z Anorexia Nervosa with dangerously low body weight, unspecified

6B80.2 Anorexia Nervosa in recovery with normal body weight

Among individuals who are recovering from Anorexia Nervosa and whose body weight is more than 18.5 kg/m2 for adults or over the fifth percentile for BMI-for-age for children and adolescents, the diagnosis should be retained until a full and lasting recovery is achieved, as indicated by the maintenance of a healthy weight and the cessation of behaviours aimed at reducing body weight independent of the provision of treatment (e.g., for at least 1 year after intensive treatment is withdrawn).

6B80.Y Other specified anorexia Nervosa

6B80.Z Anorexia Nervosa, unspecified

6B81 Bulimia Nervosa

Bulimia Nervosa is characterised by frequent, recurrent episodes of binge eating (e.g. once a week or more over a period of at least one month). A binge eating episode is a distinct period of time during which the individual experiences a subjective loss of control over eating, eating notably more or differently than usual, and feels unable to stop eating or limit the type or amount of food eaten. Binge eating is accompanied by repeated inappropriate compensatory behaviours aimed at preventing weight gain (e.g. self-induced vomiting, misuse of laxatives or enemas, strenuous exercise). The individual is preoccupied with body shape or weight, which strongly influences self-evaluation. There is marked distress about the pattern of binge eating and inappropriate compensatory behaviour or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The individual does not meet the diagnostic requirements of Anorexia Nervosa.

Exclusions: Binge eating disorder (6B82)

6B82 Binge eating disorder

Binge eating disorder is characterised by frequent, recurrent episodes of binge eating (e.g. once a week or more over a period of several months). A binge eating episode is a distinct period of time during which the individual experiences a subjective loss of control over eating, eating notably more or differently than usual, and feels unable to stop eating or limit the type or amount of food eaten. Binge eating is experienced as very distressing, and is often accompanied by negative emotions such as guilt or disgust. However, unlike in Bulimia Nervosa, binge eating episodes are not regularly followed by inappropriate compensatory behaviours aimed at preventing weight gain (e.g. self-induced vomiting, misuse of laxatives or enemas, strenuous exercise). There is marked distress about the pattern of binge eating or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Bulimia Nervosa (6B81)

6B83 Avoidant-restrictive food intake disorder

Avoidant-restrictive food intake disorder (ARFID) is characterised by avoidance or restriction of food intake that results in: 1) the intake of an insufficient quantity or variety of food to meet adequate energy or nutritional requirements that has resulted in significant weight loss, clinically significant nutritional deficiencies, dependence on oral nutritional supplements or tube feeding, or has otherwise negatively affected the physical health of the individual; or 2) significant impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to avoidance or distress related to participating in social experiences involving eating). The pattern of eating behaviour is not motivated by preoccupation with body weight or shape. Restricted food intake and its effects on weight, other aspects of health, or functioning are not due to unavailability of food, not a manifestation of another medical condition (e.g. food allergies, hyperthyroidism) or mental disorder, and are not due to the effect of a substance or medication on the central nervous system including withdrawal effects.

Exclusions: Anorexia Nervosa (6B80)

Feeding problem of infant (MG43.30)

Feeding problems of newborn (KD32)

6B84 Pica

Pica is characterised by the regular consumption of non-nutritive substances, such as non-food objects and materials (e.g., clay, soil, chalk, plaster, plastic, metal and paper) or raw food ingredients (e.g., large quantities of salt or corn flour) that is persistent or severe enough to require clinical attention in an individual who has reached a developmental age at which they would be expected to distinguish between edible and non-edible substances (approximately 2 years). That is, the behaviour causes damage to health, impairment in functioning, or significant risk due to the frequency, amount or nature of the substances or objects ingested.

6B85 Rumination-regurgitation disorder

Rumination-regurgitation disorder is characterised by the intentional and repeated bringing up of previously swallowed food back to the mouth (i.e., regurgitation), which may be re-chewed and re-swallowed (i.e. rumination), or may be deliberately spat out (but not as in vomiting). The regurgitation behaviour is frequent (at least several times per week) and sustained over a period of at least several weeks. The regurgitation behaviour is not fully accounted for by another medical condition that directly causes regurgitation (e.g., oesophageal strictures or neuromuscular disorders affecting oesophageal functioning) or causes nausea or vomiting (e.g. pyloric stenosis). Rumination-regurgitation disorder should only be diagnosed in individuals who have reached a developmental age of at least 2 years.

Exclusions: Adult rumination syndrome (DD90.6)

Nausea or vomiting (MD90)

6B8Y Other specified feeding or eating disorders

6B8Z Feeding or eating disorders, unspecified

Elimination disorders (6C00‑6C0Z)

Elimination disorders include the repeated voiding of urine into clothes or bed (enuresis) and the repeated passage of faeces in inappropriate places (encopresis). Elimination disorders should only be diagnosed after the individual has reached a developmental age when continence is ordinarily expected (5 years for enuresis and 4 years for encopresis). The urinary or faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder or bowel control. An Elimination disorder should not be diagnosed if the behaviour is fully attributable to another health condition that causes incontinence, congenital or acquired abnormalities of the urinary tract or bowel, or excessive use of laxatives or diuretics.

6C00 Enuresis

Enuresis is the repeated voiding of urine into clothes or bed, which may occur during the day or at night, in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional. Enuresis should not be diagnosed if unintentional voiding of urine is due to a health condition that interferes with continence (e.g., diseases of the nervous system or musculoskeletal disorders) or by congenital or acquired abnormalities of the urinary tract.

Inclusions: Functional enuresis

Psychogenic enuresis

Urinary incontinence of nonorganic origin

Exclusions: Stress incontinence (MF50.20)

Urge Incontinence (MF50.21)

Functional urinary incontinence (MF50.23)

Overflow Incontinence (MF50.2)

Reflex incontinence (MF50.24)

Extraurethral urinary incontinence (MF50.2)

6C00.0 Nocturnal enuresis

Nocturnal enuresis refers to repeated voiding of urine into clothes or bed that occurs only during sleep (i.e., during the night) in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.

6C00.1 Diurnal enuresis

Diurnal enuresis refers to repeated voiding of urine into clothes that occurs only during waking hours in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.

6C00.2 Nocturnal and diurnal enuresis

Nocturnal and diurnal enuresis refers to repeated voiding of urine into clothes or bed that occurs both during sleep (i.e., during the night) and during waking hours in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). The urinary incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bladder control. In most cases, the behaviour is involuntary but in some cases it appears intentional.

6C00.Z Enuresis, unspecified

6C01 Encopresis

Encopresis is the repeated passage of faeces in inappropriate places. Encopresis should be diagnosed if inappropriate passage of faeces occurs repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when faecal continence is ordinarily expected (4 years). The faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis should not be diagnosed if faecal soiling is fully attributable to another health condition (e.g., aganglionic megacolon, spina bifida, dementia), congenital or acquired abnormalities of the bowel, gastrointestinal infection, or excessive use of laxatives.

6C01.0 Encopresis with constipation or overflow incontinence

Encopresis is the repeated passage of faeces in inappropriate places occurring repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when faecal continence is ordinarily expected (4 years). The faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis with constipation and overflow incontinence is the most common form of faecal soiling, and involves retention and impaction of faeces. Stools are typically — but not always — poorly formed (loose or liquid) and leakage may range from occasional to continuous. There is often a history of toilet avoidance leading to constipation.

6C01.1 Encopresis without constipation or overflow incontinence

Encopresis is the repeated passage of faeces in inappropriate places occurring repeatedly (e.g., at least once per month over a period of several months) in an individual who has reached the developmental age when faecal continence is ordinarily expected (4 years). The faecal incontinence may have been present from birth (i.e., an atypical extension of normal infantile incontinence), or may have arisen following a period of acquired bowel control. Encopresis without constipation and overflow is not associated with retention and impaction of faeces, but rather reflects reluctance, resistance or failure to conform to social norms in defecating in acceptable places in the context of normal physiological control over defecation. Stools are typically of normal consistency and inappropriate defecation is likely to be intermittent.

6C01.Z Encopresis, unspecified

6C0Z Elimination disorders, unspecified

Disorders of bodily distress or bodily experience (6C20‑6C2Z)

Disorders of bodily distress and bodily experience are characterised by disturbances in the person’s experience of his or her body. Bodily distress disorder involves bodily symptoms that the individual finds distressing and to which excessive attention is directed. Body integrity dysphoria involves a disturbance in the person’s experience of the body manifested by the persistent desire to have a specific physical disability accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration.

Exclusions: Dissociative neurological symptom disorder (6B60)

Concern about body appearance (QD30‑QD3Z)

6C20 Bodily distress disorder

Bodily distress disorder is characterised by the presence of bodily symptoms that are distressing to the individual and excessive attention directed toward the symptoms, which may be manifest by repeated contact with health care providers. If another health condition is causing or contributing to the symptoms, the degree of attention is clearly excessive in relation to its nature and progression. Excessive attention is not alleviated by appropriate clinical examination and investigations and appropriate reassurance. Bodily symptoms are persistent, being present on most days for at least several months. Typically, bodily distress disorder involves multiple bodily symptoms that may vary over time. Occasionally there is a single symptom—usually pain or fatigue—that is associated with the other features of the disorder. The symptoms and associated distress and preoccupation have at least some impact on the individual’s functioning (e.g. strain in relationships, less effective academic or occupational functioning, abandonment of specific leisure activities).

Exclusions: Tourette syndrome (8A05.00)

Hair pulling disorder (6B25.0)

Dissociative disorders (6B60‑6B6Z)

hair-plucking (6B25.0)

Hypochondriasis (6B23)

Body dysmorphic disorder (6B21)

Excoriation disorder (6B25.1)

Gender incongruence (HA60‑HA6Z)

Sexual dysfunctions (HA00‑HA0Z)

Tic disorders (8A05)

Sexual pain-penetration disorder (HA20)

Postviral fatigue syndrome (8E49)

Chronic fatigue syndrome (8E49)

Myalgic encephalomyelitis (8E49)

6C20.0 Mild bodily distress disorder

All definitional requirements of bodily distress disorder are present. There is excessive attention to distressing symptoms and their consequences, which may result in frequent medical visits, but the person is not preoccupied with the symptoms (e.g., the individual spends less than an hour per day focusing on them). Although the individual expresses distress about the symptoms and they may have some impact on his or her life (e.g., strain in relationships, less effective academic or occupational functioning, abandonment of specific leisure activities), there is no substantial impairment in the person’s personal, family, social, educational, occupational, or other important areas of functioning.

6C20.1 Moderate bodily distress disorder

All definitional requirements of bodily distress disorder are present. There is persistent preoccupation with the distressing symptoms and their consequences (e.g., the individual spends more than an hour a day thinking about them), typically associated with frequent medical visits. The person devotes much of his or her energy to focusing on the symptoms and their consequences. The symptoms and associated distress and preoccupation cause moderate impairment in personal, family, social, educational, occupational, or other important areas of functioning (e.g., relationship conflict, performance problems at work, abandonment of a range of social and leisure activities).

6C20.2 Severe bodily distress disorder

All definitional requirements of Bodily distress disorder are present. There is pervasive and persistent preoccupation with the symptoms and their consequences to the extent that these may become the focal point of the person’s life, typically resulting in extensive interactions with the health care system. The symptoms and associated distress and preoccupation cause serious impairment in personal, family, social, educational, occupational, or other important areas of functioning (e.g., unable to work, alienation of friends and family, abandonment of nearly all social and leisure activities). The person’s interests may become so narrow as to focus almost exclusively on his or her bodily symptoms and their negative consequences.

6C20.Z Bodily distress disorder, unspecified

6C21 Body integrity dysphoria

Body integrity dysphoria is characterised by an intense and persistent desire to become physically disabled in a significant way (e.g. major limb amputee, paraplegic, blind), with onset by early adolescence accompanied by persistent discomfort, or intense feelings of inappropriateness concerning current non-disabled body configuration. The desire to become physically disabled results in harmful consequences, as manifested by either the preoccupation with the desire (including time spent pretending to be disabled) significantly interfering with productivity, with leisure activities, or with social functioning (e.g. person is unwilling to have a close relationship because it would make it difficult to pretend) or by attempts to actually become disabled having resulted in the person putting his or her health or life in significant jeopardy. The disturbance is not better accounted for by another mental, behavioural or neurodevelopmental disorder, by a Disease of the Nervous System or by another medical condition, or by Malingering.

Exclusions: Gender incongruence of adolescence or adulthood (HA60)

6C2Y Other specified disorders of bodily distress or bodily experience

6C2Z Disorders of bodily distress or bodily experience, unspecified

Disorders due to substance use or addictive behaviours (6C40‑6C5Z)

Disorders due to substance use and addictive behaviours are mental and behavioural disorders that develop as a result of the use of predominantly psychoactive substances, including medications, or specific repetitive rewarding and reinforcing behaviours.

Disorders due to substance use (6C40‑6C4Z)

Disorders due to substance use include disorders that result from a single occasion or repeated use of substances that have psychoactive properties, including certain medications. Disorders related to fourteen classes or groups of psychoactive substances are included. Typically, initial use of these substances produces pleasant or appealing psychoactive effects that are rewarding and reinforcing with repeated use. With continued use, many of the included substances have the capacity to produce dependence. They also have the potential to cause numerous forms of harm, both to mental and physical health. Disorders due to harmful non-medical use of non-psychoactive substances are also included in this grouping.

Coded Elsewhere: Catatonia induced by substances or medications (6A41)

6C40 Disorders due to use of alcohol

Disorders due to use of alcohol are characterised by the pattern and consequences of alcohol use. Alcohol—more specifically termed ethyl alcohol or ethanol—is an intoxicating compound produced by fermentation of sugars usually in agricultural products such as fruits, cereals, and vegetables with or without subsequent distillation. There are a wide variety of alcoholic drinks, with alcohol concentrations typically ranging from 1.5% to 60%. Alcohol is predominantly a central nervous system depressant. In addition to ability to produce Alcohol Intoxication, alcohol has dependence-producing properties, resulting in Alcohol Dependence in some people and Alcohol Withdrawal when alcohol use is reduced or discontinued. Unlike most other substances, elimination of alcohol from the body occurs at a constant rate, such that its clearance follows a linear rather than a logarithmic course. Alcohol is implicated in a wide range of harms affecting most organs and systems of the body (e.g., cirrhosis of the liver, gastrointestinal cancers, pancreatitis). Harm to others resulting from behaviour during Alcohol Intoxication is well recognized and is included in the definitions of harmful use of alcohol (i.e., Episode of Harmful Use of Alcohol and Harmful Pattern of Use of Alcohol). Several alcohol-induced mental disorders (e.g., Alcohol-Induced Psychotic Disorder) and alcohol-related forms of neurocognitive impairment (e.g., Dementia Due to Use of Alcohol) are recognized.

Exclusions: Hazardous alcohol use (QE10)

6C40.0 Episode of harmful use of alcohol

An episode of use of alcohol that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to alcohol intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of alcohol use.

Exclusions: Harmful pattern of use of alcohol (6C40.1)

Alcohol dependence (6C40.2)

6C40.1 Harmful pattern of use of alcohol

A pattern of alcohol use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of alcohol use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.

Exclusions: Alcohol dependence (6C40.2)

Episode of harmful use of alcohol (6C40.0)

6C40.10 Harmful pattern of use of alcohol, episodic

A pattern of episodic or intermittent alcohol use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic alcohol use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Alcohol dependence (6C40.2)

6C40.11 Harmful pattern of use of alcohol, continuous

A pattern of continuous (daily or almost daily) alcohol use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous alcohol use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to alcohol intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of alcohol applies.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Alcohol dependence (6C40.2)

6C40.1Z Harmful pattern of use of alcohol, unspecified

6C40.2 Alcohol dependence

Alcohol dependence is a disorder of regulation of alcohol use arising from repeated or continuous use of alcohol. The characteristic feature is a strong internal drive to use alcohol, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use alcohol. Physiological features of dependence may also be present, including tolerance to the effects of alcohol, withdrawal symptoms following cessation or reduction in use of alcohol, or repeated use of alcohol or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if alcohol use is continuous (daily or almost daily) for at least 3 months.

Inclusions: Chronic alcoholism

Dipsomania

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.20 Alcohol dependence, current use, continuous

Alcohol dependence with continuous consumption of alcohol (daily or almost daily) over a period of at least 1 month.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.21 Alcohol dependence, current use, episodic

During the past 12 months, there has been alcohol dependence with intermittent heavy drinking, with periods of abstinence from alcohol. If current use is continuous (daily or almost daily over at least the past 1 month), the diagnosis of Alcohol dependence, current use, continuous should be made instead.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.22 Alcohol dependence, early full remission

After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from alcohol during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.23 Alcohol dependence, sustained partial remission

After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in alcohol consumption for more than 12 months, such that even though intermittent or continuing drinking has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.24 Alcohol dependence, sustained full remission

After a diagnosis of alcohol dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from alcohol for 12 months or longer.

Exclusions: Episode of harmful use of alcohol (6C40.0)

Harmful pattern of use of alcohol (6C40.1)

6C40.2Z Alcohol dependence, unspecified

6C40.3 Alcohol intoxication

Alcohol intoxication is a clinically significant transient condition that develops during or shortly after the consumption of alcohol that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of alcohol and their intensity is closely related to the amount of alcohol consumed. They are time-limited and abate as alcohol is cleared from the body. Presenting features may include impaired attention, inappropriate or aggressive behaviour, lability of mood and emotions, impaired judgment, poor coordination, unsteady gait, fine nystagmus and slurred speech. At more severe levels of intoxication, stupor or coma may occur. Alcohol intoxication may facilitate suicidal ideation or behaviour.

Coding Note: Code also the causing condition

Exclusions: alcohol poisoning (NE61)

Possession trance disorder (6B63)

6C40.4 Alcohol withdrawal

Alcohol withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of alcohol in individuals who have developed Alcohol dependence or have used alcohol for a prolonged period or in large amounts. Presenting features of Alcohol withdrawal may include autonomic hyperactivity (e.g. tachycardia, hypertension, perspiration), increased hand tremor, nausea, retching or vomiting, insomnia, anxiety, psychomotor agitation, depressed or dysphoric mood, transient visual, tactile or auditory illusions or hallucinations, and distractability. Less commonly, the withdrawal state is complicated by generalised tonic-clonic seizures. The withdrawal state may progress to a very severe form of delirium characterised by confusion and disorientation, delusions, and prolonged visual, tactile or auditory hallucinations. In such cases, a separate diagnosis of Alcohol-induced delirium should also be assigned.

Coding Note: Code also the causing condition

6C40.40 Alcohol withdrawal, uncomplicated

All diagnostic requirements for Alcohol Withdrawal are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.

Coding Note: Code also the causing condition

6C40.41 Alcohol withdrawal with perceptual disturbances

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.

Coding Note: Code also the causing condition

6C40.42 Alcohol withdrawal with seizures

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by seizures (i.e., generalised tonic-clonic seizures) but not by perceptual disturbances.

Coding Note: Code also the causing condition

6C40.43 Alcohol withdrawal with perceptual disturbances and seizures

All diagnostic requirements for Alcohol withdrawal are met and the withdrawal state is accompanied by both seizures (i.e., generalised tonic-clonic seizures) and perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. Diagnostic requirements for Delirium are not met.

Coding Note: Code also the causing condition

6C40.4Z Alcohol withdrawal, unspecified

Coding Note: Code also the causing condition

6C40.5 Alcohol-induced delirium

Alcohol-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of alcohol. The amount and duration of alcohol use must be capable of producing delirium. Specific features of alcohol-induced delirium may include impaired consciousness with disorientation, vivid hallucinations and illusions, insomnia, delusions, agitation, disturbances of attention, and accompanying tremor and physiological symptoms of alcohol withdrawal. In some cases of alcohol withdrawal, the withdrawal state may progress to a very severe form of Alcohol-induced delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

Inclusions: Delirium tremens (alcohol-induced)

Delirium induced by alcohol withdrawal

6C40.6 Alcohol-induced psychotic disorder

Alcohol-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with alcohol use).

Coding Note: Code also the causing condition

6C40.60 Alcohol-induced psychotic disorder with hallucinations

Alcohol-induced psychotic disorder with hallucinations is characterised by the presence of hallucinations that are judged to be the direct consequence of alcohol use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C40.61 Alcohol-induced psychotic disorder with delusions

Alcohol-induced psychotic disorder with delusions is characterised by the presence of delusions that are judged to be the direct consequence of alcohol use. Neither hallucinations nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C40.62 Alcohol-induced psychotic disorder with mixed psychotic symptoms

Alcohol-induced psychotic disorder with mixed psychotic symptoms is characterised by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of alcohol use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C40.6Z Alcohol-induced psychotic disorder, unspecified

Coding Note: Code also the causing condition

6C40.7 Certain specified alcohol-induced mental or behavioural disorders

Coding Note: Code also the causing condition

Coded Elsewhere: Amnestic disorder due to use of alcohol (6D72.10)

Dementia due to use of alcohol (6D84.0)

6C40.70 Alcohol-induced mood disorder

Alcohol-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with alcohol use).

Coding Note: Code also the causing condition

6C40.71 Alcohol-induced anxiety disorder

Alcohol-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from alcohol. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Alcohol intoxication or Alcohol withdrawal. The amount and duration of alcohol use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the alcohol use, if the symptoms persist for a substantial period of time after cessation of the alcohol use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with alcohol use).

Coding Note: Code also the causing condition

6C40.Y Other specified disorders due to use of alcohol

6C40.Z Disorders due to use of alcohol, unspecified

6C41 Disorders due to use of cannabis

Disorders due to use of cannabis are characterised by the pattern and consequences of cannabis use. Cannabis is the collective term for a range of psychoactive preparations of the cannabis plant, Cannabis sativa, and related species and hybrids. Cannabis contains cannabinoids, a class of diverse chemical compounds that act on endogenous cannabinoid receptors that modulate neurotransmitter release in the brain. The principal psychoactive cannabinoid is δ-9-tetrahydrocannabinol (THC). Cannabis is typically smoked in the form of the flowering heads or leaves of the marijuana plant; tobacco is often mixed with cannabis when smoked. There are also cannabis oils that are prepared from these same sources. These preparations vary considerably in their THC potency. Cannabis has predominantly central nervous system depressant effects and produces a characteristic euphoria that may be part of the presenting features of Cannabis Intoxication, which may also include impairment in cognitive and psychomotor functioning. Cannabis has dependence-producing properties resulting in Cannabis Dependence in some people and Cannabis Withdrawal when use is reduced or discontinued. Cannabis is associated with a range of Cannabis-Induced Mental Disorders.

Exclusions: Disorders due to use of synthetic cannabinoids (6C42)

Hazardous use of cannabis (QE11.1)

6C41.0 Episode of harmful use of cannabis

An episode of use of cannabis that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to cannabis intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of cannabis use.

Exclusions: Cannabis dependence (6C41.2)

Harmful pattern of use of cannabis (6C41.1)

6C41.1 Harmful pattern of use of cannabis

A pattern of cannabis use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of cannabis use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.

Exclusions: Cannabis dependence (6C41.2)

Episode of harmful use of cannabis (6C41.0)

6C41.10 Harmful pattern of use of cannabis, episodic

A pattern of episodic or intermittent cannabis use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic cannabis use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Cannabis dependence (6C41.2)

6C41.11 Harmful pattern of use of cannabis, continuous

A pattern of continuous (daily or almost daily) cannabis use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous cannabis use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cannabis intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cannabis applies.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Cannabis dependence (6C41.2)

6C41.1Z Harmful pattern of use of cannabis, unspecified

6C41.2 Cannabis dependence

Cannabis dependence is a disorder of regulation of cannabis use arising from repeated or continuous use of cannabis. The characteristic feature is a strong internal drive to use cannabis, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use cannabis. Physiological features of dependence may also be present, including tolerance to the effects of cannabis, withdrawal symptoms following cessation or reduction in use of cannabis, or repeated use of cannabis or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if cannabis use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.20 Cannabis dependence, current use

Current cannabis dependence with use of cannabis within the past month.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.21 Cannabis dependence, early full remission

After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from cannabis during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.22 Cannabis dependence, sustained partial remission

After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in cannabis consumption for more than 12 months, such that even though cannabis use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.23 Cannabis dependence, sustained full remission

After a diagnosis of cannabis dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from cannabis for 12 months or longer.

Exclusions: Episode of harmful use of cannabis (6C41.0)

Harmful pattern of use of cannabis (6C41.1)

6C41.2Z Cannabis dependence, unspecified

6C41.3 Cannabis intoxication

Cannabis intoxication is a clinically significant transient condition that develops during or shortly after the consumption of cannabis that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of cannabis and their intensity is closely related to the amount of cannabis consumed. They are time-limited and abate as cannabis is cleared from the body. Presenting features may include inappropriate euphoria, impaired attention, impaired judgment, perceptual alterations (such as the sensation of floating, altered perception of time), changes in sociability, increased appetite, anxiety, intensification of ordinary experiences, impaired short-term memory, and sluggishness. Physical signs include conjunctival injection (red or bloodshot eyes) and tachycardia.

Coding Note: Code also the causing condition

Inclusions: "Bad trips" due to cannabinoids

Exclusions: cannabinoid poisoning (NE60)

Possession trance disorder (6B63)

6C41.4 Cannabis withdrawal

Cannabis withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of cannabis in individuals who have developed Cannabis dependence or have used cannabis for a prolonged period or in large amounts. Presenting features of Cannabis withdrawal may include irritability, anger or aggressive behaviour, shakiness, insomnia, restlessness, anxiety, depressed or dysphoric mood, decreased appetite and weight loss, headache, sweating or chills, abdominal cramps and muscle aches.

Coding Note: Code also the causing condition

6C41.5 Cannabis-induced delirium

Cannabis-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of cannabis. The amount and duration of cannabis use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C41.6 Cannabis-induced psychotic disorder

Cannabis-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with cannabis use).

Coding Note: Code also the causing condition

6C41.7 Certain specified cannabis-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C41.70 Cannabis-induced mood disorder

Cannabis-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with cannabis use).

Coding Note: Code also the causing condition

6C41.71 Cannabis-induced anxiety disorder

Cannabis-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from cannabis. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Cannabis intoxication or Cannabis withdrawal. The amount and duration of cannabis use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the cannabis use, if the symptoms persist for a substantial period of time after cessation of the cannabis use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with cannabis use).

Coding Note: Code also the causing condition

6C41.Y Other specified disorders due to use of cannabis

6C41.Z Disorders due to use of cannabis, unspecified

6C42 Disorders due to use of synthetic cannabinoids

Disorders due to use of synthetic cannabinoids are characterised by the pattern and consequences of synthetic cannabinoid use. Synthetic cannabinoids are synthesized diverse chemical compounds that are potent agonists for endogenous cannabinoid receptors. There are several hundred such compounds. The synthetic compound is typically sprayed onto a vehicle such as cannabis or tea leaves and then smoked. The effect of these compounds is distinctly different from smoking naturally cultivated cannabis in that the euphoric effects are typically accompanied or dominated by psychotic-like symptoms (e.g., paranoia, hallucinations, and disorganized behavior). Synthetic Cannabinoid Intoxication may therefore present more frequently with psychotic symptoms in addition to the more typical effects of cannabis. Synthetic cannabinoids are also dependence-producing and Synthetic Cannabinoid Dependence and Synthetic Cannabinoid Withdrawal are recognized. Synthetic Cannabinoid-Induced Mental Disorders also occur; in particular Synthetic Cannabinoid-Induced Psychotic Disorder is recognized.

Exclusions: Disorders due to use of cannabis (6C41)

6C42.0 Episode of harmful use of synthetic cannabinoids

An episode of use of a synthetic cannabinoid that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of synthetic cannabinoid use.

Exclusions: Harmful pattern of use of synthetic cannabinoids (6C42.1)

Synthetic cannabinoid dependence (6C42.2)

6C42.1 Harmful pattern of use of synthetic cannabinoids

A pattern of use of synthetic cannabinoids that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of synthetic cannabinoid use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Synthetic cannabinoid dependence (6C42.2)

6C42.10 Harmful pattern of use of synthetic cannabinoids, episodic

A pattern of episodic or intermittent use of synthetic cannabinoids that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic synthetic cannabinoid use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Synthetic cannabinoid dependence (6C42.2)

6C42.11 Harmful pattern of use of synthetic cannabinoids, continuous

A pattern of continuous (daily or almost daily) use of synthetic cannabinoids that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous synthetic cannabinoid use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cannabinoid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cannabinoids applies.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Synthetic cannabinoid dependence (6C42.2)

6C42.1Y Other specified harmful pattern of use of synthetic cannabinoids

6C42.1Z Harmful pattern of use of synthetic cannabinoids, unspecified

6C42.2 Synthetic cannabinoid dependence

Synthetic cannabinoid dependence is a disorder of regulation of synthetic cannabinoid use arising from repeated or continuous use of synthetic cannabinoids. The characteristic feature is a strong internal drive to use synthetic cannabinoids, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use synthetic cannabinoids. Physiological features of dependence may also be present, including tolerance to the effects of synthetic cannabinoids, withdrawal symptoms following cessation or reduction in use of synthetic cannabinoids, or repeated use of synthetic cannabinoids or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if synthetic cannabinoid use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.20 Synthetic cannabinoid dependence, current use

Current synthetic cannabinoid dependence with use of synthetic cannabinoids within the past month.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.21 Synthetic cannabinoid dependence, early full remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from synthetic cannabinoid use during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.22 Synthetic cannabinoid dependence, sustained partial remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in synthetic cannabinoid consumption for more than 12 months, such that even though synthetic cannabinoid use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.23 Synthetic cannabinoid dependence, sustained full remission

After a diagnosis of synthetic cannabinoid dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from synthetic cannabinoid use for 12 months or longer.

Exclusions: Episode of harmful use of synthetic cannabinoids (6C42.0)

Harmful pattern of use of synthetic cannabinoids (6C42.1)

6C42.2Y Other specified synthetic cannabinoid dependence

6C42.2Z Synthetic cannabinoid dependence, unspecified

6C42.3 Synthetic cannabinoid intoxication

Synthetic cannabinoid intoxication is a clinically significant transient condition that develops during or shortly after the consumption of synthetic cannabinoids that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of synthetic cannabinoids and their intensity is closely related to the amount of synthetic cannabinoid consumed. They are time-limited and abate as synthetic cannabinoid is cleared from the body. Presenting features may include inappropriate euphoria, impaired attention, impaired judgment, perceptual alterations (such as the sensation of floating, altered perception of time), changes in sociability, increased appetite, anxiety, intensification of ordinary experiences, impaired short-term memory, and sluggishness. Physical signs include conjunctival injection (red or bloodshot eyes) and tachycardia. Intoxication with synthetic cannabinoids may also cause delirium or acute psychosis.

Coding Note: Code also the causing condition

6C42.4 Synthetic cannabinoid withdrawal

Synthetic cannabinoid withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of synthetic cannabinoids in individuals who have developed Synthetic cannabinoid dependence or have used synthetic cannabinoids for a prolonged period or in large amounts. Presenting features of Synthetic cannabinoid withdrawal may include irritability, anger, aggression, shakiness, insomnia and disturbing dreams, restlessness, anxiety, depressed mood and appetite disturbance. In the early phase, Synthetic cannabinoid withdrawal may be accompanied by residual features of intoxication from the drug, such as paranoid ideation and auditory and visual hallucinations.

Coding Note: Code also the causing condition

6C42.5 Synthetic cannabinoid-induced delirium

Synthetic cannabinoid-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of synthetic cannabinoids. The amount and duration of synthetic cannabinoid use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C42.6 Synthetic cannabinoid-induced psychotic disorder

Synthetic cannabinoid-induced psychotic disorder is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Coding Note: Code also the causing condition

6C42.7 Certain specified synthetic cannabinoids-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C42.70 Synthetic cannabinoid-induced mood disorder

Synthetic cannabinoid-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Coding Note: Code also the causing condition

6C42.71 Synthetic cannabinoid-induced anxiety disorder

Synthetic cannabinoid-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cannabinoids. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Synthetic cannabinoid intoxication or Synthetic cannabinoid withdrawal. The amount and duration of synthetic cannabinoid use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the synthetic cannabinoid use, if the symptoms persist for a substantial period of time after cessation of the synthetic cannabinoid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with synthetic cannabinoid use).

Coding Note: Code also the causing condition

6C42.Y Other specified disorders due to use of synthetic cannabinoids

6C42.Z Disorders due to use of synthetic cannabinoids, unspecified

6C43 Disorders due to use of opioids

Disorders due to use of opioids are characterised by the pattern and consequences of opioid use. Opioids is a generic term that encompasses the constituents or derivatives of the opium poppy Papaver somniferum as well as a range of synthetic and semisynthetic compounds, some related to morphine and others chemically distinct but all having their primary actions on the µ opioid receptor. Examples of opioids include morphine, diacetylmorphine (heroin), fentanyl, pethidine, oxycodone, hydromorphone, methadone, buprenorphine, codeine and d-propoxyphene. The opioids all have analgesic properties of different potencies and are primarily central nervous system depressants. They suppress respiration as well as other vital functions and are a common cause of overdose and related deaths. Certain opioids are used or administered parenterally, including heroin, a common and potent opioid that is primarily used non-medically. Therapeutic opioids are prescribed for a range of indications worldwide, and are essential for pain management in cancer pain and palliative care, although they are also used for non-therapeutic reasons. In some countries morbidity and mortality related to therapeutic opioids is greater than that related to heroin. All opioids may result in Opioid Intoxication, Opioid Dependence and Opioid Withdrawal. A range of Opioid-Induced Disorders occur, some of which occur following Opioid Withdrawal.

Exclusions: Hazardous use of opioids (QE11.0)

6C43.0 Episode of harmful use of opioids

An episode of opioid use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to opioid intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of opioid use.

Exclusions: Harmful pattern of use of opioids (6C43.1)

Opioid dependence (6C43.2)

6C43.1 Harmful pattern of use of opioids

A pattern of use of opioids that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of opioid use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies.

Exclusions: Episode of harmful use of opioids (6C43.0)

Opioid dependence (6C43.2)

6C43.10 Harmful pattern of use of opioids, episodic

A pattern of episodic or intermittent use of opioids that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic opioid use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies.

Exclusions: Episode of harmful use of opioids (6C43.0)

Opioid dependence (6C43.2)

6C43.11 Harmful pattern of use of opioids, continuous

A pattern of continuous (daily or almost daily) use of opioids that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous opioid use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to opioid intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of opioids applies.

Exclusions: Episode of harmful use of opioids (6C43.0)

Opioid dependence (6C43.2)

6C43.1Z Harmful pattern of use of opioids, unspecified

6C43.2 Opioid dependence

Opioid dependence is a disorder of regulation of opioid use arising from repeated or continuous use of opioids. The characteristic feature is a strong internal drive to use opioids, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use opioids. Physiological features of dependence may also be present, including tolerance to the effects of opioids, withdrawal symptoms following cessation or reduction in use of opioids, or repeated use of opioids or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if opioid use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.20 Opioid dependence, current use

Opioid dependence, with use of an opioid within the past month.

Exclusions: Episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.21 Opioid dependence, early full remission

After a diagnosis of opioid dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from opioid use during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.22 Opioid dependence, sustained partial remission

After a diagnosis of Opioid dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in opioid consumption for more than 12 months, such that even though opioid use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.23 Opioid dependence, sustained full remission

After a diagnosis of Opioid dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from opioids for 12 months or longer.

Exclusions: Episode of harmful use of opioids (6C43.0)

Harmful pattern of use of opioids (6C43.1)

6C43.2Z Opioid dependence, unspecified

6C43.3 Opioid intoxication

Opioid intoxication is a clinically significant transient condition that develops during or shortly after the consumption of opioids that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of opioids and their intensity is closely related to the amount of opioids consumed. They are time-limited and abate as opioids are cleared from the body. Presenting features may include somnolence, stupor, mood changes (e.g. euphoria followed by apathy and dysphoria), psychomotor retardation, impaired judgment, respiratory depression, slurred speech, and impairment of memory and attention. In severe intoxication coma may ensue. A characteristic physical sign is pupillary constriction but this sign may be absent when intoxication is due to synthetic opioids. Severe opioid intoxication can lead to death due to respiratory depression.

Coding Note: Code also the causing condition

Exclusions: opioid poisoning (NE60)

Possession trance disorder (6B63)

fentanyl poisoning (NE60)

oxycodone poisoning (NE60)

6C43.4 Opioid withdrawal

Opioid withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of opioids in individuals who have developed Opioid dependence or have used opioids for a prolonged period or in large amounts. Opioid withdrawal can also occur when prescribed opioids have been used in standard therapeutic doses. Presenting features of Opioid withdrawal may include dysphoric mood, craving for an opioid, anxiety, nausea or vomiting, abdominal cramps, muscle aches, yawning, perspiration, hot and cold flushes, lacrimation, rhinorrhea, hypersomnia (typically in the initial phase) or insomnia, diarrhea, piloerection, and pupillary dilatation.

Coding Note: Code also the causing condition

6C43.5 Opioid-induced delirium

Opioid-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of opioids. The amount and duration of opioid use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, Behavioural, and Neurodevelopmental Disorders.

Coding Note: Code also the causing condition

Inclusions: Delirium induced by opioid withdrawal

6C43.6 Opioid-induced psychotic disorder

Opioid-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with opioid use).

Coding Note: Code also the causing condition

6C43.7 Certain specified opioid-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C43.70 Opioid-induced mood disorder

Opioid-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with opioid use).

Coding Note: Code also the causing condition

6C43.71 Opioid-induced anxiety disorder

Opioid-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from opioids. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Opioid intoxication or Opioid withdrawal. The amount and duration of opioid use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the opioid use, if the symptoms persist for a substantial period of time after cessation of the opioid use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with opioid use).

Coding Note: Code also the causing condition

6C43.Y Other specified disorders due to use of opioids

6C43.Z Disorders due to use of opioids, unspecified

6C44 Disorders due to use of sedatives, hypnotics or anxiolytics

Disorders due to use of sedatives, hypnotics or anxiolytics are characterised by the pattern and consequences of use of these substances. Sedatives, hypnotics, and anxiolytics are typically prescribed for the short-term treatment of anxiety or insomnia and are also employed to provide sedation for medical procedures. They include the benzodiazepines and the non-benzodiazepine positive allosteric modulators of GABA receptors (i.e., ‘Z-drugs’) as well as many other compounds. Sedatives, hypnotics, and anxiolytics include barbiturates, which are available much less commonly now than in previous decades. Sedatives, hypnotics, and anxiolytics have dependence-inducing properties that are related to the dose and duration of their use. They may cause intoxication, dependence and withdrawal. Several other mental disorders induced by sedatives, hypnotics, or anxiolytics are recognized.

Exclusions: Hazardous use of sedatives, hypnotics or anxiolytics (QE11.2)

6C44.0 Episode of harmful use of sedatives, hypnotics or anxiolytics

An episode of use of a sedative, hypnotic or anxiolytic that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to sedative, hypnotic or anxiolytic intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of sedative, hypnotic or anxiolytic use.

Exclusions: Sedative, hypnotic or anxiolytic dependence (6C44.2)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.1 Harmful pattern of use of sedatives, hypnotics or anxiolytics

A pattern of sedative, hypnotic, or anxiolytic use that has caused clinically significant harm to a person’s physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of sedative, hypnotic, or anxiolytic use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Sedative, hypnotic or anxiolytic dependence (6C44.2)

Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

6C44.10 Harmful pattern of use of sedatives, hypnotics or anxiolytics, episodic

A pattern of episodic or intermittent use of sedatives, hypnotics or anxiolytics that has caused clinically significant harm to a person’s physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of episodic or intermittent use of sedatives, hypnotics or anxiolytics is evident over a period of at least 12 months. Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Sedative, hypnotic or anxiolytic dependence (6C44.2)

6C44.11 Harmful pattern of use of sedatives, hypnotics or anxiolytics, continuous

A pattern of continuous use of sedatives, hypnotics or anxiolytics (daily or almost daily) that has caused clinically significant harm to a person’s physical or mental health or in which behaviour induced by sedatives, hypnotics or anxiolytics has caused clinically significant harm to the health of other people. The pattern of continuous use of sedatives, hypnotics or anxiolytics is evident over a period of at least one month. Harm may be caused by the intoxicating effects of sedatives, hypnotics or anxiolytics, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Sedative, hypnotic or anxiolytic dependence (6C44.2)

6C44.1Z Harmful pattern of use of sedatives, hypnotics or anxiolytics, unspecified

6C44.2 Sedative, hypnotic or anxiolytic dependence

Sedative, hypnotic or anxiolytic dependence is a disorder of regulation of sedative use arising from repeated or continuous use of these substances. The characteristic feature is a strong internal drive to use sedatives, hypnotics, or anxiolytics, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use these substances. Physiological features of dependence may also be present, including tolerance to the effects of sedatives, hypnotics or anxiolytics, withdrawal symptoms following cessation or reduction in use, or repeated use of sedatives or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if sedative use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.20 Sedative, hypnotic or anxiolytic dependence, current use

Current Sedative, hypnotic or anxiolytic dependence with use of a sedative, hypnotic or anxiolytic drug within the past month.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.21 Sedative, hypnotic or anxiolytic dependence, early full remission

After a diagnosis of Sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from sedatives, hypnotics or anxiolytics during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.22 Sedative, hypnotic or anxiolytic dependence, sustained partial remission

After a diagnosis of Sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in sedative, hypnotic or anxiolytic consumption for more than 12 months, such that even though sedative, hypnotic or anxiolytic use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.23 Sedative, hypnotic or anxiolytic dependence, sustained full remission

After a diagnosis of sedative, hypnotic or anxiolytic dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from sedative, hypnotic or anxiolytic for 12 months or longer.

Exclusions: Episode of harmful use of sedatives, hypnotics or anxiolytics (6C44.0)

Harmful pattern of use of sedatives, hypnotics or anxiolytics (6C44.1)

6C44.2Z Sedative, hypnotic or anxiolytic dependence, unspecified

6C44.3 Sedative, hypnotic or anxiolytic intoxication

Sedative, hypnotic or anxiolytic intoxication is a clinically significant transient condition that develops during or shortly after the consumption of sedatives, hypnotics or anxiolytics that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of sedatives, hypnotics or anxiolytics and their intensity is closely related to the amount of sedatives, hypnotics or anxiolytics consumed. They are time-limited and abate as sedatives, hypnotics or anxiolytics are cleared from the body. Presenting features may include somnolence, impaired judgment, inappropriate behavior (including sexual behavior or aggression), slurred speech, impaired motor coordination, unsteady gait, mood changes, as well as impaired memory, attention and concentration. Nystagmus (repetitive, uncontrolled eye movements) is a common physical sign. In severe cases stupor or coma may occur.

Coding Note: Code also the causing condition

Inclusions: "Bad trips" due to sedatives, hypnotics or anxiolytics

Exclusions: sedative, hypnotic drugs and other CNS depressants poisoning (NE60)

Possession trance disorder (6B63)

6C44.4 Sedative, hypnotic or anxiolytic withdrawal

Sedative, hypnotic or anxiolytic withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of sedatives, hypnotics or anxiolytics in individuals who have developed dependence or have used sedatives, hypnotics or anxiolytics for a prolonged period or in large amounts. Sedative, hypnotic or anxiolytic withdrawal can also occur when prescribed sedatives, hypnotics or anxiolytics have been used in standard therapeutic doses. Presenting features of Sedative, hypnotic or anxiolytic withdrawal may include anxiety, psychomotor agitation, insomnia, increased hand tremor, nausea or vomiting, and transient visual, tactile or auditory illusions or hallucinations. There may be signs of autonomic hyperactivity (e.g., tachycardia, hypertension, sweating), or postural hypotension. The withdrawal state may be complicated by seizures. Less commonly, there may be progression to a more severe withdrawal state characterised by confusion and disorientation, delusions, and more prolonged visual, tactile or auditory hallucinations. In such cases, a separate diagnosis of Sedative, hypnotic, or anxiolytic-induced delirium should be assigned.

Coding Note: Code also the causing condition

6C44.40 Sedative, hypnotic or anxiolytic withdrawal, uncomplicated

All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.

Coding Note: Code also the causing condition

6C44.41 Sedative, hypnotic or anxiolytic withdrawal, with perceptual disturbances

All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.

Coding Note: Code also the causing condition

6C44.42 Sedative, hypnotic or anxiolytic withdrawal, with seizures

All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by seizures (i.e., generalised tonic-clonic seizures) but not by perceptual disturbances.

Coding Note: Code also the causing condition

6C44.43 Sedative, hypnotic or anxiolytic withdrawal, with perceptual disturbances and seizures

All diagnostic requirements for Sedative, hypnotic or anxiolytic withdrawal are met and the withdrawal state is accompanied by both seizures (i.e., generalised tonic-clonic seizures) and perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. Diagnostic requirements for Delirium are not met.

Coding Note: Code also the causing condition

6C44.4Z Sedative, hypnotic or anxiolytic withdrawal, unspecified

Coding Note: Code also the causing condition

6C44.5 Sedative, hypnotic or anxiolytic-induced delirium

Sedative, hypnotic or anxiolytic-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of sedatives, hypnotics, or anxiolytics. Specific features of Sedative, hypnotic or anxiolytic-induced delirium may include confusion and disorientation, paranoid delusions, and recurrent visual, tactile or auditory hallucinations. The amount and duration of sedative, hypnotic, or anxiolytic use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

Inclusions: Delirium induced by sedative, hypnotic or anxiolytic withdrawal

6C44.6 Sedative, hypnotic or anxiolytic-induced psychotic disorder

Sedative, hypnotic or anxiolytic-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Coding Note: Code also the causing condition

6C44.7 Certain specified sedatives, hypnotics or anxiolytic-induced mental or behavioural disorders

Coding Note: Code also the causing condition

Coded Elsewhere: Amnestic disorder due to use of sedatives, hypnotics or anxiolytics (6D72.11)

Dementia due to use of sedatives, hypnotics or anxiolytics (6D84.1)

6C44.70 Sedative, hypnotic or anxiolytic-induced mood disorder

Sedative, hypnotic or anxiolytic-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Coding Note: Code also the causing condition

6C44.71 Sedative, hypnotic or anxiolytic-induced anxiety disorder

Sedative, hypnotic or anxiolytic-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from sedatives, hypnotics or anxiolytics. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication or withdrawal due to sedatives, hypnotics or anxiolytics. The amount and duration of sedative, hypnotic or anxiolytic use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the sedative, hypnotic or anxiolytic use, if the symptoms persist for a substantial period of time after cessation of the sedative, hypnotic or anxiolytic use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with sedative, hypnotic or anxiolytic use).

Coding Note: Code also the causing condition

6C44.Y Other specified disorders due to use of sedatives, hypnotics or anxiolytics

6C44.Z Disorders due to use of sedatives, hypnotics or anxiolytics, unspecified

6C45 Disorders due to use of cocaine

Disorders due to use of cocaine are characterised by the pattern and consequences of cocaine use. Cocaine is a compound found in the leaves of the coca plant, Erythroxylum coca, which is indigenous to countries in northern regions of South America. Cocaine has a limited place in medical treatment as an anaesthetic and vasoconstrictive agent. It is commonly used illicitly and widely available across the world, where it is found in two main forms: cocaine hydrochloride and cocaine freebase (also known as ‘crack’). Cocaine is a central nervous system stimulant, and Cocaine Intoxication typically includes a state of euphoria and hyperactivity. Cocaine has potent dependence-producing properties and Cocaine Dependence is a common cause of morbidity and of clinical presentations. Cocaine Withdrawal has a characteristic course that includes lethargy and depressed mood. A range of Cocaine-Induced Mental Disorders is described.

Exclusions: Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)

Hazardous use of cocaine (QE11.3)

6C45.0 Episode of harmful use of cocaine

An episode of use of cocaine that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to cocaine intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of cocaine use.

Exclusions: Cocaine dependence (6C45.2)

Harmful pattern of use of cocaine (6C45.1)

6C45.1 Harmful pattern of use of cocaine

A pattern of use of cocaine that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of cocaine use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.

Exclusions: Cocaine dependence (6C45.2)

Episode of harmful use of cocaine (6C45.0)

6C45.10 Harmful pattern of use of cocaine, episodic

A pattern of episodic or intermittent cocaine use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic cocaine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Cocaine dependence (6C45.2)

6C45.11 Harmful pattern of use of cocaine, continuous

A pattern of continuous (daily or almost daily) cocaine use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous cocaine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to cocaine intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of cocaine applies.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Cocaine dependence (6C45.2)

6C45.1Z Harmful pattern of use of cocaine, unspecified

6C45.2 Cocaine dependence

Cocaine dependence is a disorder of regulation of cocaine use arising from repeated or continuous use of cocaine. The characteristic feature is a strong internal drive to use cocaine, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use cocaine. Physiological features of dependence may also be present, including tolerance to the effects of cocaine, withdrawal symptoms following cessation or reduction in use of cocaine, or repeated use of cocaine or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if cocaine use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.20 Cocaine dependence, current use

Current cocaine dependence with cocaine use within the past month.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.21 Cocaine dependence, early full remission

After a diagnosis of Cocaine dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from cocaine during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.22 Cocaine dependence, sustained partial remission

After a diagnosis of Cocaine dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in cocaine consumption for more than 12 months, such that even though cocaine use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.23 Cocaine dependence, sustained full remission

After a diagnosis of cocaine dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from cocaine for 12 months or longer.

Exclusions: Episode of harmful use of cocaine (6C45.0)

Harmful pattern of use of cocaine (6C45.1)

6C45.2Z Cocaine dependence, unspecified

6C45.3 Cocaine intoxication

Cocaine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of cocaine that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of cocaine and their intensity is closely related to the amount of cocaine consumed. They are time-limited and abate as cocaine is cleared from the body. Presenting features may include inappropriate euphoria, anxiety, anger, impaired attention, hypervigilance, psychomotor agitation, paranoid ideation (sometimes of delusional intensity), auditory hallucinations, confusion, and changes in sociability. Perspiration or chills, nausea or vomiting, and palpitations and chest pain may be experienced. Physical signs may include tachycardia, elevated blood pressure, and pupillary dilatation. In rare instances, usually in severe intoxication, cocaine use can result in seizures, muscle weakness, dyskinesia, or dystonia.

Coding Note: Code also the causing condition

Exclusions: cocaine poisoning (NE60)

Possession trance disorder (6B63)

6C45.4 Cocaine withdrawal

Cocaine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of cocaine in individuals who have developed Cocaine dependence or have used cocaine for a prolonged period or in large amounts. Presenting features of Cocaine withdrawal may include dysphoric mood, irritability, fatigue, psychomotor retardation, vivid unpleasant dreams, insomnia or hypersomnia, increased appetite, anxiety, psychomotor agitation or retardation, and craving for cocaine.

Coding Note: Code also the causing condition

6C45.5 Cocaine-induced delirium

Cocaine-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of cocaine. The amount and duration of cocaine use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural, and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C45.6 Cocaine-induced psychotic disorder

Cocaine-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with cocaine use).

Coding Note: Code also the causing condition

6C45.60 Cocaine-induced psychotic disorder with hallucinations

Cocaine-induced psychotic disorder with hallucinations is characterised by the presence of hallucinations that are judged to be the direct consequence of cocaine use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C45.61 Cocaine-induced psychotic disorder with delusions

Cocaine-induced psychotic disorder with delusions is characterised by the by the presence of delusions that are judged to be the direct consequence of cocaine use. Neither hallucinations nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C45.62 Cocaine-induced psychotic disorder with mixed psychotic symptoms

Cocaine-induced psychotic disorder with mixed psychotic symptoms is characterised by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of cocaine use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., Schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C45.6Z Cocaine-induced psychotic disorder, unspecified

Coding Note: Code also the causing condition

6C45.7 Certain specified cocaine-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C45.70 Cocaine-induced mood disorder

Cocaine-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with cocaine use).

Coding Note: Code also the causing condition

6C45.71 Cocaine-induced anxiety disorder

Cocaine-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with cocaine use).

Coding Note: Code also the causing condition

6C45.72 Cocaine-induced obsessive-compulsive or related disorder

Cocaine-induced obsessive-compulsive or related disorder is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with cocaine use).

Coding Note: Code also the causing condition

6C45.73 Cocaine-induced impulse control disorder

Cocaine-induced impulse control disorder is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from cocaine. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of Cocaine intoxication or Cocaine withdrawal. The amount and duration of cocaine use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the cocaine use, if the symptoms persist for a substantial period of time after cessation of the cocaine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with cocaine use).

Coding Note: Code also the causing condition

6C45.Y Other specified disorders due to use of cocaine

6C45.Z Disorders due to use of cocaine, unspecified

6C46 Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone

Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone are characterised by the pattern and consequences of use of these substances. There is a wide array of naturally occurring and synthetically produced psychostimulants other than cocaine. The most numerous of this group are the amphetamine-type substances, including methamphetamine. Prescribed stimulants including dexamphetamine are indicated for a limited number of conditions such as for Attention Deficit Hyperactivity Disorder. Methcathinone, known in many countries as ephedrone, is a synthetic potent stimulant that is a structural analogue of methamphetamine and is related to cathinone. All these drugs have primarily psychostimulant properties and are also vasoconstrictors to a varying degree. They induce euphoria and hyperactivity as may be seen in Stimulant Intoxication. They have potent dependence-producing properties, which may lead to the diagnosis of Stimulant Dependence and Stimulant Withdrawal following the cessation of use. Several Stimulant-Induced Mental Disorders are described.

Exclusions: Disorders due to use of synthetic cathinones (6C47)

Disorders due to use of caffeine (6C48)

Disorders due to use of cocaine (6C45)

Hazardous use of stimulants including amphetamines or methamphetamine (QE11.4)

6C46.0 Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone

An episode of use of a stimulant including amphetamines, methamphetamine and methcathinone that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to stimulant intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of stimulant including amphetamines, methamphetamine and methcathinone use.

Exclusions: Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.1 Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone

A pattern of use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of stimulant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.

Exclusions: Harmful pattern of use of caffeine (6C48.1)

Harmful pattern of use of cocaine (6C45.1)

Harmful pattern of use of synthetic cathinones (6C47.1)

Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.10 Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone, episodic

A pattern of episodic or intermittent use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic stimulant use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.

Exclusions: Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.11 Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone, continuous

A pattern of use of stimulants including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of stimulant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to stimulant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone applies.

Exclusions: Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Stimulant dependence including amphetamines, methamphetamine or methcathinone (6C46.2)

6C46.1Z Harmful pattern of use of stimulants including amphetamines, methamphetamine and methcathinone, unspecified

6C46.2 Stimulant dependence including amphetamines, methamphetamine or methcathinone

Stimulant dependence including amphetamines, methamphetamine or methcathinone is a disorder of regulation of stimulant use arising from repeated or continuous use of stimulants. The characteristic feature is a strong internal drive to use stimulants, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use stimulants. Physiological features of dependence may also be present, including tolerance to the effects of stimulants, withdrawal symptoms following cessation or reduction in use of stimulants, or repeated use of stimulants or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if stimulant use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Cocaine dependence (6C45.2)

Synthetic cathinone dependence (6C47.2)

Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.20 Stimulant dependence including amphetamines, methamphetamine or methcathinone, current use

Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones refers to amphetamine or other stimulant use within the past month.

Exclusions: Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

6C46.21 Stimulant dependence including amphetamines, methamphetamine or methcathinone, early full remission

After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from stimulants during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.22 Stimulant dependence including amphetamines, methamphetamine or methcathinone, sustained partial remission

After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in amphetamine or other stimulant consumption for more than 12 months, such that even though amphetamine or other stimulant use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.23 Stimulant dependence including amphetamines, methamphetamine or methcathinone, sustained full remission

After a diagnosis of Stimulant dependence including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from amphetamine or other stimulants for 12 months or longer.

Exclusions: Episode of harmful use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.0)

Harmful pattern of use of stimulants including amphetamines, methamphetamine or methcathinone (6C46.1)

6C46.2Z Stimulant dependence including amphetamines, methamphetamine or methcathinone, unspecified

6C46.3 Stimulant intoxication including amphetamines, methamphetamine or methcathinone

Stimulant intoxication including amphetamines, methamphetamine and methcathinone but excluding caffeine, cocaine and synthetic cathinones is a clinically significant transient condition that develops during or shortly after the consumption of amphetamine or other stimulants that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of amphetamine or other stimulants and their intensity is closely related to the amount of amphetamine or other stimulant consumed. They are time-limited and abate as amphetamine or another stimulant is cleared from the body. Presenting features may include anxiety, anger, impaired attention, hypervigilance, psychomotor agitation, paranoid ideation (possibly of delusional intensity), transient auditory hallucinations, transitory confusion, and changes in sociability. Perspiration or chills, nausea or vomiting, and palpitations may be experienced. Physical signs may include tachycardia, elevated blood pressure, pupillary dilatation, dyskinesias and dystonias, and skin sores. In rare instances, usually in severe intoxication, use of stimulants including amphetamines, methamphetamine and methcathinone can result in seizures.

Coding Note: Code also the causing condition

Exclusions: amphetamine poisoning (NE60)

Caffeine intoxication (6C48.2)

Cocaine intoxication (6C45.3)

Synthetic cathinone intoxication (6C47.3)

Possession trance disorder (6B63)

6C46.4 Stimulant withdrawal including amphetamines, methamphetamine or methcathinone

Stimulant withdrawal including amphetamines, methamphetamine and methcathinone is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of stimulants in individuals who have developed Stimulant dependence or have used stimulants for a prolonged period or in large amounts. Stimulant withdrawal can also occur when prescribed stimulants have been used in standard therapeutic doses. Presenting features of stimulant withdrawal may include dysphoric mood, irritability, fatigue, insomnia or (more commonly) hypersomnia, vivid and unpleasant dreams, increased appetite, psychomotor agitation or retardation, and craving for amphetamine or related stimulants.

Coding Note: Code also the causing condition

Exclusions: Cocaine withdrawal (6C45.4)

Caffeine withdrawal (6C48.3)

Synthetic cathinone withdrawal (6C47.4)

6C46.5 Stimulant-induced delirium including amphetamines, methamphetamine or methcathinone

Stimulant-induced delirium including amphetamines, methamphetamine and methcathinone is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of stimulants. The amount and duration of stimulant use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced delirium (6C45.5)

Synthetic cathinone-induced delirium (6C47.5)

Disorders due to use of caffeine (6C48)

6C46.6 Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced psychotic disorder including amphetamines, methamphetamine and methcathinone is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced psychotic disorder (6C45.6)

Synthetic cathinone-induced psychotic disorder (6C47.6)

Disorders due to use of caffeine (6C48)

6C46.60 Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone with hallucinations

Stimulant-induced psychotic disorder with hallucinations is characterised by the presence of hallucinations that are judged to be the direct consequence of stimulant use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced psychotic disorder with hallucinations (6C45.60)

Disorders due to use of caffeine (6C48)

Synthetic cathinone-induced psychotic disorder with hallucinations (6C47.60)

6C46.61 Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone with delusions

Stimulant-induced psychotic disorder including amphetamines, methamphetamine and methcathinone is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Coding Note: Code also the causing condition

Exclusions: Disorders due to use of caffeine (6C48)

Cocaine-induced psychotic disorder with delusions (6C45.61)

Synthetic cathinone-induced psychotic disorder with delusions (6C47.61)

6C46.62 Stimulant-induced psychotic disorder including amphetamines but excluding caffeine or cocaine with mixed psychotic symptoms

Stimulant-induced psychotic disorder with mixed psychotic symptoms is characterised by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of stimulant use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., Schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

Exclusions: Disorders due to use of caffeine (6C48)

Cocaine-induced psychotic disorder with mixed psychotic symptoms (6C45.62)

Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms (6C47.62)

6C46.6Z Stimulant-induced psychotic disorder including amphetamines, methamphetamine or methcathinone, unspecified

Coding Note: Code also the causing condition

6C46.7 Certain specified stimulant-induced mental or behavioural disorders including amphetamines, methamphetamine or methcathinone

Coding Note: Code also the causing condition

6C46.70 Stimulant-induced mood disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced mood disorder including amphetamines, methamphetamine and methcathinone is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Coding Note: Code also the causing condition

Exclusions: Synthetic cathinone-induced mood disorder (6C47.70)

Cocaine-induced mood disorder (6C45.70)

Disorders due to use of caffeine (6C48)

6C46.71 Stimulant-induced anxiety disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced anxiety disorder including amphetamines, methamphetamine and methcathinone is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication or withdrawal due to stimulants. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with use of stimulants).

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced anxiety disorder (6C45.71)

Caffeine-induced anxiety disorder (6C48.40)

Synthetic cathinone-induced anxiety disorder (6C47.71)

6C46.72 Stimulant-induced obsessive-compulsive or related disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced obsessive-compulsive or related disorder including amphetamines, methamphetamine and methcathinone is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from stimulants. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with stimulant use).

Coding Note: Code also the causing condition

Exclusions: Cocaine-induced obsessive-compulsive or related disorder (6C45.72)

Synthetic cathinone-induced obsessive-compulsive or related syndrome (6C47.72)

Disorders due to use of caffeine (6C48)

6C46.73 Stimulant-induced impulse control disorder including amphetamines, methamphetamine or methcathinone

Stimulant-induced impulse control disorder including amphetamines, methamphetamine and methcathinone is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from stimulants. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of Stimulant intoxication or Stimulant withdrawal. The amount and duration of stimulant use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the stimulant use, if the symptoms persist for a substantial period of time after cessation of the stimulant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with stimulant use).

Coding Note: Code also the causing condition

6C46.Y Other specified disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone

6C46.Z Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone, unspecified

6C47 Disorders due to use of synthetic cathinones

Disorders due to use of synthetic cathinones are characterised by the pattern and consequences of synthetic cathinone use. Synthetic cathinones (also known as ‘bath salts’) are synthetic compounds with stimulant properties related to cathinone found in the khat plant, Catha edulis. The use of synthetic cathinones is common in young populations in many countries. They may produce a range of disorders including Synthetic Cathinone Intoxication, Synthetic Cathinone Dependence and Synthetic Cathinone Withdrawal. Several synthetic cathinone-induced mental disorders are recognised.

6C47.0 Episode of harmful use of synthetic cathinones

An episode of synthetic cathinone use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to synthetic cathinone intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of synthetic cathinone use.

Exclusions: Harmful pattern of use of synthetic cathinones (6C47.1)

Synthetic cathinone dependence (6C47.2)

6C47.1 Harmful pattern of use of synthetic cathinones

A pattern of use of synthetic cathinones that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of synthetic cathinone use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cathinones applies.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Synthetic cathinone dependence (6C47.2)

6C47.10 Harmful pattern of use of synthetic cathinones, episodic

A pattern of episodic or intermittent use of synthetic cathinones that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic synthetic cathinone use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of synthetic cathinones applies.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Synthetic cathinone dependence (6C47.2)

6C47.11 Harmful use of synthetic cathinones, continuous

A pattern of continuous (daily or almost daily) use of synthetic cathinones that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous synthetic cathinone use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to synthetic cathinone intoxication on the part of the person to whom the diagnosis of Harmful use of synthetic cathinones applies.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Synthetic cathinone dependence (6C47.2)

6C47.1Y Other specified harmful pattern of use of synthetic cathinones

6C47.1Z Harmful pattern of use of synthetic cathinones, unspecified

6C47.2 Synthetic cathinone dependence

Synthetic cathinone dependence is a disorder of regulation of synthetic cathinone use arising from repeated or continuous use of synthetic cathinones. The characteristic feature is a strong internal drive to use synthetic cathinones, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use synthetic cathinones. Physiological features of dependence may also be present, including tolerance to the effects of synthetic cathinones, withdrawal symptoms following cessation or reduction in use of synthetic cathinones, or repeated use of synthetic cathinones or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if synthetic cathinone use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Harmful pattern of use of synthetic cathinones (6C47.1)

Episode of harmful use of synthetic cathinones (6C47.0)

6C47.20 Synthetic cathinone dependence, current use

Current synthetic cathinone dependence with use of synthetic cathinones within the past month.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.21 Synthetic cathinone dependence, early full remission

After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from synthetic cathinone use during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.22 Synthetic cathinone dependence, sustained partial remission

After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in synthetic cathinone consumption for more than 12 months, such that even though synthetic cathinone use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.23 Synthetic cathinone dependence, sustained full remission

After a diagnosis of synthetic cathinone dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from synthetic cathinone use for 12 months or longer.

Exclusions: Episode of harmful use of synthetic cathinones (6C47.0)

Harmful pattern of use of synthetic cathinones (6C47.1)

6C47.2Y Other specified synthetic cathinone dependence

6C47.2Z Synthetic cathinone dependence, unspecified

6C47.3 Synthetic cathinone intoxication

Synthetic cathinone intoxication is a clinically significant transient condition that develops during or shortly after the consumption of synthetic cathinones that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of synthetic cathinones and their intensity is closely related to the amount of synthetic cathinones consumed. They are time-limited and abate as the synthetic cathinone is cleared from the body. Presenting features may include anxiety, anger, impaired attention, hypervigilance, psychomotor agitation, paranoid ideation (possibly of delusional intensity), transient auditory hallucinations, transitory confusion, and changes in sociability. Perspiration or chills, nausea or vomiting, and palpitations may be experienced. Physical signs may include tachycardia, elevated blood pressure, pupillary dilatation, dyskinesias and dystonias, and skin sores. In rare instances, usually in severe intoxication, use of synthetic cathinones can result in seizures.

Coding Note: Code also the causing condition

6C47.4 Synthetic cathinone withdrawal

Synthetic cathinone withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of synthetic cathinones in individuals who have developed Synthetic cathinone dependence or have used synthetic cathinones for a prolonged period or in large amounts. Presenting features of Synthetic cathinone withdrawal may include dysphoric mood, irritability, fatigue, insomnia or (more commonly) hypersomnia, vivid and unpleasant dreams, increased appetite, psychomotor agitation or retardation, and craving for stimulants, including synthetic cathinones.

Coding Note: Code also the causing condition

6C47.5 Synthetic cathinone-induced delirium

Synthetic cathinone-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of synthetic cathinones. The amount and duration of synthetic cathinone use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C47.6 Synthetic cathinone-induced psychotic disorder

Synthetic cathinone-induced psychotic disorder is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.60 Synthetic cathinone-induced psychotic disorder with hallucinations

Synthetic cathinone-induced psychotic disorder with hallucinations is characterised by the presence of hallucinations that are judged to be the direct consequence of synthetic cathinone use. Neither delusions nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C47.61 Synthetic cathinone-induced psychotic disorder with delusions

Synthetic cathinone psychotic disorder with delusions is characterised by the presence of delusions that are judged to be the direct consequence of synthetic cathinone use. Neither hallucinations nor other psychotic symptoms are present. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C47.62 Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms

Synthetic cathinone-induced psychotic disorder with mixed psychotic symptoms is characterised by the presence of multiple psychotic symptoms, primarily hallucinations and delusions, when these are judged to be the direct consequence of synthetic cathinone use. The symptoms do not occur exclusively during hypnogogic or hypnopompic states, are not better accounted for by another mental and behavioural disorder (e.g., Schizophrenia), and are not due to another disorder or disease classified elsewhere (e.g., epilepsies with visual symptoms).

Coding Note: Code also the causing condition

6C47.6Z Synthetic cathinone-induced psychotic disorder, unspecified

Coding Note: Code also the causing condition

6C47.7 Certain specified synthetic cathinone-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C47.70 Synthetic cathinone-induced mood disorder

Synthetic cathinone-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.71 Synthetic cathinone-induced anxiety disorder

Synthetic cathinone-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.72 Synthetic cathinone-induced obsessive-compulsive or related syndrome

Synthetic cathinone-induced obsessive-compulsive or related disorder is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.73 Synthetic cathinone-induced impulse control disorder

Synthetic cathinone-induced impulse control disorder is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from synthetic cathinones. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of Synthetic cathinone intoxication or Synthetic cathinone withdrawal. The amount and duration of synthetic cathinone use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the synthetic cathinone use, if the symptoms persist for a substantial period of time after cessation of the synthetic cathinone use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with synthetic cathinone use).

Coding Note: Code also the causing condition

6C47.Y Other specified disorders due to use of synthetic cathinones

6C47.Z Disorders due to use of synthetic cathinones, unspecified

6C48 Disorders due to use of caffeine

Disorders due to use of caffeine are characterised by the pattern and consequences of caffeine use. Caffeine is a mild psychostimulant and diuretic that is found in the beans of the coffee plant (Coffea species) and is a constituent of coffee, cola drinks, chocolate, a range of proprietary 'energy drinks' and weight-loss aids. It is the most commonly used psychoactive substance worldwide and several clinical conditions related to its use are described, although severe disorders are comparatively rare considering its ubiquity. Caffeine Intoxication related to consumption of relatively higher doses (i.e., > 1 g per day) is described. Caffeine Withdrawal is common upon cessation of use among individuals who have used caffeine for a prolonged period or in large amounts. Caffeine-Induced Anxiety Disorder has been described, often following intoxication or heavy use.

Exclusions: Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)

Hazardous use of caffeine (QE11.5)

6C48.0 Episode of harmful use of caffeine

An episode of caffeine use that has caused damage to a person’s physical or mental health. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of caffeine use.

Exclusions: Harmful pattern of use of caffeine (6C48.1)

6C48.1 Harmful pattern of use of caffeine

A pattern of caffeine use that has caused clinically significant harm to a person’s physical or mental health or in which caffeine-induced behaviour has caused clinically significant harm to the health of other people. The pattern of caffeine use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the intoxicating effects of caffeine, the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

Exclusions: Episode of harmful use of caffeine (6C48.0)

6C48.10 Harmful pattern of use of caffeine, episodic

A pattern of episodic or intermittent caffeine use that has caused damage to a person’s physical or mental health. The pattern of episodic caffeine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Episode of harmful use of caffeine (6C48.0)

6C48.11 Harmful pattern of use of caffeine, continuous

A pattern of continuous (daily or almost daily) caffeine use that has caused damage to a person’s physical or mental health. The pattern of continuous caffeine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Episode of harmful use of caffeine (6C48.0)

6C48.1Z Harmful pattern of use of caffeine, unspecified

6C48.2 Caffeine intoxication

Caffeine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of caffeine that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of caffeine and their intensity is closely related to the amount of caffeine consumed. They are time-limited and abate as caffeine is cleared from the body. Presenting features may include restlessness, anxiety, excitement, insomnia, flushed face, tachycardia, diuresis, gastrointestinal disturbances, muscle twitching, psychomotor agitation, perspiration or chills, and nausea or vomiting. Cardiac arrhythmias may occur. Disturbances typical of intoxication tend to occur at relatively higher doses (e.g., > 1 g per day). Very high doses of caffeine (e.g., > 5 g) can result in respiratory distress or seizures and can be fatal.

Coding Note: Code also the causing condition

6C48.3 Caffeine withdrawal

Caffeine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of caffeine (typically in the form of coffee, caffeinated drinks, or as an ingredient in certain over-the-counter medications) in individuals who have used caffeine for a prolonged period or in large amounts. Presenting features of Caffeine withdrawal may include headache, marked fatigue or drowsiness, irritability, depressed or dysphoric mood, nausea or vomiting, and difficulty concentrating.

Coding Note: Code also the causing condition

6C48.4 Certain specified caffeine-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C48.40 Caffeine-induced anxiety disorder

Caffeine-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from caffeine. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Caffeine intoxication or Caffeine withdrawal. The amount and duration of caffeine use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the caffeine use, if the symptoms persist for a substantial period of time after cessation of the caffeine use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with caffeine use).

Coding Note: Code also the causing condition

6C48.Y Other specified disorders due to use of caffeine

6C48.Z Disorders due to use of caffeine, unspecified

6C49 Disorders due to use of hallucinogens

Disorders due to use of hallucinogens are characterised by the pattern and consequences of hallucinogen use. Several thousand compounds have hallucinogenic properties, many of which are found in plants (e.g., mescaline) and fungi (e.g., psilocybin) or are chemically synthesized (e.g., lysergic acid diethylamide [LSD]). These compounds have primarily hallucinogenic properties, but some may also be stimulants. Much of the morbidity associated with these compounds arises from the acute effects related to Hallucinogen Intoxication. Hallucinogen Dependence is rare and Hallucinogen Withdrawal is not described. Among the mental disorders related to hallucinogen use, Hallucinogen-Induced Psychotic Disorder is the most frequently seen, although worldwide it is still fairly uncommon.

6C49.0 Episode of harmful use of hallucinogens

An episode of hallucinogen use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to hallucinogen intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of hallucinogen use.

Exclusions: Hallucinogen dependence (6C49.2)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.1 Harmful pattern of use of hallucinogens

A pattern of use of hallucinogens that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of hallucinogen use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of hallucinogens applies.

Exclusions: Hallucinogen dependence (6C49.2)

Episode of harmful use of hallucinogens (6C49.0)

6C49.10 Harmful pattern of use of hallucinogens, episodic

A pattern of episodic or intermittent use of hallucinogens that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic hallucinogen use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of hallucinogens applies.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Hallucinogen dependence (6C49.2)

6C49.11 Harmful pattern of use of hallucinogens, continuous

A pattern of continuous (daily or almost daily) use of hallucinogens that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous hallucinogen use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to hallucinogen intoxication on the part of the person to whom the diagnosis of Harmful use of hallucinogens applies.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Hallucinogen dependence (6C49.2)

6C49.1Z Harmful pattern of use of hallucinogens, unspecified

6C49.2 Hallucinogen dependence

Hallucinogen dependence is a disorder of regulation of hallucinogen use arising from repeated or continuous use of hallucinogens. The characteristic feature is a strong internal drive to use hallucinogens, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use hallucinogens. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if hallucinogens use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.20 Hallucinogen dependence, current use

Current hallucinogen dependence with hallucinogen use within the past month.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.21 Hallucinogen dependence, early full remission

After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from hallucinogens during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.22 Hallucinogen dependence, sustained partial remission

After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in hallucinogen consumption for more than 12 months, such that even though intermittent or continuing hallucinogen use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.23 Hallucinogen dependence, sustained full remission

After a diagnosis of Hallucinogen dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from hallucinogens for 12 months or longer.

Exclusions: Episode of harmful use of hallucinogens (6C49.0)

Harmful pattern of use of hallucinogens (6C49.1)

6C49.2Z Hallucinogen dependence, unspecified

6C49.3 Hallucinogen intoxication

Hallucinogen intoxication is a clinically significant transient condition that develops during or shortly after the consumption of hallucinogens that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of hallucinogens and their intensity is closely related to the amount of hallucinogen consumed. They are time-limited and abate as the hallucinogen is cleared from the body. Presenting features may include hallucinations, illusions, perceptual changes such as depersonalisation, derealization, or synesthesias (blending of senses, such as a visual stimulus evoking a smell), anxiety, depressed or dysphoric mood, ideas of reference, paranoid ideation, impaired judgment, palpitations, sweating, blurred vision, tremors and incoordination. Physical signs may include tachycardia, elevated blood pressure, and pupillary dilatation. In rare instances, hallucinogen intoxication may facilitate suicidal ideation and behaviour.

Coding Note: Code also the causing condition

Exclusions: hallucinogens poisoning (NE60)

Possession trance disorder (6B63)

6C49.4 Hallucinogen-induced delirium

Hallucinogen-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of hallucinogens. The amount and duration of hallucinogen use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C49.5 Hallucinogen-induced psychotic disorder

Hallucinogen-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with hallucinogen use).

Coding Note: Code also the causing condition

Exclusions: Psychotic disorder induced by other specified psychoactive substance (6C4E.6)

Alcohol-induced psychotic disorder (6C40.6)

6C49.6 Certain specified hallucinogen-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C49.60 Hallucinogen-induced mood disorder

Hallucinogen-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with hallucinogen use).

Coding Note: Code also the causing condition

6C49.61 Hallucinogen-induced anxiety disorder

Hallucinogen-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with hallucinogens. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of hallucinogen intoxication. The amount and duration of hallucinogen use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the hallucinogen use, if the symptoms persist for a substantial period of time after cessation of the hallucinogen use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with hallucinogen use).

Coding Note: Code also the causing condition

6C49.Y Other specified disorders due to use of hallucinogens

6C49.Z Disorders due to use of hallucinogens, unspecified

6C4A Disorders due to use of nicotine

Disorders due to use of nicotine are characterised by the pattern and consequences of nicotine use. Nicotine is the active dependence-producing constituent of the tobacco plant, Nicotiana tabacum. Nicotine is used overwhelmingly through smoking cigarettes. Increasingly, it is also used in electronic cigarettes that vaporize nicotine dissolved in a carrier solvent for inhalation (i.e., “vaping”). Pipe smoking, chewing tobacco and inhaling snuff are minor forms of use. Nicotine is a highly potent addictive compound and is the third most common psychoactive substance used worldwide after caffeine and alcohol. Nicotine Dependence and Nicotine Withdrawal are well described and Nicotine-Induced Mental Disorders are recognized.

6C4A.0 Episode of harmful use of nicotine

An episode of nicotine use that has caused damage to a person’s physical or mental health. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of nicotine use.

Exclusions: Nicotine dependence (6C4A.2)

Harmful pattern of use of nicotine (6C4A.1)

Harmful effects of or exposure to noxious substances, chiefly nonmedicinal as to source, not elsewhere classified (NE61)

6C4A.1 Harmful pattern of use of nicotine

A pattern of nicotine use that has caused damage to a person’s physical or mental health. The pattern of nicotine use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Nicotine dependence (6C4A.2)

Episode of harmful use of nicotine (6C4A.0)

6C4A.10 Harmful pattern of use of nicotine, episodic

A pattern of episodic or intermittent nicotine use that has caused damage to a person’s physical or mental health. The pattern of episodic nicotine use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Nicotine dependence (6C4A.2)

6C4A.11 Harmful pattern of use of nicotine, continuous

A pattern of continuous (daily or almost daily) nicotine use that has caused damage to a person’s physical or mental health. The pattern of continuous nicotine use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Nicotine dependence (6C4A.2)

6C4A.1Z Harmful pattern of use of nicotine, unspecified

6C4A.2 Nicotine dependence

Nicotine dependence is a disorder of regulation of nicotine use arising from repeated or continuous use of nicotine. The characteristic feature is a strong internal drive to use nicotine, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use nicotine. Physiological features of dependence may also be present, including tolerance to the effects of nicotine, withdrawal symptoms following cessation or reduction in use of nicotine, or repeated use of nicotine or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if nicotine use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.20 Nicotine dependence, current use

Current nicotine dependence with nicotine use within the past month.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.21 Nicotine dependence, early full remission

After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from nicotine during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.22 Nicotine dependence, sustained partial remission

After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in nicotine consumption for more than 12 months, such that even though intermittent or continuing nicotine use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.23 Nicotine dependence, sustained full remission

After a diagnosis of nicotine dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from nicotine for 12 months or longer.

Exclusions: Episode of harmful use of nicotine (6C4A.0)

Harmful pattern of use of nicotine (6C4A.1)

6C4A.2Z Nicotine dependence, unspecified

6C4A.3 Nicotine intoxication

Nicotine intoxication is a clinically significant transient condition that develops during or shortly after the consumption of nicotine that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of nicotine and their intensity is closely related to the amount of nicotine consumed. They are time-limited and abate as nicotine is cleared from the body. Presenting features may include restlessness, psychomotor agitation, anxiety, cold sweats, headache, insomnia, palpitations, paresthesias, nausea or vomiting, abdominal cramps, confusion, bizarre dreams, burning sensations in the mouth, and salivation. In rare instances, paranoid ideation, perceptual disturbances, convulsions or coma may occur. Nicotine intoxication occurs more commonly in naïve (non-tolerant) users or among those taking higher than accustomed doses.

Coding Note: Code also the causing condition

Inclusions: "Bad trips" due to nicotine

Exclusions: intoxication meaning poisoning (NE61)

Possession trance disorder (6B63)

6C4A.4 Nicotine withdrawal

Nicotine withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of nicotine (typically used as a constituent of tobacco) in individuals who have developed Nicotine dependence or have used nicotine for a prolonged period or in large amounts. Presenting features of Nicotine withdrawal may include dysphoric or depressed mood, insomnia, irritability, anger, anxiety, difficulty concentrating, restlessness, bradycardia, increased appetite, and craving for tobacco (or other nicotine-containing products). Other physical symptoms may include increased cough and mouth ulceration.

Coding Note: Code also the causing condition

6C4A.Y Other specified disorders due to use of nicotine

6C4A.Z Disorders due to use of nicotine, unspecified

6C4B Disorders due to use of volatile inhalants

Disorders due to use of volatile inhalants are characterised by the pattern and consequences of volatile inhalant use. Volatile inhalants include a range of compounds that are in the gaseous or vapour phase at ambient temperatures and include various organic solvents, glues, gasoline (petrol), nitrites and gases such as nitrous oxide, trichloroethane, butane, toluene, fluorocarbons, ether and halothane. They have a range of pharmacological properties but are predominantly central nervous system depressants, with many also having vasoactive effects. They tend to be used by younger persons and may be used when access to alternative psychoactive substances is difficult or impossible. Volatile Inhalant Intoxication is well recognized. Volatile inhalants have dependence-producing properties and Volatile Inhalant Dependence and Volatile Inhalant Withdrawal is recognized although comparatively uncommon worldwide. Volatile Inhalant-Induced Mental Disorders are described. They may also cause neurocognitive impairment, including Dementia.

6C4B.0 Episode of harmful use of volatile inhalants

An episode of volatile inhalant use or unintentional exposure (e.g., occupational exposure) that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to volatile inhalant intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of volatile inhalant use.

Exclusions: Harmful pattern of use of volatile inhalants (6C4B.1)

Volatile inhalant dependence (6C4B.2)

6C4B.1 Harmful pattern of use of volatile inhalants

A pattern of volatile inhalant use that has caused damage to a person’s physical or mental health. The pattern of volatile inhalant use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (1) direct or secondary toxic effects on body organs and systems; or (2) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions: Volatile inhalant dependence (6C4B.2)

Episode of harmful use of volatile inhalants (6C4B.0)

6C4B.10 Harmful pattern of use of volatile inhalants, episodic

A pattern of episodic or intermittent volatile inhalant use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic volatile inhalant use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Volatile inhalant dependence (6C4B.2)

6C4B.11 Harmful pattern of use of volatile inhalants, continuous

A pattern of continuous (daily or almost daily) volatile inhalant use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous volatile inhalant use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to volatile inhalant intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of volatile inhalants applies.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Volatile inhalant dependence (6C4B.2)

6C4B.1Z Harmful pattern of use of volatile inhalants, unspecified

6C4B.2 Volatile inhalant dependence

Volatile inhalant dependence is a disorder of regulation of volatile inhalant use arising from repeated or continuous use of volatile inhalants. The characteristic feature is a strong internal drive to use volatile inhalants, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use volatile inhalants. Physiological features of dependence may also be present, including tolerance to the effects of volatile inhalants, withdrawal symptoms following cessation or reduction in use of volatile inhalants, or repeated use of volatile inhalants or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if volatile inhalant use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.20 Volatile inhalant dependence, current use

Current volatile inhalant dependence with volatile inhalant use within the past month.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.21 Volatile inhalant dependence, early full remission

After a diagnosis of volatile inhalant dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from volatile inhalants during a period lasting between1 and 12 months.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.22 Volatile inhalant dependence, sustained partial remission

After a diagnosis of Volatile inhalant dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in volatile inhalant consumption for more than 12 months, such that even though intermittent or continuing volatile inhalant use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.23 Volatile inhalant dependence, sustained full remission

After a diagnosis of Volatile inhalant dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from volatile inhalants for 12 months or longer.

Exclusions: Episode of harmful use of volatile inhalants (6C4B.0)

Harmful pattern of use of volatile inhalants (6C4B.1)

6C4B.2Z Volatile inhalant dependence, unspecified

6C4B.3 Volatile inhalant intoxication

Volatile inhalant intoxication is a clinically significant transient condition that develops during or shortly after the consumption of a volatile inhalant that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of volatile inhalants and their intensity is closely related to the amount of volatile inhalant consumed. They are time-limited and abate as the volatile inhalant is cleared from the body. Presenting features may include euphoria, impaired judgment, aggression, somnolence, stupor or coma, dizziness, tremor, lack of coordination, slurred speech, unsteady gait, lethargy and apathy, psychomotor retardation, and visual disturbances. Muscle weakness and diplopia may occur. Use of volatile inhalants may cause cardiac arrhythmia, cardiac arrest, and death. Inhalants containing lead (e.g. some forms of petrol/gasoline) may cause confusion, irritability, coma and seizures.

Coding Note: Code also the causing condition

Exclusions: Possession trance disorder (6B63)

6C4B.4 Volatile inhalant withdrawal

Volatile inhalant withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of volatile inhalants in individuals who have developed Volatile inhalant dependence or have used volatile inhalants for a prolonged period or in large amounts. Presenting features of Volatile inhalant withdrawal may include insomnia, anxiety, irritability, dysphoric mood, shakiness, perspiration, nausea, and transient illusions.

Coding Note: Code also the causing condition

6C4B.5 Volatile inhalant-induced delirium

Volatile inhalant-induced delirium is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of volatile inhalants. The amount and duration of volatile inhalant use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6C4B.6 Volatile inhalant-induced psychotic disorder

Volatile inhalant-induced psychotic disorder is characterised by psychotic symptoms (e.g. delusions, hallucinations, disorganized thinking, grossly disorganized behaviour) that develop during or soon after intoxication with or withdrawal from volatile inhalants. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Volatile inhalant intoxication or Volatile inhalant withdrawal. The amount and duration of volatile inhalant use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g. Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the volatile inhalant use, if the symptoms persist for a substantial period of time after cessation of the volatile inhalant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g. a history of prior episodes not associated with volatile inhalant use).

Coding Note: Code also the causing condition

6C4B.7 Certain specified volatile inhalants-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C4B.70 Volatile inhalant-induced mood disorder

Volatile inhalant-induced mood disorder is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from volatile inhalants. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Volatile inhalant intoxication or Volatile inhalant withdrawal. The amount and duration of volatile inhalant use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the volatile inhalant use, if the symptoms persist for a substantial period of time after cessation of the volatile inhalant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with volatile inhalant use).

Coding Note: Code also the causing condition

6C4B.71 Volatile inhalant-induced anxiety disorder

Volatile inhalant-induced anxiety disorder is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from volatile inhalants. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Volatile inhalant intoxication or Volatile inhalant withdrawal. The amount and duration of volatile inhalant use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the volatile inhalant use, if the symptoms persist for a substantial period of time after cessation of the volatile inhalant use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with volatile inhalant use).

Coding Note: Code also the causing condition

6C4B.Y Other specified disorders due to use of volatile inhalants

6C4B.Z Disorders due to use of volatile inhalants, unspecified

6C4C Disorders due to use of MDMA or related drugs, including MDA

Disorders due to use of MDMA or related drugs, including MDA are characterised by the pattern and consequences of MDMA or related drug use. MDMA is methylene-dioxymethamphetamine and is a common drug of abuse in many countries especially among young people. It is predominantly available in tablet form known as ‘ecstasy’. Pharmacologically, MDMA has stimulant and empathogenic properties and these encourage its use among young people for social and other interactions. Considering its wide prevalence in many countries and among many sub-groups of young people, MDMA and Related Drug Dependence and MDMA and Related Drug Withdrawal are comparatively uncommon. Substance-Induced Mental Disorders may arise from its use. Several analogues of MDMA exist, including MDA (methylene-dioxyamphetamine).

Exclusions: Hazardous use of MDMA or related drugs (QE11.6)

6C4C.0 Episode of harmful use of MDMA or related drugs, including MDA

An episode of use of MDMA or related drugs, including MDA, that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to intoxication with MDMA or related drugs, including MDA, on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of MDMA or related drugs, including MDA.

Exclusions: Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

MDMA or related drug dependence, including MDA (6C4C.2)

6C4C.1 Harmful pattern of use of MDMA or related drugs, including MDA

A pattern of use of MDMA or related drugs, including MDA, that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of use of MDMA or related drugs is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to MDMA or related drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of MDMA or related drugs, including MDA applies.

Exclusions: MDMA or related drug dependence, including MDA (6C4C.2)

Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

6C4C.10 Harmful use of MDMA or related drugs, including MDA, episodic

A pattern of episodic or intermittent use of MDMA or related drugs, including MDA, that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic use of MDMA or related drugs is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to MDMA or related drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of MDMA or related drugs, including MDA applies.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

MDMA or related drug dependence, including MDA (6C4C.2)

6C4C.11 Harmful use of MDMA or related drugs, including MDA, continuous

A pattern of continuous (daily or almost daily) use of MDMA or related drugs, including MDA, that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous use of MDMA or related drugs is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to MDMA or related drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of MDMA or related drugs, including MDA applies.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

MDMA or related drug dependence, including MDA (6C4C.2)

6C4C.1Z Harmful pattern of use of MDMA or related drugs, including MDA, unspecified

6C4C.2 MDMA or related drug dependence, including MDA

MDMA or related drug dependence, including MDA is a disorder of regulation of MDMA or related drug use arising from repeated or continuous use of MDMA or related drugs. The characteristic feature is a strong internal drive to use MDMA or related drugs, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use MDMA or related drugs. Physiological features of dependence may also be present, including tolerance to the effects of MDMA or related drugs, withdrawal symptoms following cessation or reduction in use of MDMA or related drugs, or repeated use of MDMA or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if MDMA or related drug use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.20 MDMA or related drug dependence, including MDA, current use

Current MDMA or related drug dependence, including MDA, with MDMA or related drug use within the past month.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.21 MDMA or related drug dependence, including MDA, early full remission

After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from MDMA or related drug dependence, including MDA, during a period lasting from between 1 and 12 months.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.22 MDMA or related drug dependence, including MDA, sustained partial remission

After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of MDMA or related drugs, including MDA, for more than 12 months, such that even though intermittent or continuing use of MDMA or related drugs, including MDA, has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.23 MDMA or related drug dependence, including MDA, sustained full remission

After a diagnosis of MDMA or related drug dependence, including MDA, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from MDMA or related drugs, including MDA, for 12 months or longer.

Exclusions: Episode of harmful use of MDMA or related drugs, including MDA (6C4C.0)

Harmful pattern of use of MDMA or related drugs, including MDA (6C4C.1)

6C4C.2Z MDMA or related drug dependence, including MDA, unspecified

6C4C.3 MDMA or related drug intoxication, including MDA

MDMA or related drug intoxication, including MDA is a clinically significant transient condition that develops during or shortly after the consumption of MDMA or related drugs that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of MDMA or related drugs and their intensity is closely related to the amount of MDMA or a related drug consumed. They are time-limited and abate as MDMA or a related drug is cleared from the body. Presenting features may include increased or inappropriate sexual interest and activity, anxiety, restlessness, agitation, and sweating. In rare instances, usually in severe intoxication, use of MDMA or related drugs, including MDA can result in dystonia and seizures. Sudden death is a rare but recognised complication.

Coding Note: Code also the causing condition

6C4C.4 MDMA or related drug withdrawal, including MDA

MDMA or related drug withdrawal, including MDA is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of MDMA or related drugs in individuals who have developed MDMA or related drug dependence or have used MDMA or related drugs for a prolonged period or in large amounts. Presenting features of MDMA or related drug withdrawal may include fatigue, lethargy, hypersomnia or insomnia, depressed mood, anxiety, irritability, craving, difficulty in concentrating, and appetite disturbance.

Coding Note: Code also the causing condition

6C4C.5 MDMA or related drug-induced delirium, including MDA

MDMA or related drug-induced delirium, including MDA is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of MDMA or related drugs. The amount and duration of MDMA or related drug use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C4C.6 MDMA or related drug-induced psychotic disorder, including MDA

MDMA or related drug-induced psychotic disorder, including MDA is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of MDMA or related drug intoxication. The amount and duration of MDMA or related drug use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use, including MDA).

Coding Note: Code also the causing condition

6C4C.7 Certain specified MDMA or related drug-induced mental or behavioural disorders, including MDA

Coding Note: Code also the causing condition

6C4C.70 MDMA or related drug-induced mood disorder, including MDA

MDMA or related drug-induced mood disorder, including MDA is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of MDMA or related drug intoxication, including MDA. The amount and duration of MDMA or related drug use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use).

Coding Note: Code also the causing condition

6C4C.71 MDMA or related drug-induced anxiety disorder

MDMA or related drug-induced anxiety disorder, including MDA is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with MDMA or related drugs. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of MDMA or related drug intoxication, including MDA. The amount and duration of MDMA or related drug use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the MDMA or related drug use, if the symptoms persist for a substantial period of time after cessation of the MDMA or related drug use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with MDMA or related drug use).

Coding Note: Code also the causing condition

6C4C.Y Other specified disorders due to use of MDMA or related drugs, including MDA

6C4C.Z Disorders due to use of MDMA or related drugs, including MDA, unspecified

6C4D Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP]

Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP] are characterised by the pattern and consequences of dissociative drug use. Dissociative drugs include ketamine and phencyclidine (PCP) and their (comparatively rare) chemical analogues. Ketamine is an intravenous anaesthetic widely used in low- and middle-income countries, particularly in Africa, and in emergency situations. Ketamine is also undergoing evaluation for treatment of some mental disorders (e.g., treatment resistant Depressive Disorders). It is also a widespread drug of nonmedical use in many countries and may be taken by the oral or nasal routes or injected. It produces a sense of euphoria but depending on the dose, emergent hallucinations and dissociation are recognised as unpleasant side effects. Phencyclidine has a more restricted worldwide distribution and also has euphoric and dissociative effects. Its use may result in bizarre behaviour uncharacteristic for the individual, including self-harm. Dissociative Drug Dependence is described but a withdrawal syndrome is not recognized by most authorities. Several Dissociative Drug-Induced Mental Disorders are recognised.

Exclusions: Hazardous use of dissociative drugs including ketamine or PCP (QE11.7)

6C4D.0 Episode of harmful use of dissociative drugs including ketamine or PCP

An episode of use of a dissociative drug, including Ketamine and PCP, that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to intoxication with a dissociative drug, including Ketamine and PCP, on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of dissociative drugs, including Ketamine and PCP.

Exclusions: Dissociative drug dependence including ketamine or PCP (6C4D.2)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.1 Harmful pattern of use of dissociative drugs, including ketamine or PCP

A pattern of use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of dissociative drug use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.

Exclusions: Dissociative drug dependence including ketamine or PCP (6C4D.2)

Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

6C4D.10 Harmful pattern of use of dissociative drugs including ketamine or PCP, episodic

A pattern of episodic or intermittent use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic use of dissociative drugs is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Dissociative drug dependence including ketamine or PCP (6C4D.2)

6C4D.11 Harmful pattern of use of dissociative drugs including ketamine or PCP, continuous

A pattern of continuous (daily or almost daily) use of dissociative drugs, including ketamine and phencyclidine (PCP), that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous use of dissociative drugs is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to dissociative drug intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of dissociative drugs, including ketamine and PCP applies.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Dissociative drug dependence including ketamine or PCP (6C4D.2)

6C4D.1Z Harmful pattern of use of dissociative drugs, including ketamine or PCP, unspecified

6C4D.2 Dissociative drug dependence including ketamine or PCP

Dissociative drug dependence including ketamine or PCP is a disorder of regulation of dissociative drug use arising from repeated or continuous use of dissociative drugs. The characteristic feature is a strong internal drive to use dissociative drugs, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use dissociative drugs. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if dissociative drugs use is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.20 Dissociative drug dependence including Ketamine or PCP, current use

Dissociative drug dependence including Ketamine and PCP, current use refers to use of dissociative drugs within the past month.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.21 Dissociative drug dependence including ketamine or PCP, early full remission

After a diagnosis of Dissociative drug dependence including ketamine and PCP, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from dissociative drugs during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.22 Dissociative drug dependence including Ketamine or PCP, sustained partial remission

After a diagnosis of Dissociative drug dependence including Ketamine and PCP, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in dissociative drug consumption for more than 12 months, such that even though intermittent or continuing dissociative drug use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.23 Dissociative drug dependence including Ketamine or PCP, sustained full remission

After a diagnosis of Dissociative drug dependence including Ketamine and PCP, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from dissociative drugs for 12 months or longer.

Exclusions: Episode of harmful use of dissociative drugs including ketamine or PCP (6C4D.0)

Harmful pattern of use of dissociative drugs, including ketamine or PCP (6C4D.1)

6C4D.2Z Dissociative drug dependence including ketamine or PCP, unspecified

6C4D.3 Dissociative drug intoxication including Ketamine or PCP

Dissociative drug intoxication including Ketamine and PCP is a clinically significant transient condition that develops during or shortly after the consumption of a dissociative drug that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of a dissociative drug and their intensity is closely related to the amount of the dissociative drug consumed. They are time-limited and abate as the dissociative drug is cleared from the body. Presenting features may include aggression, impulsiveness, unpredictability, anxiety, psychomotor agitation, impaired judgment, numbness or diminished responsiveness to pain, slurred speech, and dystonia. Physical signs include nystagmus (repetitive, uncontrolled eye movements), tachycardia, elevated blood pressure, numbness, ataxia, dysarthria, and muscle rigidity. In rare instances, use of dissociative drugs including Ketamine and PCP can result in seizures.

Coding Note: Code also the causing condition

6C4D.4 Dissociative drug-induced delirium including ketamine or PCP

Dissociative drug-induced delirium including Ketamine or PCP is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or during the use of dissociative drugs. The amount and duration of dissociative drug use must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C4D.5 Dissociative drug-induced psychotic disorder including Ketamine or PCP

Dissociative drug-induced psychotic disorder including Ketamine or PCP is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with dissociative drug use).

Coding Note: Code also the causing condition

6C4D.6 Certain specified dissociative drug-induced mental or behavioural disorders, including ketamine and phencyclidine [PCP]

Coding Note: Code also the causing condition

6C4D.60 Dissociative drug-induced mood disorder including Ketamine or PCP

Dissociative drug-induced mood disorder including Ketamine or PCP is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with dissociative drug use).

Coding Note: Code also the causing condition

6C4D.61 Dissociative drug-induced anxiety disorder including Ketamine or PCP

Dissociative drug-induced anxiety disorder including Ketamine or PCP is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with dissociative drugs. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of Dissociative drug intoxication. The amount and duration of Dissociative drug use must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and Fear-Related Disorder, a Depressive Disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the dissociative drug use, if the symptoms persist for a substantial period of time after cessation of the dissociative drug use, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with dissociative drug use).

Coding Note: Code also the causing condition

6C4D.Y Other specified disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP]

6C4D.Z Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP], unspecified

6C4E Disorders due to use of other specified psychoactive substances, including medications

Disorders due to use of other specified psychoactive substances, including medications are characterised by the pattern and consequences of psychoactive substances that are not included among the major substance classes specifically identified. Examples include khat, antidepressants, medications with anticholinergic properties (e.g., benztropine), and some antihistamines.

6C4E.0 Episode of harmful use of other specified psychoactive substance

An episode of use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of single episode of harmful use of other specified psychoactive substance applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the specified psychoactive substance.

Exclusions: Harmful pattern of use of other specified psychoactive substance (6C4E.1)

Other specified psychoactive substance dependence (6C4E.2)

6C4E.1 Harmful pattern of use of other specified psychoactive substance

A pattern of use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Other specified psychoactive substance dependence (6C4E.2)

Episode of harmful use of other specified psychoactive substance (6C4E.0)

6C4E.10 Harmful pattern of use of other specified psychoactive substance, episodic

A pattern of episodic or intermittent use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Abuse that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Other specified psychoactive substance dependence (6C4E.2)

6C4E.11 Harmful pattern of use of other specified psychoactive substance, continuous

A pattern of continuous (daily or almost daily) use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Other specified psychoactive substance dependence (6C4E.2)

6C4E.1Z Harmful pattern of use of other specified psychoactive substance, unspecified

6C4E.2 Other specified psychoactive substance dependence

Other specified psychoactive substance dependence is a disorder of regulation of use of a specified substance arising from repeated or continuous use of the specified substance. The characteristic feature is a strong internal drive to use the specified substance, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the specified substance. Physiological features of dependence may also be present, including tolerance to the effects of the specified substance, withdrawal symptoms following cessation or reduction in use of the specified substance, or repeated use of the specified substance or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the specified substance is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.20 Other specified psychoactive substance dependence, current use

Current Other specified psychoactive substance dependence, with use of the specified psychoactive substance within the past month.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.21 Other specified psychoactive substance dependence, early full remission

After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from the specified substance during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.22 Other specified psychoactive substance dependence, sustained partial remission

After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of the specified substance for more than 12 months, such that even though intermittent or continuing substance use has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.23 Other specified psychoactive substance dependence, sustained full remission

After a diagnosis of Other specified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from the specified substance for 12 months or longer.

Exclusions: Episode of harmful use of other specified psychoactive substance (6C4E.0)

Harmful pattern of use of other specified psychoactive substance (6C4E.1)

6C4E.2Z Other specified psychoactive substance dependence, unspecified

6C4E.3 Other specified psychoactive substance intoxication

Other specified psychoactive substance intoxication is a clinically significant transient condition that develops during or shortly after the consumption of a specified psychoactive substance or medication that is characterised by disturbances in level of consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of the specified psychoactive substance and their intensity is closely related to the amount of the specified psychoactive substance consumed. They are time-limited and abate as the specified substance is cleared from the body.

Coding Note: Code also the causing condition

6C4E.4 Other specified psychoactive substance withdrawal

Other specified psychoactive substance withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of the specified substance in individuals who have developed dependence or have used the specified substance for a prolonged period or in large amounts. Other specified psychoactive substance withdrawal can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the specified substance.

Coding Note: Code also the causing condition

6C4E.40 Other specified psychoactive substance withdrawal, uncomplicated

The development of a withdrawal state not accompanied by perceptual disturbances or seizures following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.41 Other specified psychoactive substance withdrawal, with perceptual disturbances

The development of a withdrawal state accompanied by perceptual disturbances but not by seizures following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.42 Other specified psychoactive substance withdrawal, with seizures

The development of a withdrawal state accompanied by seizures but not by perceptual disturbances following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.43 Other specified psychoactive substance withdrawal, with perceptual disturbances and seizures

The development of a withdrawal state accompanied by both perceptual disturbances and seizures following cessation or reduction of use of the specified substance.

Coding Note: Code also the causing condition

6C4E.4Z Other specified psychoactive substance withdrawal, unspecified

Coding Note: Code also the causing condition

6C4E.5 Delirium induced by other specified psychoactive substance including medications

Delirium induced by other specified psychoactive substance is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of a specified psychoactive substance. The amount and duration of use of the specified substance must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a different substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C4E.6 Psychotic disorder induced by other specified psychoactive substance

Psychotic disorder induced by other specified psychoactive substance is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Coding Note: Code also the causing condition

6C4E.7 Certain other specified psychoactive substance-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C4E.70 Mood disorder induced by other specified psychoactive substance

Mood disorder induced by other specified psychoactive substance is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Coding Note: Code also the causing condition

6C4E.71 Anxiety disorder induced by other specified psychoactive substance

Anxiety disorder induced by other specified psychoactive substance is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication with or withdrawal from a specified psychoactive substance. The amount and duration of use of the specified psychoactive substance must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the specified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the specified psychoactive substance or withdrawal from the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the specified psychoactive substance).

Coding Note: Code also the causing condition

6C4E.72 Obsessive-compulsive or related disorder induced by other specified psychoactive substance

Obsessive-compulsive or related disorder induced by other specified psychoactive substance is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of intoxication with or withdrawal from the specified psychoactive substance. The amount and duration of the specified psychoactive substance use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the specified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with specified psychoactive substance use).

Coding Note: Code also the causing condition

6C4E.73 Impulse control disorder induced by other specified psychoactive substance

Impulse control disorder induced by other specified psychoactive substance is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of intoxication with or withdrawal from the specified psychoactive substance. The amount and duration of the specified psychoactive substance use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the specified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the specified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with specified psychoactive substance use).

Coding Note: Code also the causing condition

6C4E.Y Other specified disorders due to use of other specified psychoactive substances, including medications

6C4E.Z Disorders due to use of other specified psychoactive substances, including medications, unspecified

6C4F Disorders due to use of multiple specified psychoactive substances, including medications

Disorders due to use of multiple specified psychoactive substances, including medications are characterised by the pattern and consequences of multiple psychoactive substances. Although this grouping is provided for coding purposes, in most clinical situations it is recommended that multiple specific disorders due to substance use be assigned rather than using categories from this grouping.

6C4F.0 Episode of harmful use of multiple specified psychoactive substances

An episode of use of multiple specified psychoactive substances or medications that are not included in the other substance classes specifically identified under Disorder Due to Substance Use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of single episode of harmful use of multiple specified psychoactive substances applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the multiple psychoactive substances.

Exclusions: Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.1 Harmful pattern of use of multiple specified psychoactive substances

A pattern of use of multiple specified psychoactive substances or medications that are not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of Harmful pattern of use of multiple specified psychoactive substances applies.

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.10 Harmful pattern of use of multiple specified psychoactive substances, episodic

A pattern of episodic or intermittent use of a specified psychoactive substance or medication that is not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to intoxication due to the specified substance or medication on the part of the person to whom the diagnosis of Harmful pattern of use of other specified psychoactive substance applies.

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.11 Harmful pattern of use of multiple specified psychoactive substances, continuous

A pattern of continuous (daily or almost daily) use of multiple specified psychoactive substances or medications that are not included in the other substance classes specifically identified under Disorders Due to Substance Use that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to multiple substance intoxication or psychoactive medication use; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to multiple substance intoxication or psychoactive medication use on the part of the person to whom the diagnosis of Harmful pattern of multiple specified psychoactive substances applies.

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Multiple specified psychoactive substances dependence (6C4F.2)

6C4F.1Z Harmful pattern of use of multiple specified psychoactive substances, unspecified

6C4F.2 Multiple specified psychoactive substances dependence

Multiple specified psychoactive substance dependence is a disorder of regulation of use of multiple specified substances arising from repeated or continuous use of the specified substances. The characteristic feature is a strong internal drive to use the specified substances, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the specified substances. Physiological features of dependence may also be present, including tolerance to the effects of the specified substances, withdrawal symptoms following cessation or reduction in use of the specified substances, or repeated use of the specified substances or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the specified substances is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.20 Multiple specified psychoactive substances dependence, current use

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.21 Multiple specified psychoactive substances dependence, early full remission

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.22 Multiple specified psychoactive substances dependence, sustained partial remission

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.23 Multiple specified psychoactive substances dependence, sustained full remission

Exclusions: Episode of harmful use of multiple specified psychoactive substances (6C4F.0)

Harmful pattern of use of multiple specified psychoactive substances (6C4F.1)

6C4F.2Z Multiple specified psychoactive substances dependence, unspecified

6C4F.3 Intoxication due to multiple specified psychoactive substances

Intoxication due to multiple specified psychoactive substances is a clinically significant transient condition that develops during or shortly after the consumption of multiple specified substances or medications that is characterised by disturbances in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of the multiple specified psychoactive substances and their intensity is closely related to the amount of the substances consumed. They are time-limited and abate as the multiple specified substances are cleared from the body.

Coding Note: Code also the causing condition

6C4F.4 Multiple specified psychoactive substances withdrawal

Multiple specified psychoactive substance withdrawal is a clinically significant cluster of symptoms, behaviours and physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of multiple specified substances in individuals who have developed dependence or have used the specified substances for a prolonged period or in large amounts. Multiple specified psychoactive substance withdrawal can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the specified substances and their interactions.

Coding Note: Code also the causing condition

6C4F.40 Multiple specified psychoactive substances withdrawal, uncomplicated

Coding Note: Code also the causing condition

6C4F.41 Multiple specified psychoactive substances withdrawal, with perceptual disturbances

Coding Note: Code also the causing condition

6C4F.42 Multiple specified psychoactive substances withdrawal, with seizures

Coding Note: Code also the causing condition

6C4F.43 Multiple specified psychoactive substances withdrawal, with perceptual disturbances and seizures

Coding Note: Code also the causing condition

6C4F.4Y Other specified multiple specified psychoactive substances withdrawal

Coding Note: Code also the causing condition

6C4F.4Z Multiple specified psychoactive substances withdrawal, unspecified

Coding Note: Code also the causing condition

6C4F.5 Delirium induced by multiple specified psychoactive substances including medications

Delirium induced by multiple specified psychoactive substances is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of multiple specified substances. The amount and duration of use of the multiple specified substances must be capable of producing delirium. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from a substance other than those specified, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders. Note that this diagnosis applies only to those situations in which delirium is present but it cannot be determined which of multiple psychoactive substances is the cause of the delirium. In cases of multiple psychoactive substance use in which more than one specific substance can be identified as a cause of the delirium, the corresponding specific substance-induced delirium diagnoses should be given instead.

Coding Note: Code also the causing condition

6C4F.6 Psychotic disorder induced by multiple specified psychoactive substances

Psychotic disorder induced by multiple specified psychoactive substances is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of psychotic-like disturbances of perception, cognition, or behaviour that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing psychotic symptoms. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Coding Note: Code also the causing condition

6C4F.7 Certain multiple specified psychoactive substances-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C4F.70 Mood disorder induced by multiple specified psychoactive substances

Mood disorder induced by multiple specified psychoactive substances is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of mood disturbances that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing mood symptoms. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Coding Note: Code also the causing condition

6C4F.71 Anxiety disorder induced by multiple specified psychoactive substances

Anxiety disorder induced by multiple specified psychoactive substances is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of anxiety symptoms that are characteristic of intoxication with or withdrawal from multiple specified psychoactive substances. The amount and duration of use of the multiple specified psychoactive substances must be capable of producing anxiety symptoms. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the use of the multiple specified psychoactive substances or withdrawal from the multiple specified psychoactive substances, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the multiple specified psychoactive substances).

Coding Note: Code also the causing condition

6C4F.72 Obsessive-compulsive or related disorder induced by multiple specified psychoactive substances

Obsessive-compulsive or related disorder induced by multiple specified psychoactive substances is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of analogous disturbances that are characteristic of intoxication with or withdrawal from the multiple specified psychoactive substances. The amount and duration of the multiple specified psychoactive substances use must be capable of producing obsessive-compulsive or related symptoms. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the use of multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the multiple specified psychoactive substance use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with multiple specified psychoactive substances use).

Coding Note: Code also the causing condition

6C4F.73 Impulse control syndrome induced by multiple specified psychoactive substances

Impulse control disorder induced by multiple specified psychoactive substances is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from multiple specified psychoactive substances. The intensity or duration of the symptoms is substantially in excess of disturbances of impulse control that are characteristic of intoxication with or withdrawal from the multiple specified psychoactive substances. The amount and duration of the multiple specified psychoactive substances use must be capable of producing disturbances of impulse control. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the use of multiple specified psychoactive substances, if the symptoms persist for a substantial period of time after cessation of the multiple specified psychoactive substance use or withdrawal, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with multiple specified psychoactive substances use).

Coding Note: Code also the causing condition

6C4F.Y Other specified disorders due to use of multiple specified psychoactive substances, including medications

6C4F.Z Disorders due to use of multiple specified psychoactive substances, including medications, unspecified

6C4G Disorders due to use of unknown or unspecified psychoactive substances

Disorders due to use of unknown or unspecified psychoactive substances are characterised by the pattern and consequences of psychoactive substance use when the specific substance is unknown or unspecified. These categories may be used in clinical situations in which it is clear that the disturbance is due to substance use but the specific class of substance is unknown. Once the relevant substance is identified, the disturbance should be recoded under the appropriate substance class.

6C4G.0 Episode of harmful use of unknown or unspecified psychoactive substances

An episode of use of an unknown or unspecified psychoactive substance that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication or withdrawal; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour due to substance intoxication or withdrawal on the part of the person to whom the diagnosis of single episode of harmful use applies. This diagnosis should not be made if the harm is attributed to a known pattern of use of the unknown or unspecified psychoactive substance.

Exclusions: Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.1 Harmful pattern of use of unknown or unspecified psychoactive substance

A pattern of use of an unknown or unspecified psychoactive substance that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of substance use is evident over a period of at least 12 months if use is episodic or at least one month if use is continuous (i.e., daily or almost daily). Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.10 Harmful pattern of use of unknown or unspecified psychoactive substance, episodic

A pattern of episodic or intermittent use of an unknown or unspecified psychoactive substance that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of episodic substance use is evident over a period of at least 12 months. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.11 Harmful pattern of use of unknown or unspecified psychoactive substance, continuous

A pattern of continuous (daily or almost daily) use of an unknown or unspecified psychoactive substance that has caused damage to a person’s physical or mental health or has resulted in behaviour leading to harm to the health of others. The pattern of continuous substance use is evident over a period of at least one month. Harm to health of the individual occurs due to one or more of the following: (1) behaviour related to intoxication; (2) direct or secondary toxic effects on body organs and systems; or (3) a harmful route of administration. Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of unknown or unspecified psychoactive substance applies.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Unknown or unspecified psychoactive substance dependence (6C4G.2)

6C4G.1Z Harmful pattern of use of unknown or unspecified psychoactive substance, unspecified

6C4G.2 Unknown or unspecified psychoactive substance dependence

Unknown or unspecified psychoactive substance dependence is a disorder of regulation of use of an unknown or unspecified substance arising from repeated or continuous use of the substance. The characteristic feature is a strong internal drive to use the unknown or unspecified substance, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the unknown or unspecified substance. The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if use of the unknown or unspecified substance is continuous (daily or almost daily) for at least 3 months.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.20 Unknown or unspecified psychoactive substance dependence, current use

Current dependence on an unknown or unspecified psychoactive substance, with use of the substance within the past month.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.21 Unknown or unspecified psychoactive substance dependence, early full remission

After a diagnosis of Unknown or unspecified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), the individual has been abstinent from the substance during a period lasting between 1 and 12 months.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.22 Unknown or unspecified psychoactive substance dependence, sustained partial remission

After a diagnosis of Unknown or unspecified psychoactive substance dependence, and often following a treatment episode or other intervention (including self-help intervention), there is a significant reduction in consumption of the substance for more than 12 months, such that even though intermittent or continuing use of the substance has occurred during this period, the definitional requirements for dependence have not been met.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.23 Unknown or unspecified psychoactive substance dependence, sustained full remission

After a diagnosis of Unknown or unspecified psychoactive substance dependence, sustained full remission, and often following a treatment episode or other intervention (including self-intervention), the person has been abstinent from the substance for 12 months or longer.

Exclusions: Episode of harmful use of unknown or unspecified psychoactive substances (6C4G.0)

Harmful pattern of use of unknown or unspecified psychoactive substance (6C4G.1)

6C4G.2Z Unknown or unspecified psychoactive substance dependence, substance and state of remission unspecified

6C4G.3 Intoxication due to unknown or unspecified psychoactive substance

Intoxication due to unknown or unspecified psychoactive substance is a transient condition that develops during or shortly after the administration of an unknown or unspecified psychoactive substance that is characterised by disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psychophysiological functions and responses. This diagnosis should be made only when there is strong evidence that an unidentified substance has been taken and the features cannot be accounted for by another disorder or disease.

Coding Note: Code also the causing condition

6C4G.4 Withdrawal due to unknown or unspecified psychoactive substance

Withdrawal due to unknown or unspecified psychoactive substance is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of an unknown or unspecified substance in individuals who have developed dependence or have used the unknown or unspecified substance for a prolonged period or in large amounts. Withdrawal due to unknown or unspecified psychoactive substance can also occur when prescribed psychoactive medications have been used in standard therapeutic doses. The specific features of the withdrawal state depend on the pharmacological properties of the unknown or unspecified substance.

Coding Note: Code also the causing condition

6C4G.40 Withdrawal due to unknown or unspecified psychoactive substance, uncomplicated

All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is not accompanied by perceptual disturbances or seizures.

Coding Note: Code also the causing condition

6C4G.41 Withdrawal due to unknown or unspecified psychoactive substance, with perceptual disturbances

All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is accompanied by perceptual disturbances (e.g., visual or tactile hallucinations or illusions) with intact reality testing. There is no evidence of confusion and other diagnostic requirements for Delirium are not met. The withdrawal state is not accompanied by seizures.

Coding Note: Code also the causing condition

6C4G.42 Withdrawal due to unknown or unspecified psychoactive substance, with seizures

All diagnostic requirements for Withdrawal due to unknown or unspecified psychoactive substance are met and the withdrawal state is accompanied by seizures (i.e., generalised tonic-clonic seizures) but not by perceptual disturbances.

Coding Note: Code also the causing condition

6C4G.43 Withdrawal due to unknown or unspecified psychoactive, with perceptual disturbances and seizures

The development of a withdrawal syndrome accompanied by both perceptual disturbances and seizures following cessation or reduction of use of the unknown or unspecified substance.

Coding Note: Code also the causing condition

6C4G.4Z Withdrawal due to unknown or unspecified psychoactive substance, unspecified

Coding Note: Code also the causing condition

6C4G.5 Delirium induced by unknown or unspecified psychoactive substance

Delirium induced by unknown or unspecified psychoactive substance is characterised by an acute state of disturbed attention and awareness with specific features of delirium that develops during or soon after substance intoxication or withdrawal or during the use of an unknown or unspecified substance. The symptoms are not better explained by a primary mental disorder, by use of or withdrawal from another substance, or by another health condition that is not classified under Mental, behavioural and neurodevelopmental disorders.

Coding Note: Code also the causing condition

6C4G.6 Psychotic disorder induced by unknown or unspecified psychoactive substance

Psychotic disorder induced by unknown or unspecified psychoactive substance is characterised by psychotic symptoms (e.g., delusions, hallucinations, disorganised thinking, grossly disorganised behaviour) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., Schizophrenia, a Mood disorder with psychotic symptoms), as might be the case if the psychotic symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with psychotic symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).

Coding Note: Code also the causing condition

6C4G.7 Certain unknown or unspecified psychoactive substance-induced mental or behavioural disorders

Coding Note: Code also the causing condition

6C4G.70 Mood disorder induced by unknown or unspecified psychoactive substance

Mood disorder induced by unknown or unspecified psychoactive substance is characterised by mood symptoms (e.g., depressed or elevated mood, decreased engagement in pleasurable activities, increased or decreased energy levels) that develop during or soon after intoxication with or withdrawal from a specified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., a Depressive disorder, a Bipolar disorder, Schizoaffective disorder), as might be the case if the mood symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with mood symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).

Coding Note: Code also the causing condition

6C4G.71 Anxiety disorder induced by unknown or unspecified psychoactive substance

Anxiety disorder induced by unknown or unspecified psychoactive substance is characterised by anxiety symptoms (e.g., apprehension or worry, fear, physiological symptoms of excessive autonomic arousal, avoidance behaviour) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., an Anxiety and fear-related disorder, a Depressive disorder with prominent anxiety symptoms), as might be the case if the anxiety symptoms preceded the onset of the use of the unknown or unspecified psychoactive substance, if the symptoms persist for a substantial period of time after cessation of the use of the unknown or unspecified psychoactive substance or withdrawal from the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with anxiety symptoms (e.g., a history of prior episodes not associated with the use of the unknown or unspecified psychoactive substance).

Coding Note: Code also the causing condition

6C4G.72 Obsessive-compulsive or related disorder induced by unknown or unspecified psychoactive substance

Obsessive-compulsive or related disorder induced by unknown or unspecified psychoactive substance is characterised by either repetitive intrusive thoughts or preoccupations, normally associated with anxiety and typically accompanied by repetitive behaviours performed in response, or by recurrent and habitual actions directed at the integument (e.g., hair pulling, skin picking) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (in particular an Obsessive-compulsive or related disorder), as might be the case if the symptoms preceded the onset of the unknown or unspecified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with obsessive-compulsive or related symptoms (e.g., a history of prior episodes not associated with the unknown or unspecified psychoactive substance use).

Coding Note: Code also the causing condition

6C4G.73 Impulse control disorder induced by unknown or unspecified psychoactive substance

Impulse control disorder induced by unknown or unspecified psychoactive substance is characterised by persistently repeated behaviours in which there is recurrent failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite longer-term harm either to the individual or to others (e.g., fire setting or stealing without apparent motive, repetitive sexual behaviour, aggressive outbursts) that develop during or soon after intoxication with or withdrawal from an unknown or unspecified psychoactive substance. The symptoms are not better explained by a primary mental disorder (e.g., an Impulse control disorder, a Disorder due to addictive behaviours), as might be the case if the impulse control disturbances preceded the onset of the unknown or unspecified psychoactive substance use, if the symptoms persist for a substantial period of time after cessation of use or withdrawal of the unknown or unspecified psychoactive substance, or if there is other evidence of a pre-existing primary mental disorder with impulse control symptoms (e.g., a history of prior episodes not associated with the unknown or unspecified psychoactive substance use).

Coding Note: Code also the causing condition

6C4G.Y Other specified disorders due to use of unknown or unspecified psychoactive substances

6C4G.Z Disorders due to use of unknown or unspecified psychoactive substances, unspecified

6C4H Disorders due to use of non-psychoactive substances

Disorders due to use of non-psychoactive substances are characterised by the pattern and consequences of non-medical use of non-psychoactive substances. Non-psychoactive substances include laxatives, anabolic steroids, growth hormone, erythropoietin, and non-steroidal anti-inflammatory drugs. They may also include proprietary or over-the-counter medicines and folk remedies. Non-medical use of these substances may be associated with harm to the individual due to the direct or secondary toxic effects of the non-psychoactive substance on body organs and systems, or a harmful route of administration (e.g., infections due to intravenous self-administration). They are not associated with intoxication or with a dependence or withdrawal syndrome and are not recognized causes of substance-induced mental disorders.

6C4H.0 Episode of harmful use of non-psychoactive substances

An episode of use of a non-psychoactive substance that has caused damage to a person’s physical or mental health. Harm to health of the individual occurs due to direct or secondary toxic effects on body organs and systems or a harmful route of administration. This diagnosis should not be made if the harm is attributed to a known pattern of non-psychoactive substance use.

Exclusions: Harmful pattern of use of non-psychoactive substances (6C4H.1)

6C4H.1 Harmful pattern of use of non-psychoactive substances

A pattern of use of non-psychoactive substances that has caused clinically significant harm to a person’s physical or mental health. The pattern of use is evident over a period of at least 12 months if use is episodic and at least one month if use is continuous (i.e., daily or almost daily). Harm may be caused by the direct or secondary toxic effects of the substance on body organs and systems, or a harmful route of administration.

Exclusions: Harmful pattern of use of other specified psychoactive substance (6C4E.1)

Episode of harmful use of non-psychoactive substances (6C4H.0)

6C4H.10 Harmful pattern of use of non-psychoactive substances, episodic

A pattern of episodic or intermittent use of a non-psychoactive substance that has caused damage to a person’s physical or mental health. The pattern of episodic or intermittent use of the non-psychoactive substance is evident over a period of at least 12 months. Harm may be caused by the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

6C4H.11 Harmful pattern of use of non-psychoactive substances, continuous

A pattern of continuous use of a non-psychoactive substance (daily or almost daily) that has caused damage to a person’s physical or mental health. The pattern of continuous use of the non-psychoactive substance is evident over a period of at least one month. Harm may be caused by the direct or secondary toxic effects on body organs and systems, or a harmful route of administration.

6C4H.1Z Harmful pattern of use of non-psychoactive substances, unspecified

6C4H.Y Other specified disorders due to use of non-psychoactive substances

6C4H.Z Disorders due to use of non-psychoactive substances, unspecified

6C4Y Other specified disorders due to substance use

6C4Z Disorders due to substance use, unspecified

Disorders due to addictive behaviours (6C50‑6C5Z)

Disorders due to addictive behaviours are recognizable and clinically significant syndromes associated with distress or interference with personal functions that develop as a result of repetitive rewarding behaviours other than the use of dependence-producing substances. Disorders due to addictive behaviours include gambling disorder and gaming disorder, which may involve both online and offline behaviour.

Exclusions: Compulsive sexual behaviour disorder (6C72)

Paraphilic disorders (6D30‑6D3Z)

6C50 Gambling disorder

Gambling disorder is characterised by a pattern of persistent or recurrent gambling behaviour, which may be online (i.e., over the internet) or offline, manifested by:

1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);

2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and

3. continuation or escalation of gambling despite the occurrence of negative consequences.

The pattern of gambling behaviour may be continuous or episodic and recurrent. The pattern of gambling behaviour results in significant distress or in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Inclusions: Compulsive gambling

Exclusions: Bipolar type I disorder (6A60)

Bipolar type II disorder (6A61)

Hazardous gambling or betting (QE21)

6C50.0 Gambling disorder, predominantly offline

Gambling disorder, predominantly offline is characterised by a pattern of persistent or recurrent gambling behaviour that is not primarily conducted over the internet and is manifested by:

1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and
3. continuation or escalation of gambling despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gambling behaviour may be continuous or episodic and recurrent. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gambling or betting (QE21)

6C50.1 Gambling disorder, predominantly online

Gambling disorder, predominantly online is characterised by a pattern of persistent or recurrent gambling behaviour that is primarily conducted over the internet and is manifested by:

1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and
3. continuation or escalation of gambling despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gambling behaviour may be continuous or episodic and recurrent. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gambling or betting (QE21)

6C50.Z Gambling disorder, unspecified

6C51 Gaming disorder

Gaming disorder is characterised by a pattern of persistent or recurrent gaming behaviour (‘digital gaming’ or ‘video-gaming’), which may be online (i.e., over the internet) or offline, manifested by:

1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);

2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and

3. continuation or escalation of gaming despite the occurrence of negative consequences.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The pattern of gaming behaviour results in marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions: Hazardous gaming (QE22)

Bipolar type I disorder (6A60)

Bipolar type II disorder (6A61)

6C51.0 Gaming disorder, predominantly online

Gaming disorder, predominantly online is characterised by a pattern of persistent or recurrent gaming behaviour (‘digital gaming’ or ‘video-gaming’) that is primarily conducted over the internet and is manifested by:

1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and
3. continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

6C51.1 Gaming disorder, predominantly offline

Gaming disorder, predominantly offline is characterised by a pattern of persistent or recurrent gaming behaviour (‘digital gaming’ or ‘video-gaming’) that is not primarily conducted over the internet and is manifested by:

1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and
3. continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

6C51.Z Gaming disorder, unspecified

6C5Y Other specified disorders due to addictive behaviours

6C5Z Disorders due to addictive behaviours, unspecified

Impulse control disorders (6C70‑6C7Z)

Impulse control disorders are characterised by the repeated failure to resist an impulse, drive, or urge to perform an act that is rewarding to the person, at least in the short-term, despite consequences such as longer-term harm either to the individual or to others, marked distress about the behaviour pattern, or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Impulse Control Disorders involve a range of specific behaviours, including fire-setting, stealing, sexual behaviour, and explosive outbursts.

Coded Elsewhere: Substance-induced impulse control disorders

Gambling disorder (6C50)

Gaming disorder (6C51)

Secondary impulse control syndrome (6E66)

Body-focused repetitive behaviour disorders (6B25)

6C70 Pyromania

Pyromania is characterised by a recurrent failure to control strong impulses to set fires, resulting in multiple acts of, or attempts at, setting fire to property or other objects, in the absence of an apparent motive (e.g., monetary gain, revenge, sabotage, political statement, attracting attention or recognition). There is an increasing sense of tension or affective arousal prior to instances of fire setting, persistent fascination or preoccupation with fire and related stimuli (e.g., watching fires, building fires, fascination with firefighting equipment), and a sense of pleasure, excitement, relief or gratification during, and immediately after the act of setting the fire, witnessing its effects, or participating in its aftermath. The behaviour is not better explained by intellectual impairment, another mental and behavioural disorder, or substance intoxication.

Inclusions: pathological fire-setting

Exclusions: Conduct-dissocial disorder (6C91)

Bipolar type I disorder (6A60)

Schizophrenia or other primary psychotic disorders (6A20‑6A2Z)

Fire-setting as the reason for observation for suspected mental or behavioural disorders, ruled out (QA02.3)

6C71 Kleptomania

Kleptomania is characterised by a recurrent failure to control strong impulses to steal objects in the absence of an apparent motive (e.g., objects are not acquired for personal use or monetary gain). There is an increasing sense of tension or affective arousal before instances of theft and a sense of pleasure, excitement, relief, or gratification during and immediately after the act of stealing. The behaviour is not better explained by intellectual impairment, another mental and behavioural disorder, or substance intoxication.

Coding Note: If stealing occurs within the context of conduct-dissocial disorder or a manic episode, Kleptomania should not be diagnosed separately.

Inclusions: pathological stealing

Exclusions: shoplifting as the reason for observation for suspected mental disorder, ruled out (QA02.3)

6C72 Compulsive sexual behaviour disorder

Compulsive sexual behaviour disorder is characterised by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour. Symptoms may include repetitive sexual activities becoming a central focus of the person’s life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behaviour; and continued repetitive sexual behaviour despite adverse consequences or deriving little or no satisfaction from it. The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behaviour is manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is not sufficient to meet this requirement.

Exclusions: Paraphilic disorders (6D30‑6D3Z)

6C73 Intermittent explosive disorder

Intermittent explosive disorder is characterised by repeated brief episodes of verbal or physical aggression or destruction of property that represent a failure to control aggressive impulses, with the intensity of the outburst or degree of aggressiveness being grossly out of proportion to the provocation or precipitating psychosocial stressors. The symptoms are not better explained by another mental, behavioural, or neurodevelopmental disorder and are not part of a pattern of chronic anger and irritability (e.g., in oppositional defiant disorder). The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Exclusions: Oppositional defiant disorder (6C90)

6C7Y Other specified impulse control disorders

6C7Z Impulse control disorders, unspecified

Disruptive behaviour or dissocial disorders (6C90‑6C9Z)

Disruptive behaviour and dissocial disorders are characterised by persistent behaviour problems that range from markedly and persistently defiant, disobedient, provocative or spiteful (i.e., disruptive) behaviours to those that persistently violate the basic rights of others or major age-appropriate societal norms, rules, or laws (i.e., dissocial). Onset of Disruptive and dissocial disorders is commonly, though not always, during childhood.

6C90 Oppositional defiant disorder

Oppositional defiant disorder is a persistent pattern (e.g., 6 months or more) of markedly defiant, disobedient, provocative or spiteful behaviour that occurs more frequently than is typically observed in individuals of comparable age and developmental level and that is not restricted to interaction with siblings. Oppositional defiant disorder may be manifest in prevailing, persistent angry or irritable mood, often accompanied by severe temper outbursts or in headstrong, argumentative and defiant behaviour. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning

6C90.0 Oppositional defiant disorder with chronic irritability-anger

All definitional requirements for oppositional defiant disorder are met. This form of oppositional defiant disorder is characterised by prevailing, persistent angry or irritable mood that may be present independent of any apparent provocation. The negative mood is often accompanied by regularly occurring severe temper outbursts that are grossly out of proportion in intensity or duration to the provocation. Chronic irritability and anger are characteristic of the individual’s functioning nearly every day, are observable across multiple settings or domains of functioning (e.g., home, school, social relationships), and are not restricted to the individual’s relationship with his/her parents or guardians. The pattern of chronic irritability and anger is not limited to occasional episodes (e.g., developmentally typical irritability) or discrete periods (e.g., irritable mood in the context of manic or depressive episodes).

6C90.00 Oppositional defiant disorder with chronic irritability-anger with limited prosocial emotions

All definitional requirements for oppositional defiant disorder with chronic irritability-anger are met. In addition, the individual exhibits characteristics that are sometimes referred to as ‘callous and unemotional’. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others’ distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.

6C90.01 Oppositional defiant disorder with chronic irritability-anger with typical prosocial emotions

All definitional requirements for oppositional defiant disorder with chronic irritability-anger are met. The individual does not exhibit characteristics referred to as ‘callous and unemotional’, such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others’ distress.

6C90.0Z Oppositional defiant disorder with chronic irritability-anger, unspecified

6C90.1 Oppositional defiant disorder without chronic irritability-anger

Meets all definitional requirements for oppositional defiant disorder. This form of oppositional defiant disorder is not characterised by prevailing, persistent, angry or irritable mood, but does feature headstrong, argumentative, and defiant behaviour.

6C90.10 Oppositional defiant disorder without chronic irritability-anger with limited prosocial emotions

All definitional requirements for oppositional defiant disorder without chronic irritability-anger are met. In addition, the individual exhibits characteristics that are sometimes referred to as ‘callous and unemotional’. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others’ distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental. This pattern is pervasive across situations and relationships (i.e., the qualifier should not be applied based on a single characteristic, a single relationship, or a single instance of behaviour) and is persistent over time (e.g., at least 1 year).

6C90.11 Oppositional defiant disorder without chronic irritability-anger with typical prosocial emotions

All definitional requirements for oppositional defiant disorder without chronic irritability-anger are met. The individual does not exhibit characteristics referred to as ‘callous and unemotional’, such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others’ distress.

6C90.1Z Oppositional defiant disorder without chronic irritability-anger, unspecified

6C90.Z Oppositional defiant disorder, unspecified

6C91 Conduct-dissocial disorder

Conduct-dissocial disorder is characterised by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. To be diagnosed, the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.

6C91.0 Conduct-dissocial disorder, childhood onset

Conduct-dissocial disorder, childhood onset is characterised by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. To be diagnosed, features of the disorder must be present during childhood prior to adolescence (e.g., before 10 years of age) and the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.

6C91.00 Conduct-dissocial disorder, childhood onset with limited prosocial emotions

Meets all definitional requirements for Conduct-dissocial disorder, childhood onset. In addition, the individual exhibits characteristics that are sometimes referred to as ‘callous and unemotional’. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others’ distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.

6C91.01 Conduct-dissocial disorder, childhood onset with typical prosocial emotions

All definitional requirements for conduct-dissocial disorder, childhood onset are met. The individual does not exhibit characteristics referred to as ‘callous and unemotional’, such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others’ distress.

6C91.0Z Conduct-dissocial disorder, childhood onset, unspecified

6C91.1 Conduct-dissocial disorder, adolescent onset

Conduct-dissocial disorder, adolescent onset is characterised by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. No features of the disorder are present during childhood prior to adolescence (e.g., before 10 years of age). To be diagnosed, the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.

6C91.10 Conduct-dissocial disorder, adolescent onset with limited prosocial emotions

All definitional requirements for conduct-dissocial disorder, adolescent onset are met. In addition, the individual exhibits characteristics that are sometimes referred to as ‘callous and unemotional’. These characteristics include a lack of empathy or sensitivity to the feelings of others and a lack of concern for others’ distress; a lack of remorse, shame or guilt over their own behaviour (unless prompted by being apprehended), a relative indifference to the probability of punishment; a lack of concern over poor performance in school or work; and limited expression of emotions, particularly positive or loving feelings toward others, or only doing so in ways that seem shallow, insincere, or instrumental.

6C91.11 Conduct-dissocial disorder, adolescent onset with typical prosocial emotions

All definitional requirements for conduct-dissocial disorder, adolescent onset are met. The individual does not exhibit characteristics referred to as ‘callous and unemotional’, such as lack of empathy or sensitivity to the feelings of others and a lack of concern for others’ distress.

6C91.1Y Other specified conduct-dissocial disorder, adolescent onset

6C91.Z Conduct-dissocial disorder, unspecified

6C9Y Other specified disruptive behaviour or dissocial disorders

6C9Z Disruptive behaviour or dissocial disorders, unspecified

Personality disorders and related traits (6D10‑6D11.5)

Coded Elsewhere: Secondary personality change (6E68)

6D10 Personality disorder

Personality disorder is characterised by problems in functioning of aspects of the self (e.g., identity, self-worth, accuracy of self-view, self-direction), and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others’ perspectives and to manage conflict in relationships) that have persisted over an extended period of time (e.g., 2 years or more). The disturbance is manifest in patterns of cognition, emotional experience, emotional expression, and behaviour that are maladaptive (e.g., inflexible or poorly regulated) and is manifest across a range of personal and social situations (i.e., is not limited to specific relationships or social roles). The patterns of behaviour characterizing the disturbance are not developmentally appropriate and cannot be explained primarily by social or cultural factors, including socio-political conflict. The disturbance is associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6D10.0 Mild personality disorder

All general diagnostic requirements for Personality Disorder are met. Disturbances affect some areas of personality functioning but not others (e.g., problems with self-direction in the absence of problems with stability and coherence of identity or self-worth), and may not be apparent in some contexts. There are problems in many interpersonal relationships and/or in performance of expected occupational and social roles, but some relationships are maintained and/or some roles carried out. Specific manifestations of personality disturbances are generally of mild severity. Mild Personality Disorder is typically not associated with substantial harm to self or others, but may be associated with substantial distress or with impairment in personal, family, social, educational, occupational or other important areas of functioning that is either limited to circumscribed areas (e.g., romantic relationships; employment) or present in more areas but milder.

6D10.1 Moderate personality disorder

All general diagnostic requirements for Personality Disorder are met. Disturbances affect multiple areas of personality functioning (e.g., identity or sense of self, ability to form intimate relationships, ability to control impulses and modulate behaviour). However, some areas of personality functioning may be relatively less affected. There are marked problems in most interpersonal relationships and the performance of most expected social and occupational roles is compromised to some degree. Relationships are likely to be characterised by conflict, avoidance, withdrawal, or extreme dependency (e.g., few friendships maintained, persistent conflict in work relationships and consequent occupational problems, romantic relationships characterised by serious disruption or inappropriate submissiveness). Specific manifestations of personality disturbance are generally of moderate severity. Moderate Personality Disorder is sometimes associated with harm to self or others, and is associated with marked impairment in personal, family, social, educational, occupational or other important areas of functioning, although functioning in circumscribed areas may be maintained.

6D10.2 Severe personality disorder

All general diagnostic requirements for Personality Disorder are met. There are severe disturbances in functioning of the self (e.g., sense of self may be so unstable that individuals report not having a sense of who they are or so rigid that they refuse to participate in any but an extremely narrow range of situations; self view may be characterised by self-contempt or be grandiose or highly eccentric). Problems in interpersonal functioning seriously affect virtually all relationships and the ability and willingness to perform expected social and occupational roles is absent or severely compromised. Specific manifestations of personality disturbance are severe and affect most, if not all, areas of personality functioning. Severe Personality Disorder is often associated with harm to self or others, and is associated with severe impairment in all or nearly all areas of life, including personal, family, social, educational, occupational, and other important areas of functioning.

6D10.Z Personality disorder, severity unspecified

6D11 Prominent personality traits or patterns

Trait domain qualifiers may be applied to Personality Disorders or Personality Difficulty to describe the characteristics of the individual’s personality that are most prominent and that contribute to personality disturbance. Trait domains are continuous with normal personality characteristics in individuals who do not have Personality Disorder or Personality Difficulty. Trait domains are not diagnostic categories, but rather represent a set of dimensions that correspond to the underlying structure of personality. As many trait domain qualifiers may be applied as necessary to describe personality functioning. Individuals with more severe personality disturbance tend to have a greater number of prominent trait domains.

6D11.0 Negative affectivity in personality disorder or personality difficulty

The core feature of the Negative Affectivity trait domain is the tendency to experience a broad range of negative emotions. Common manifestations of Negative Affectivity, not all of which may be present in a given individual at a given time, include: experiencing a broad range of negative emotions with a frequency and intensity out of proportion to the situation; emotional lability and poor emotion regulation; negativistic attitudes; low self-esteem and self-confidence; and mistrustfulness.

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.1 Detachment in personality disorder or personality difficulty

The core feature of the Detachment trait domain is the tendency to maintain interpersonal distance (social detachment) and emotional distance (emotional detachment). Common manifestations of Detachment, not all of which may be present in a given individual at a given time, include: social detachment (avoidance of social interactions, lack of friendships, and avoidance of intimacy); and emotional detachment (reserve, aloofness, and limited emotional expression and experience).

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.2 Dissociality in personality disorder or personality difficulty

The core feature of the Dissociality trait domain is disregard for the rights and feelings of others, encompassing both self-centeredness and lack of empathy. Common manifestations of Dissociality, not all of which may be present in a given individual at a given time, include: self-centeredness (e.g., sense of entitlement, expectation of others’ admiration, positive or negative attention-seeking behaviours, concern with one's own needs, desires and comfort and not those of others); and lack of empathy (i.e., indifference to whether one’s actions inconvenience or hurt others, which may include being deceptive, manipulative, and exploitative of others, being mean and physically aggressive, callousness in response to others' suffering, and ruthlessness in obtaining one’s goals).

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.3 Disinhibition in personality disorder or personality difficulty

The core feature of the Disinhibition trait domain is the tendency to act rashly based on immediate external or internal stimuli (i.e., sensations, emotions, thoughts), without consideration of potential negative consequences. Common manifestations of Disinhibition, not all of which may be present in a given individual at a given time, include: impulsivity; distractibility; irresponsibility; recklessness; and lack of planning.

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.4 Anankastia in personality disorder or personality difficulty

The core feature of the Anankastia trait domain is a narrow focus on one’s rigid standard of perfection and of right and wrong, and on controlling one’s own and others’ behaviour and controlling situations to ensure conformity to these standards. Common manifestations of Anankastia, not all of which may be present in a given individual at a given time, include: perfectionism (e.g., concern with social rules, obligations, and norms of right and wrong, scrupulous attention to detail, rigid, systematic, day-to-day routines, hyper-scheduling and planfulness, emphasis on organisation, orderliness, and neatness); and emotional and behavioural constraint (e.g., rigid control over emotional expression, stubbornness and inflexibility, risk-avoidance, perseveration, and deliberativeness).

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

6D11.5 Borderline pattern

The Borderline pattern specifier may be applied to individuals whose pattern of personality disturbance is characterised by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, as indicated by many of the following: Frantic efforts to avoid real or imagined abandonment; A pattern of unstable and intense interpersonal relationships; Identity disturbance, manifested in markedly and persistently unstable self-image or sense of self; A tendency to act rashly in states of high negative affect, leading to potentially self-damaging behaviours; Recurrent episodes of self-harm; Emotional instability due to marked reactivity of mood; Chronic feelings of emptiness; Inappropriate intense anger or difficulty controlling anger; Transient dissociative symptoms or psychotic-like features in situations of high affective arousal.

Coding Note: This category should ONLY be used in combination with a Personality disorder category (Mild, Moderate, or Severe) or Personality difficulty.

Paraphilic disorders (6D30‑6D3Z)

Paraphilic disorders are characterised by persistent and intense patterns of atypical sexual arousal, manifested by sexual thoughts, fantasies, urges, or behaviours, the focus of which involves others whose age or status renders them unwilling or unable to consent and on which the person has acted or by which he or she is markedly distressed. Paraphilic disorders may include arousal patterns involving solitary behaviours or consenting individuals only when these are associated with marked distress that is not simply a result of rejection or feared rejection of the arousal pattern by others or with significant risk of injury or death.

Inclusions: paraphilias

6D30 Exhibitionistic disorder

Exhibitionistic disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—that involves exposing one’s genitals to an unsuspecting individual in public places, usually without inviting or intending closer contact. In addition, in order for Exhibitionistic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Exhibitionistic Disorder specifically excludes consensual exhibitionistic behaviours that occur with the consent of the person or persons involved as well as socially sanctioned forms of exhibitionism.

6D31 Voyeuristic disorder

Voyeuristic disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—that involves observing an unsuspecting individual who is naked, in the process of disrobing, or engaging in sexual activity. In addition, in order for Voyeuristic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Voyeuristic Disorder specifically excludes consensual voyeuristic behaviours that occur with the consent of the person or persons being observed.

6D32 Pedophilic disorder

Pedophilic disorder is characterised by a sustained, focused, and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—involving pre-pubertal children. In addition, in order for Pedophilic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. This diagnosis does not apply to sexual behaviours among pre- or post-pubertal children with peers who are close in age.

6D33 Coercive sexual sadism disorder

Coercive sexual sadism disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges or behaviours—that involves the infliction of physical or psychological suffering on a non-consenting person. In addition, in order for Coercive Sexual Sadism Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Coercive Sexual Sadism Disorder specifically excludes consensual sexual sadism and masochism.

6D34 Frotteuristic disorder

Frotteuristic disorder is characterised by a sustained, focused and intense pattern of sexual arousal—as manifested by persistent sexual thoughts, fantasies, urges, or behaviours—that involves touching or rubbing against a non-consenting person in crowded public places. In addition, in order for Frotteuristic Disorder to be diagnosed, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. Frotteuristic Disorder specifically excludes consensual touching or rubbing that occurs with the consent of the person or persons involved.

6D35 Other paraphilic disorder involving non-consenting individuals

Other paraphilic disorder involving non-consenting individuals is characterised by a persistent and intense pattern of atypical sexual arousal — manifested by sexual thoughts, fantasies, urges, or behaviours — in which the focus of the arousal pattern involves others who are unwilling or unable to consent but that is not specifically described in any of the other named Paraphilic Disorders categories (e.g., arousal patterns involving corpses or animals). The individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them. The disorder specifically excludes sexual behaviours that occur with the consent of the person or persons involved, provided that they are considered able to provide such consent.

6D36 Paraphilic disorder involving solitary behaviour or consenting individuals

Paraphilic disorder involving solitary behaviour or consenting individuals is characterised by a persistent and intense pattern of atypical sexual arousal — manifested by sexual thoughts, fantasies, urges, or behaviours — that involves consenting adults or solitary behaviours. One of the following two elements must be present: 1) the person is markedly distressed by the nature of the arousal pattern and the distress is not simply a consequence of rejection or feared rejection of the arousal pattern by others; or 2) the nature of the paraphilic behaviour involves significant risk of injury or death either to the individual or to the partner (e.g., asphyxophilia).

6D3Z Paraphilic disorders, unspecified

Factitious disorders (6D50‑6D5Z)

Factitious disorders are characterised by intentionally feigning, falsifying, inducing, or aggravating medical, psychological, or behavioural signs and symptoms or injury in oneself or in another person, most commonly a child dependent, associated with identified deception. A pre-existing disorder or disease may be present, but the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. Individuals with factitious disorder seek treatment or otherwise present themselves or another person as ill, injured, or impaired based on the feigned, falsified, or self-induced signs, symptoms, or injuries. The deceptive behaviour is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or evading criminal prosecution). This is in contrast to Malingering, in which obvious external rewards or incentives motivate the behaviour.

Exclusions: Malingering (QC30)

6D50 Factitious disorder imposed on self

Factitious disorder imposed on self is characterised by feigning, falsifying, or inducing medical, psychological, or behavioural signs and symptoms or injury associated with identified deception. If a pre-existing disorder or disease is present, the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. The individual seeks treatment or otherwise presents himself or herself as ill, injured, or impaired based on the feigned, falsified, or self-induced signs, symptoms, or injuries. The deceptive behaviour is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or evading criminal prosecution). This is in contrast to Malingering, in which obvious external rewards or incentives motivate the behaviour

Inclusions: Münchhausen syndrome

Exclusions: Excoriation disorder (6B25.1)

Malingering (QC30)

6D51 Factitious disorder imposed on another

Factitious disorder imposed on another is characterised by feigning, falsifying, or inducing medical, psychological, or behavioural signs and symptoms or injury in another person, most commonly a child dependent, associated with identified deception. If a pre-existing disorder or disease is present in the other person, the individual intentionally aggravates existing symptoms or falsifies or induces additional symptoms. The individual seeks treatment for the other person or otherwise presents him or her as ill, injured, or impaired based on the feigned, falsified, or induced signs, symptoms, or injuries. The deceptive behaviour is not solely motivated by obvious external rewards or incentives (e.g., obtaining disability payments or avoiding criminal prosecution for child or elder abuse).

Coding Note: The diagnosis of Factitious Disorder Imposed on Another is assigned to the individual who is feigning, falsifying or inducing the symptoms in another person, not to the person who is presented as having the symptoms. Occasionally the individual induces or falsifies symptoms in a pet rather than in another person.

Exclusions: Malingering (QC30)

6D5Z Factitious disorders, unspecified

Neurocognitive disorders (6D70‑6E0Z)

Neurocognitive disorders are characterised by primary clinical deficits in cognitive functioning that are acquired rather than developmental. That is, neurocognitive disorders do not include disorders characterised by deficits in cognitive function that are present from birth or that typically arise during the developmental period, which are classified in the grouping neurodevelopmental disorders. Rather, neurocognitive disorders represent a decline from a previously attained level of functioning. Although cognitive deficits are present in many mental disorders (e.g., schizophrenia, bipolar disorders), only disorders whose core features are cognitive are included in the neurocognitive disorders grouping. In cases where the underlying pathology and aetiology for neurocognitive disorders can be determined, the identified etiology should be classified separately.

Exclusions: Neurodevelopmental disorders (6A00‑6A0Z)

Coded Elsewhere: Secondary neurocognitive syndrome (6E67)

6D70 Delirium

Delirium is characterized by a disturbance of attention, orientation, and awareness that develops within a short period of time, typically presenting as significant confusion or global neurocognitive impairment, with transient symptoms that may fluctuate depending on the underlying causal condition or etiology. Delirium often includes disturbance of behaviour and emotion, and may include impairment in multiple cognitive domains. A disturbance of the sleep-wake cycle, including reduced arousal of acute onset or total sleep loss with reversal of the sleep-wake cycle, may also be present. Delirium may be caused by the direct physiological effects of a medical condition not classified under mental, behavioural or neurodevelopmental disorders, by the direct physiological effects of a substance or medication, including withdrawal, or by multiple or unknown etiological factors.

6D70.0 Delirium due to disease classified elsewhere

All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that Delirium is caused by the direct physiological consequences of a disorder or disease classified elsewhere.

Coding Note: Identified etiology should be classified separately.

6D70.1 Delirium due to psychoactive substances including medications

All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that the delirium is caused by the direct physiological effects of a substance or medication (including withdrawal). If the specific substance inducing the delirium has been identified, it should be classified using the appropriate subcategory (e.g., alcohol-induced delirium).

Coded Elsewhere: Alcohol-induced delirium (6C40.5)

Cannabis-induced delirium (6C41.5)

Synthetic cannabinoid-induced delirium (6C42.5)

Opioid-induced delirium (6C43.5)

Sedative, hypnotic or anxiolytic-induced delirium (6C44.5)

Cocaine-induced delirium (6C45.5)

Stimulant-induced delirium including amphetamines, methamphetamine or methcathinone (6C46.5)

Synthetic cathinone-induced delirium (6C47.5)

Hallucinogen-induced delirium (6C49.4)

Volatile inhalant-induced delirium (6C4B.5)

MDMA or related drug-induced delirium, including MDA (6C4C.5)

Dissociative drug-induced delirium including ketamine or PCP (6C4D.4)

Delirium induced by other specified psychoactive substance including medications (6C4E.5)

Delirium induced by multiple specified psychoactive substances including medications (6C4F.5)

Delirium induced by unknown or unspecified psychoactive substance (6C4G.5)

6D70.2 Delirium due to multiple etiological factors

All definitional requirements for delirium are met. There is evidence from history, physical examination, or laboratory findings that the delirium is attributable to multiple etiological factors, which may include disorders or diseases not classified under mental and behavioural disorders, substance intoxication or withdrawal, or a medication.

Coding Note: Identified etiologies should be classified separately.

6D70.Y Delirium, other specified cause

6D70.Z Delirium, unspecified or unknown cause

6D71 Mild neurocognitive disorder

Mild neurocognitive disorder is characterized by mild impairment in one or more cognitive domains relative to that expected given the individual’s age and general premorbid level of cognitive functioning, which represents a decline from the individual’s previous level of functioning. Diagnosis is based on report from the patient, informant, or clinical observation, and is accompanied by objective evidence of impairment by quantified clinical assessment or standardized cognitive testing. Cognitive impairment is not severe enough to significantly interfere with an individual’s ability to perform activities related to personal, family, social, educational, and/or occupational functioning or other important functional areas. Cognitive impairment is not attributable to normal aging and may be static, progressive, or may resolve or improve depending on underlying cause or treatment. Cognitive impairment may be attributable to an underlying acquired disease of the nervous system, a trauma, an infection or other disease process affecting the brain, use of specific substances or medications, nutritional deficiency or exposure to toxins, or the etiology may be undetermined. The impairment is not due to current substance intoxication or withdrawal.

Coding Note: Code also the causing condition

6D72 Amnestic disorder

Amnestic disorder is characterised by prominent memory impairment relative to expectations for age and general premorbid level of cognitive functioning, which represents a decline from the individual’s previous level of functioning, in the absence of other significant cognitive impairment. It is manifested by a deficit in acquiring, learning, and/or retaining new information, and may include the inability to recall previously learned information, without disturbance of consciousness, altered mental status, or delirium. Recent memory is typically more disturbed than remote memory, and the ability to immediately recall a limited amount of information is usually relatively preserved. The memory impairment is severe enough to result in significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. It is presumed to be attributable to an underlying acquired disease of the nervous system, a trauma, an infection or other disease process affecting the brain, to use of specific substances or medications, nutritional deficiency or exposure to toxins, or the etiology may be undetermined. The impairment is not due to current substance intoxication or withdrawal.

Exclusions: Delirium (6D70)

Dementia (6D80‑6D8Z)

Mild neurocognitive disorder (6D71)

6D72.0 Amnestic disorder due to diseases classified elsewhere

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct pathophysiological consequence of a medical condition not classified under mental, behavioural and neurodevelopmental disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not better explained by Delirium, Dementia, another mental disorder (e.g., Schizophrenia or Other Primary Psychotic Disorder, a Mood Disorder) or the effects of a medication or substance, including withdrawal effects. The symptoms are sufficiently severe to be a specific focus of clinical attention. The identified etiological medical condition should be classified separately.

Coding Note: Code also the causing condition

Exclusions: amnesia: retrograde (MB21.11)

Korsakoff syndrome, alcohol-induced or unspecified (8D44)

Dissociative amnesia (6B61)

Anterograde amnesia (MB21.10)

amnesia NOS (MB21.1)

6D72.1 Amnestic disorder due to psychoactive substances including medications

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of psychoactive substance use. The intensity and duration of substance use must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after substance intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of substance use.

Coding Note: Code also the causing condition

6D72.10 Amnestic disorder due to use of alcohol

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of alcohol use. The intensity and duration of alcohol use must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after alcohol intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of the alcohol use.

Coding Note: This category should not be used to describe cognitive changes due to thiamine deficiency associated with chronic alcohol use.

Exclusions: Korsakoff syndrome (5B5A.11)

Wernicke-Korsakoff Syndrome (5B5A.1)

6D72.11 Amnestic disorder due to use of sedatives, hypnotics or anxiolytics

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of use of sedatives, hypnotics or anxiolytics. The intensity and duration of use of sedatives, hypnotics or anxiolytics must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after sedative, hypnotic or anxiolytic intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of use of sedatives, hypnotics or anxiolytics.

Coding Note: Code also the causing condition

6D72.12 Amnestic disorder due to other specified psychoactive substance including medications

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of use of a specified psychoactive substance other than alcohol; sedatives, hypnotics or anxiolytics; or volatile inhalants. The intensity and duration of use of the specified psychoactive substance must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after specified psychoactive substance intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of the specified psychoactive substance.

6D72.13 Amnestic disorder due to use of volatile inhalants

All definitional requirements for amnestic disorder are met. The memory symptoms are judged to be the direct consequence of use of volatile inhalants. The intensity and duration of use of volatile inhalants must be known to be capable of producing memory impairment. The memory impairment may develop during or soon after volatile inhalant intoxication or withdrawal, but its intensity and duration are substantially in excess of those normally associated with these conditions. The symptoms are not better accounted for by another disorder or medical condition, as might be the case if the amnestic symptoms preceded the onset of use of volatile inhalants.

6D72.Y Amnestic disorder, other specified cause

6D72.Z Amnestic disorder, unknown or unspecified cause

Dementia (6D80‑6D8Z)

Dementia is characterized by the presence of marked impairment in two or more cognitive domains relative to that expected given the individual’s age and general premorbid level of cognitive functioning, which represents a decline from the individual’s previous level of functioning. Memory impairment is present in most forms of dementia, but cognitive impairment is not restricted to memory (i.e., there is impairment in other areas such as executive functions, attention, language, social cognition and judgment, psychomotor speed, visuoperceptual or visuospatial abilities). Neurobehavioural changes may also be present and, in some forms of dementia, may be the presenting symptom. Cognitive impairment is not attributable to normal aging and is severe enough to significantly interfere with independence in an individual’s performance of activities of daily living. The cognitive impairment is presumed to be attributable to an underlying acquired disease of the nervous system, a trauma, an infection or other disease process affecting the brain, or to use of specific substances or medications, nutritional deficiency or exposure to toxins, or the etiology may be undetermined. The impairment is not due to current substance intoxication or withdrawal.

Coding Note: This category should only be used for primary tabulation, if the aetiology of the dementia is unknown. If the aetiology of the dementia is known code to the aetiology of the dementia for primary tabulation.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Dementia NOS

Exclusions: Coma (MB20.1)

Delirium (6D70)

Disorders of intellectual development (6A00)

Neurodevelopmental disorders (6A00‑6A0Z)

Stupor (MB20.0)

Ageing associated decline in intrinsic capacity (MG2A)

6D80 Dementia due to Alzheimer disease

Dementia due to Alzheimer disease is the most common form of dementia. Onset is insidious with memory impairment typically reported as the initial presenting complaint. The characteristic course is a slow but steady decline from a previous level of cognitive functioning with impairment in additional cognitive domains (such as executive functions, attention, language, social cognition and judgment, psychomotor speed, visuoperceptual or visuospatial abilities) emerging with disease progression. Dementia due to Alzheimer disease may be accompanied by mental and behavioural symptoms such as depressed mood and apathy in the initial stages of the disease and may be accompanied by psychotic symptoms, irritability, aggression, confusion, abnormalities of gait and mobility, and seizures at later stages. Positive genetic testing, family history and gradual cognitive decline are suggestive of Dementia due to Alzheimer disease.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

6D80.0 Dementia due to Alzheimer disease with early onset

Dementia due to Alzheimer disease in which symptoms emerge before the age of 65 years. It is relatively rare, representing less than 5% of all cases, and may be genetically determined (autosomal dominant Alzheimer disease). Clinical presentation may be similar to cases with later onset, but progression of cognitive deficits may be more rapid.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.1 Dementia due to Alzheimer disease with late onset

Dementia due to Alzheimer disease that develops at the age of 65 years or above. This is the most common pattern, representing more than 95% of all cases.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.2 Alzheimer disease dementia, mixed type, with cerebrovascular disease

Dementia due to Alzheimer disease and concomitant cerebrovascular disease.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.3 Alzheimer disease dementia, mixed type, with other nonvascular aetiologies

Dementia due to Alzheimer disease with other concomitant pathology, not including cerebrovascular disease.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D80.Z Dementia due to Alzheimer disease, onset unknown or unspecified

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

6D81 Dementia due to cerebrovascular disease

Dementia due to brain parenchyma injury resulting from cerebrovascular disease (ischemic or haemorrhagic). The onset of the cognitive deficits is temporally related to one or more vascular events. Cognitive decline is typically most prominent in speed of information processing, complex attention, and frontal-executive functioning. There is evidence of the presence of cerebrovascular disease considered to be sufficient to account for the neurocognitive deficits from history, physical examination and neuroimaging.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

Exclusions: Alzheimer disease dementia, mixed type, with cerebrovascular disease (6D80.2)

6D82 Dementia due to Lewy body disease

Dementia preceding or occurring within one year after the onset of motor parkinsonian signs in the setting of Lewy body disease. Characterized by presence of Lewy bodies, which are intraneuronal inclusions containing α-synuclein and ubiquitin in the brain stem, limbic area, forebrain, and neocortex. Onset is insidious with attentional and executive functioning deficits often present. These cognitive deficits are often accompanied by visual hallucinations and symptoms of REM sleep behaviour disorder. Hallucinations in other sensory modalities, depressive symptoms, and delusions may also be present. The symptom presentation usually varies significantly over the course of days necessitating longitudinal assessment and differentiation from delirium. Spontaneous onset of Parkinsonism within approximately 1 year of the onset of cognitive symptoms is common.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D83 Frontotemporal dementia

Frontotemporal dementia (FTD) is a group of primary neurodegenerative disorders primarily affecting the frontal and temporal lobes. Onset is typically insidious with a gradual and worsening course. Several syndromic variants (some with an identified genetic basis or familiality) are described that include presentations with predominantly marked personality and behavioral changes (such as executive dysfunction, apathy, deterioration of social cognition, repetitive behaviours, and dietary changes), predominantly language deficits (that include semantic, agrammatic/nonfluent, and logopenic forms), predominantly movement-related deficits (progressive supranuclear palsy, corticobasal degeneration, multiple systems atrophy, or amyotrophic lateral sclerosis), or a combination of these deficits. Memory function often remains relatively intact, particularly during the early stages of the disorder.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D84 Dementia due to psychoactive substances including medications

Dementia due to psychoactive substances including medications includes forms of dementia that are judged to be a direct consequence of substance use and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of substance use must be sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by substances such as a dementia due to another medical condition.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Exclusions: Dementia due to exposure to heavy metals and other toxins (6D85.2)

6D84.0 Dementia due to use of alcohol

Dementia due to use of alcohol is characterised by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of alcohol use and that persist beyond the usual duration of alcohol intoxication or acute withdrawal. The intensity and duration of alcohol use must have been sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder or disease that is not induced by alcohol such as a dementia due to another disorder or disease classified elsewhere.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

This category should not be used to describe cognitive changes due to thiamine deficiency associated with chronic alcohol use.

Inclusions: Alcohol-induced dementia

Exclusions: Wernicke-Korsakoff Syndrome (5B5A.1)

Korsakoff syndrome (5B5A.11)

6D84.1 Dementia due to use of sedatives, hypnotics or anxiolytics

Dementia due to use of sedatives, hypnotics or anxiolytics is characterised by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of sedative, hypnotic, or anxiolytic use and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of sedative, hypnotic, or anxiolytic use must be sufficient to produce the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by sedatives, hypnotics, or anxiolytics such as a dementia due to another medical condition.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Late-onset psychoactive substance-induced psychotic disorder

6D84.2 Dementia due to use of volatile inhalants

Dementia due to use of volatile inhalants is characterised by the development of persistent cognitive impairments (e.g., memory problems, language impairment, and an inability to perform complex motor tasks) that meet the definitional requirements of Dementia that are judged to be a direct consequence of inhalant use or exposure and that persist beyond the usual duration of action or withdrawal syndrome associated with the substance. The amount and duration of inhalant use or exposure must be sufficient to be capable of producing the cognitive impairment. The cognitive impairment is not better accounted for by a disorder that is not induced by volatile inhalants such as a dementia due to another medical condition.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D84.Y Dementia due to other specified psychoactive substance

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85 Dementia due to diseases classified elsewhere

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.0 Dementia due to Parkinson disease

Dementia due to Parkinson disease develops among individuals with idiopathic Parkinson disease and is characterized by impairment in attention, memory, executive and visuo-spatial functions. Mental and behavioral symptoms such as changes in affect, apathy and hallucinations may also be present. Onset is insidious and the course is one of gradual worsening of symptoms.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.1 Dementia due to Huntington disease

Dementia due to Huntington disease occurs as part of a widespread degeneration of the brain due to a trinucleotide repeat expansion in the HTT gene, which is transmitted through autosomal dominance. Onset of symptoms is insidious typically in the third and fourth decade of life with gradual and slow progression. Initial symptoms typically include impairments in executive functions with relative sparing of memory, prior to the onset of motor deficits (bradykinesia and chorea) characteristic of Huntington disease.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Inclusions: Dementia in Huntington chorea

6D85.2 Dementia due to exposure to heavy metals and other toxins

Dementia due to exposure to heavy metals and other toxins caused by toxic exposure to specific heavy metals such as aluminium from dialysis water, lead, mercury or manganese. The characteristic cognitive impairments in Dementia due to exposure to heavy metals and other toxins depend on the specific heavy metal or toxin that the individual has been exposed to but can affect any cognitive domain. Onset of symptoms is related to exposure and progression can be rapid especially with acute exposure. In many cases, symptoms are reversible when exposure is identified and ceases. Investigations such as brain imaging or neurophysiological testing may be abnormal. Lead poisoning is associated with abnormalities on brain imaging including widespread calcification and increased signal on MRI T2-weighted images of periventricular white matter, basal ganglia hypothalamus and pons. Dementia due to aluminium toxicity may demonstrate characteristic paroxysmal high-voltage delta EEG changes. Examination may make evident other features such as peripheral neuropathy in the case of lead, arsenic, or mercury.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

Exclusions: Dementia due to psychoactive substances including medications (6D84)

6D85.3 Dementia due to human immunodeficiency virus

Dementia due to human immunodeficiency virus develops during the course of confirmed HIV disease, in the absence of a concurrent illness or condition other than HIV infection that could explain the clinical features. Although a variety of patterns of cognitive deficit are possible depending on where the HIV pathogenic processes have occurred, typically deficits follow a subcortical pattern with impairments in executive function, processing speed, attention, and learning new information. The course of Dementia due to human immunodeficiency virus varies including resolution of symptoms, gradual decline in functioning, improvement, or fluctuation in symptoms. Rapid decline in cognitive functioning is rare with the advent of antiretroviral medications.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.4 Dementia due to multiple sclerosis

Dementia due to multiple sclerosis is a neurodegenerative disease due to the cerebral effects of multiple sclerosis, a demyelinating disease. Onset of symptoms is insidious and not secondary to the functional impairment attributable to the primary disease (i.e., multiple sclerosis). Cognitive impairments vary according to the location of demyelination but typically include deficits in processing speed, memory, attention, and aspects of executive functioning.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.5 Dementia due to prion disease

Dementia due to prion disease is a primary neurodegenerative disease caused by a group of spongiform encephalopathies resulting from abnormal prion protein accumulation in the brain. These can be sporadic, genetic (caused by mutations in the prion-protein gene), or transmissible (acquired from an infected individual). Onset is insidious and there is a rapid progression of symptoms and impairment characterised by cognitive deficits, ataxia, and motor symptoms (myoclonus, chorea, or dystonia). Diagnosis is typically made on the basis of brain imaging studies, presence of characteristic proteins in spinal fluid, EEG, or genetic testing.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.6 Dementia due to normal pressure hydrocephalus

Dementia due to normal pressure hydrocephalus results from excess accumulation of cerebrospinal fluid in the brain as a result of idiopathic, non-obstructive causes but can also be secondary to haemorrhage, infection or inflammation. Progression is gradual but intervention (e.g., shunt) may result in improvement of symptoms, especially if administered earlier in the course of the condition. Typically, cognitive impairments include reduced processing speed and deficits in executive functioning and attention. These symptoms are also typically accompanied by gait abnormalities and urinary incontinence. Brain imaging to reveal ventricular volume and characterize brain displacement is often necessary to confirm the diagnosis.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.7 Dementia due to injury to the head

Dementia due to injury to the head is caused by damage inflicted on the tissues of the brain as the direct or indirect result of an external force. Trauma to the brain is known to have resulted in loss of consciousness, amnesia, disorientation and confusion, or neurological signs. The symptoms characteristic of Dementia due to injury to the head must arise immediately following the trauma or after the individual gains consciousness and must persist beyond the acute post-injury period. Cognitive deficits vary depending on the specific brain areas affected and the severity of the injury but can include impairments in attention, memory, executive functioning, personality, processing speed, social cognition, and language abilities.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.8 Dementia due to pellagra

Dementia due to pellagra is caused by persistent lack of vitamin B3 (niacin) or tryptophan either in the diet or due to poor absorption in the gastrointestinal tract due to disease (e.g., Crohn disease) or due to the effects of some medications (e.g., isoniazid). Core signs of pellagra include dermatological changes (sensitivity to sunlight, lesions, alopecia, and oedema) and diarrhoea. With prolonged nutritional deficiency cognitive symptoms that include aggressivity, motor disturbances (ataxia and restlessness), confusion, and weakness are observed. Treatment with nutritional supplementation (e.g., niacin) typically results in reversal of symptoms.

Coding Note: Code also the causing condition

6D85.9 Dementia due to Down syndrome

Dementia due to Down syndrome is a neurodegenerative disorder related to the impact of abnormal increased production and accumulation of amyloid precursor protein (APP) leading to formation of beta-amyloid plaques and tau tangles. APP gene expression is increased due to its location on chromosome 21, which is abnormally triplicated in Down syndrome. Cognitive deficits and neuropathological features are similar to those observed in Alzheimer disease. Onset is typically after the fourth decade of life with a gradual decline in functioning, and may impact 50% or more of individuals with Down syndrome.

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D85.Y Dementia due to other specified diseases classified elsewhere

Coding Note: This category should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of dementia in diseases classified elsewhere.

When dementia is due to multiple aetiologies, code all that apply.

6D86 Behavioural or psychological disturbances in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant behavioural or psychological disturbances.

Coding Note: These categories should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of behavioural or psychological disturbance in dementia.

Code all that apply.

Exclusions: Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere (6E60‑6E6Z)

6D86.0 Psychotic symptoms in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant delusions or hallucinations.

Exclusions: Schizophrenia or other primary psychotic disorders (6A20‑6A2Z)

Secondary psychotic syndrome (6E61)

6D86.1 Mood symptoms in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant mood symptoms such as depressed mood, elevated mood, or irritable mood.

Exclusions: Mood disorders (6A60‑6A8Z)

Secondary mood syndrome (6E62)

6D86.2 Anxiety symptoms in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant symptoms of anxiety or worry.

Exclusions: Anxiety or fear-related disorders (6B00‑6B0Z)

Secondary anxiety syndrome (6E63)

6D86.3 Apathy in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant indifference or lack of interest.

Exclusions: Mood disorders (6A60‑6A8Z)

Secondary mood syndrome (6E62)

6D86.4 Agitation or aggression in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes: 1) clinically significant excessive psychomotor activity accompanied by increased tension; or 2) hostile or violent behaviour.

6D86.5 Disinhibition in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant lack of restraint manifested in disregard for social conventions, impulsivity, and poor risk assessment.

6D86.6 Wandering in dementia

In addition to the cognitive disturbances characteristic of dementia, the current clinical picture includes clinically significant wandering that puts the person at risk of harm.

6D86.Y Other specified behavioural or psychological disturbances in dementia

Coding Note: These categories should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of behavioural or psychological disturbance in dementia.

Code all that apply.

6D86.Z Behavioural or psychological disturbances in dementia, unspecified

Coding Note: These categories should never be used in primary tabulation. The codes are provided for use as supplementary or additional codes when it is desired to identify the presence of behavioural or psychological disturbance in dementia.

Code all that apply.

6D8Y Dementia, other specified cause

Coding Note: This category should only be used for primary tabulation, if the aetiology of the dementia is unknown. If the aetiology of the dementia is known code to the aetiology of the dementia for primary tabulation.

When dementia is due to multiple aetiologies, code all that apply.

6D8Z Dementia, unknown or unspecified cause

Coding Note: This category should only be used for primary tabulation, if the aetiology of the dementia is unknown. If the aetiology of the dementia is known code to the aetiology of the dementia for primary tabulation.

When dementia is due to multiple aetiologies, code all that apply.

6E0Y Other specified neurocognitive disorders

6E0Z Neurocognitive disorders, unspecified

Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20‑6E2Z)

Syndromes associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involve significant mental and behavioural features. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned.

Coded Elsewhere: Psychological disorder related to obstetric fistula (GC04.1Y)

6E20 Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms

A syndrome associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involves significant mental and behavioural features, most commonly depressive symptoms. The syndrome does not include delusions, hallucinations, or other psychotic symptoms. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned. This designation should not be used to describe mild and transient depressive symptoms that do not meet the diagnostic requirements for a depressive episode, which may occur soon after delivery (so-called postpartum blues).

Coding Note: Code also the causing condition

6E21 Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms

A syndrome associated with pregnancy or the puerperium (commencing within about 6 weeks after delivery) that involves significant mental and behavioural features, including delusions, hallucinations, or other psychotic symptoms. Mood symptoms (depressive and/or manic) are also typically present. If the symptoms meet the diagnostic requirements for a specific mental disorder, that diagnosis should also be assigned.

Coding Note: Code also the causing condition

6E2Z Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, unspecified

6E40 Psychological or behavioural factors affecting disorders or diseases classified elsewhere

Psychological and behavioural factors affecting disorders or diseases classified elsewhere are those that may adversely affect the manifestation, treatment, or course of a condition classified in another chapter of the ICD. These factors may adversely affect the manifestation, treatment, or course of the disorder or disease classified in another chapter by: interfering with the treatment of the disorder or disease by affecting treatment adherence or care seeking; constituting an additional health risk; or influencing the underlying pathophysiology to precipitate or exacerbate symptoms or otherwise necessitate medical attention. This diagnosis should be assigned only when the factors increase the risk of suffering, disability, or death and represent a focus of clinical attention, and should be assigned together with the diagnosis for the relevant other condition.

Inclusions: Psychological factors affecting physical conditions

Exclusions: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20‑6E2Z)

6E40.0 Mental disorder affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual is diagnosed with a mental, behavioural, or neurodevelopmental disorder that adversely affects the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., a woman with Bulimia Nervosa and Type 1 diabetes mellitus who skips insulin doses as a way to avoid weight gain that would otherwise be caused by her binge eating).

6E40.1 Psychological symptoms affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits psychological symptoms that do not meet the diagnostic requirements for a mental, behavioural, or neurodevelopmental disorder that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., depressive symptoms interfering with rehabilitation following surgery).

6E40.2 Personality traits or coping style affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits personality traits or coping styles that do not meet the diagnostic requirements for a mental, behavioural, or neurodevelopmental disorder that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., pathological denial of the need for surgery in a patient with cancer; hostile, pressured behaviour contributing to heart disease).

6E40.3 Maladaptive health behaviours affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits maladaptive health behaviours that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., overeating, lack of exercise).

6E40.4 Stress-related physiological response affecting disorders or diseases classified elsewhere

All diagnostic requirements for Psychological or behavioural factors affecting disorders or diseases classified elsewhere are met. The individual exhibits stress-related physiological responses that adversely affect the manifestation, treatment, or course of a disorder or disease classified in another chapter (e.g., stress-related exacerbation of ulcer, hypertension, arrhythmia, or tension headache).

6E40.Y Other specified psychological or behavioural factors affecting disorders or diseases classified elsewhere

6E40.Z Psychological or behavioural factors affecting disorders or diseases classified elsewhere, unspecified

Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere (6E60‑6E6Z)

This grouping includes syndromes characterised by the presence of prominent psychological or behavioural symptoms judged to be direct pathophysiological consequences of a medical condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., adjustment disorder or anxiety symptoms in response to being diagnosed with a life-threatening illness). These categories should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychological and behavioural symptoms are sufficiently severe to warrant specific clinical attention.

Exclusions: Acute pain (MG31)

Bodily distress disorder (6C20)

Chronic pain (MG30)

Coded Elsewhere: Delirium due to disease classified elsewhere (6D70.0)

6E60 Secondary neurodevelopmental syndrome

A syndrome that involves significant neurodevelopmental features that do not fulfill the diagnostic requirements of any of the specific neurodevelopmental disorders that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders (e.g., autistic-like features in Rett syndrome; aggression and self-mutilation in Lesch-Nyhan syndrome, abnormalities in language development in Williams syndrome), based on evidence from the history, physical examination, or laboratory findings.

This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the neurodevelopmental problems are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Autism spectrum disorder (6A02)

Disorders of intellectual development (6A00)

Stereotyped movement disorder (6A06)

6E60.0 Secondary speech or language syndrome

A syndrome that involves significant features related to speech or language development that do not fulfill the diagnostic requirements of any of the specific developmental speech or language disorders that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Possible etiologies include a disease of the nervous system, sensory impairment, brain injury or infection.

Coding Note: This diagnosis should be assigned in addition to the diagnosis for the presumed underlying disorder or disease when the neurodevelopmental problems are sufficiently severe to warrant specific clinical attention.

6E60.Y Other specified secondary neurodevelopmental syndrome

Coding Note: Code also the causing condition

6E60.Z Secondary neurodevelopmental syndrome, unspecified

Coding Note: Code also the causing condition

6E61 Secondary psychotic syndrome

A syndrome characterised by the presence of prominent hallucinations or delusions judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Acute and transient psychotic disorder (6A23)

Delirium (6D70)

Mood disorders (6A60‑6A8Z)

6E61.0 Secondary psychotic syndrome, with hallucinations

A syndrome characterised by the presence of prominent hallucinations that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Delusions are not a prominent aspect of the clinical presentation. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

Mood disorders (6A60‑6A8Z)

6E61.1 Secondary psychotic syndrome, with delusions

A syndrome characterised by the presence of prominent delusions that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. Hallucinations are not a prominent aspect of the clinical presentation. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

Mood disorders (6A60‑6A8Z)

6E61.2 Secondary psychotic syndrome, with hallucinations and delusions

A syndrome characterised by the presence of both prominent hallucinations and prominent delusions that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the psychotic symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

Mood disorders (6A60‑6A8Z)

6E61.3 Secondary psychotic syndrome, with unspecified symptoms

Coding Note: Code also the causing condition

6E62 Secondary mood syndrome

A syndrome characterised by the presence of prominent mood symptoms (i.e., depression, elevated mood, irritability) judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.0 Secondary mood syndrome, with depressive symptoms

A syndrome characterised by the presence of prominent depressive symptoms such as persistently depressed mood, loss of interest in previously enjoyable activities, or signs such as tearful and downtrodden appearance that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.1 Secondary mood syndrome, with manic symptoms

A syndrome characterised by the presence of prominent manic symptoms such as elevated, euphoric, irritable, or expansive mood states, rapid changes among different mood states (i.e., mood lability), or increased energy or activity that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings.

Coding Note: Code also the causing condition

Inclusions: mood syndrome due to disorders or diseases not classified under Mental and behavioural disorders, with manic symptoms

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.2 Secondary mood syndrome, with mixed symptoms

A syndrome characterised by the presence of both manic and depressive symptoms, either occurring together or alternating from day to day or over the course of a day that is judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders based on evidence from the history, physical examination, or laboratory findings. Manic symptoms may include elevated, euphoric, irritable, or expansive mood states, rapid changes among different mood states (i.e., mood lability), or increased energy or activity. Depressive symptoms may include persistently depressed mood, loss of interest in previously enjoyable activities, or signs such as tearful or downtrodden appearance. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., depressive symptoms in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the mood symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E62.3 Secondary mood syndrome, with unspecified symptoms

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E63 Secondary anxiety syndrome

A syndrome characterised by the presence of prominent anxiety symptoms judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., anxiety symptoms or panic attacks in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the anxiety symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Adjustment disorder (6B43)

Delirium (6D70)

6E64 Secondary obsessive-compulsive or related syndrome

A syndrome characterised by the presence of prominent obsessions, compulsions, hoarding, skin picking, hair pulling, other body-focused repetitive behaviours, or other symptoms characteristic of obsessive-compulsive and related disorder that is judged to be the direct pathophysiological consequence of a disorder or disease not classified under Mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by Delirium or by another Mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., repetitive ruminations in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the obsessive-compulsive or related symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

Obsessive-compulsive or related disorder induced by other specified psychoactive substance (6C4E.72)

Tic disorders (8A05)

6E65 Secondary dissociative syndrome

A syndrome characterised by the presence of prominent dissociative symptoms (e.g., depersonalization, derealization) that is judged to be the direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., as part of an acute stress reaction in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the dissociative symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

Acute stress reaction (QE84)

6E66 Secondary impulse control syndrome

A syndrome characterised by the presence of prominent symptoms that are characteristic of Impulse Control Disorders or Disorders Due to Addictive Behaviours (e.g., stealing, fire-setting, aggressive outbursts, compulsive sexual behaviour, excessive gambling) that are judged to be a direct pathophysiological consequence of a health condition not classified under mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., as part of an adjustment disorder in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the impulse control symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Delirium (6D70)

6E67 Secondary neurocognitive syndrome

A syndrome that involves significant cognitive features that do not fulfill the diagnostic requirements of any of the specific neurocognitive disorders and are judged to be a direct pathophysiological consequence of a health condition or injury not classified under mental and behavioural disorders (e.g., cognitive changes due to a brain tumour), based on evidence from the history, physical examination, or laboratory findings. This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the cognitive symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Disorders with neurocognitive impairment as a major feature (8A20‑8A2Z)

Coded Elsewhere: Delirium (6D70)

6E68 Secondary personality change

A syndrome characterised by a persistent personality disturbance that represents a change from the individual’s previous characteristic personality pattern that is judged to be a direct pathophysiological consequence of a health condition not classified under Mental and behavioural disorders, based on evidence from the history, physical examination, or laboratory findings. The symptoms are not accounted for by delirium or by another mental and behavioural disorder, and are not a psychologically mediated response to a severe medical condition (e.g., social withdrawal, avoidance, or dependence in response to a life-threatening diagnosis). This category should be used in addition to the diagnosis for the presumed underlying disorder or disease when the personality symptoms are sufficiently severe to warrant specific clinical attention.

Coding Note: Code also the causing condition

Exclusions: Personality difficulty (QE50.7)

Personality disorder (6D10)

Delirium (6D70)

6E69 Secondary catatonia syndrome

Secondary catatonia syndrome is a syndrome of primarily psychomotor disturbances, characterized by the co-occurrence of several symptoms of decreased, increased, or abnormal psychomotor activity, which occurs as a direct pathophysiological consequence of a medical condition not classified under Mental, Behavioural or Neurodevelopmental Disorders. Examples of medical conditions that may be associated with Catatonia include diabetic ketoacidosis, hypercalcaemia, hepatic encephalopathy, homocystinuria, neoplasms head trauma, cerebrovascular disease, and encephalitis.

Coding Note: Use additional code, if desired, for any underlying disorder if known.

6E6Y Other specified secondary mental or behavioural syndrome

Coding Note: Code also the causing condition

6E6Z Secondary mental or behavioural syndrome, unspecified

Coding Note: Code also the causing condition

6E8Y Other specified mental, behavioural or neurodevelopmental disorders

6E8Z Mental, behavioural or neurodevelopmental disorders, unspecified

CHAPTER 07

Sleep-wake disorders

This chapter has 42 four-character categories.

Code range starts with 7A00

Sleep-wake disorders are characterised by difficulty initiating or maintaining sleep (insomnia disorders), excessive sleepiness (hypersomnolence disorders), respiratory disturbance during sleep (sleep-related breathing disorders), disorders of the sleep-wake schedule (circadian rhythm sleep-wake disorders), abnormal movements during sleep (sleep-related movement disorders), or problematic behavioural or physiological events that occur while falling asleep, during sleep, or upon arousal from sleep (parasomnia disorders).

This chapter contains the following top level blocks:

* Insomnia disorders
* Hypersomnolence disorders
* Sleep-related breathing disorders
* Circadian rhythm sleep-wake disorders
* Sleep-related movement disorders
* Parasomnia disorders

Insomnia disorders (7A00‑7A0Z)

Insomnia disorders are characterised by the complaint of persistent difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity and circumstances for sleep, and results in some form of daytime impairment. Daytime symptoms typically include fatigue, depressed mood or irritability, general malaise, and cognitive impairment. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder.

7A00 Chronic insomnia

Chronic insomnia is a frequent and persistent difficulty initiating or maintaining sleep that occurs despite adequate opportunity and circumstances for sleep and that results in general sleep dissatisfaction and some form of daytime impairment. Daytime symptoms typically include fatigue, depressed mood or irritability, general malaise, and cognitive impairment. The sleep disturbance and associated daytime symptoms occur at least several times per week for at least 3 months. Some individuals with chronic insomnia may show a more episodic course, with recurrent episodes of sleep/wake difficulties lasting several weeks at a time over several years. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder. If the insomnia is due to another sleep-wake disorder, a mental disorder, another medical condition, or a substance or medication, chronic insomnia should only be diagnosed if the insomnia is an independent focus of clinical attention.

7A01 Short-term insomnia

Short-term insomnia is characterised by difficulty initiating or maintaining sleep of less than 3 months duration that occurs despite adequate opportunity and circumstances for sleep and results in general sleep dissatisfaction and some form of daytime impairment. Daytime symptoms typically include fatigue, depressed mood or irritability, general malaise, and cognitive impairment. Individuals who report sleep related symptoms in the absence of daytime impairment are not regarded as having an insomnia disorder. If the insomnia is due to another sleep-wake disorder, a mental disorder, another medical condition, or a substance or medication, short-term insomnia should only be diagnosed if the insomnia is an independent focus of clinical attention.

7A0Z Insomnia disorders, unspecified

Hypersomnolence disorders (7A20‑7A2Z)

Hypersomnolence disorders are characterised by a complaint of daytime sleepiness that is not due to another sleep-wake disorder (e.g. disturbed nocturnal sleep, misaligned circadian rhythm, or breathing disorder). Individuals with excessive sleepiness may show irritability, concentration and attention deficits, reduced vigilance, distractibility, reduced motivation, anergia, dysphoria, fatigue, restlessness, and lack of coordination.

7A20 Narcolepsy

Narcolepsy is a disorder characterised by daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least several months, accompanied by abnormal manifestations of REM sleep. Multiple sleep latency testing (MSLT) demonstrates a mean sleep latency of <8 minutes and two or more sleep-onset REM periods (SOREMP’s), or one or more SOREMP’s on MSLT and a SOREMP on the preceding overnight polysomnography (PSG). Nighttime sleep is often disturbed, and brief daytime naps are typically refreshing.

7A20.0 Narcolepsy, Type 1

Type 1 narcolepsy is a disorder of excessive sleepiness due to a deficiency of hypothalamic hypocretin (orexin) signaling. In addition to daily periods of irrepressible need to sleep or daytime lapses into sleep, type 1 narcolepsy is characterised by symptoms of REM sleep dissociation, most importantly cataplexy. Cataplexy is a sudden and uncontrollable loss of muscle tone arising during wakefulness that is typically triggered by a strong emotion, such as excitement or laughter. Although cataplexy is a pathognomonic symptom of type 1 narcolepsy, it may not manifest until years following onset of the sleepiness. In such cases, a diagnosis of narcolepsy, type 1 may be made based on cerebrospinal fluid (CSF)-hypocretin levels < 110 picograms per milliliter. Episodes of sleep paralysis and hypnagogic or hypnopompic hallucinations may also be present. The disorder is not attributable to a disease of the nervous system or other medical condition.

Note: A definitive diagnosis requires daily periods of irrepressible need to sleep or daytime lapses into sleep plus either: a) cataplexy and multiple sleep latency test/polysomnography (MSLT/PSG) findings characteristic of narcolepsy; or b) demonstrated CSF hypocretin deficiency.

7A20.1 Narcolepsy, Type 2

Type 2 narcolepsy is a disorder of excessive sleepiness characterised by daily periods of irrepressible need to sleep or daytime lapses into sleep and abnormal manifestations of REM sleep as demonstrated by multiple sleep latency test (MSLT/PSG) findings in the context of normal hypothalamic hypocretin (orexin) signaling. That is, cerebrospinal fluid (CSF) hypocretin determinations are > 110 picograms per milliliter. Cataplexy is not present. The disorder is not attributable to a disease of the nervous system or other medical condition.

Note: A definitive diagnosis requires daily periods of irrepressible need to sleep or daytime lapses into sleep and multiple sleep latency test/polysomnography (MSLT/PSG) findings characteristic of narcolepsy. There should be no evidence of cataplexy or CSF hypocretin deficiency (if testing is performed).

7A20.Z Narcolepsy, unspecified

7A21 Idiopathic hypersomnia

Idiopathic hypersomnia is characterised by daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least several months in the absence of cataplexy or hypocretin deficiency (if determined). Polysomnography/multiple sleep latency test (MSLT) findings characteristic of narcolepsy (i.e., two or more sleep-onset REM periods (SOREMP’s), or one or more SOREMP’s on MSLT and a SOREMP on the preceding overnight polysomnography) should also be absent. The daytime sleepiness is not better explained by another disorder (e.g., insufficient sleep syndrome, obstructive sleep apnoea, circadian rhythm sleep-wake disorder), a substance or medication, or a medical condition). Objective evidence of hypersomnolence is indicated by an MSLT showing a mean sleep latency of ≤ 8 minutes or by polysomnography or wrist actigraphy showing a total 24-hour sleep time of 11 hours or more. Prolonged and severe sleep inertia is often observed and consists of sustained difficulty waking up with repeated returns to sleep, irritability, automatic behaviour, and confusion. In contrast to narcolepsy, naps are generally long, often more than 60 minutes, and unrefreshing.

Note: A definitive diagnosis requires daily periods of irrepressible need to sleep or daytime lapses into sleep, objective demonstration of excessive sleepiness and absence of REM-related findings by multiple sleep latency test (MSLT/PSG).

7A22 Kleine-Levin syndrome

Kleine-Levin syndrome is characterised by recurrent episodes of severe sleepiness in association with cognitive, psychiatric, and behavioural disturbances. A typical episode lasts a median of 10 days (range 2.5–80 days), with rare episodes lasting several weeks to months. During episodes, patients may sleep as long as 16 to 20 hours per day, waking or getting up only to eat and void. When awake during episodes, most patients are exhausted, apathetic, confused, and slow in speaking and answering. Hyperphagia, hypersexuality, childish behaviour, depression, anxiety, hallucinations and delusions are often observed during the episodes. Patients are normal between episodes with regard to sleep, cognition, mood, and eating. Rarely, Kleine Levin syndrome may occur exclusively during menstrual periods.

Inclusions: recurrent hypersomnolence

7A23 Hypersomnia due to a medical condition

Hypersomnia due to a medical condition is characterised by excessive nocturnal sleep, daytime sleepiness, or excessive napping of at least several months duration that is attributable to a coexisting medical or neurological disorder (e.g. head trauma, Parkinson disease, certain genetic conditions, metabolic, neurologic or endocrine disorders) and is sufficiently severe to require an independent focus of clinical attention. Hypersomnia due to a medical condition is only diagnosed if the hypersomnia is a direct physiological consequence of the medical condition. Residual sleepiness in patients with adequately-treated obstructive sleep apnoea is classified here under the assumption that it is due to central nervous system damage from recurrent hypoxemia.

Note: A definitive diagnosis requires use of polysomnography and multiple sleep latency test (MSLT) to rule out other hypersomnolence disorders or other sleep disorders (e.g. obstructive sleep apnea) which might better explain the sleepiness.

7A24 Hypersomnia due to a medication or substance

Hypersomnia due to a medication or substance is characterised by excessive nocturnal sleep, daytime sleepiness, or excessive napping that is attributable to the sedating effects of medications, alcohol, or other psychoactive substances, including withdrawal syndromes (e.g., from stimulants) and is sufficiently severe to constitute an independent focus of clinical attention.

Note: A definitive diagnosis requires use of polysomnography and multiple sleep latency test (MSLT) to rule out other hypersomnolence disorders or other sleep disorders (e.g. obstructive sleep apnea) which might better explain the sleepiness.

Inclusions: Hypersomnia due to substances including medications

7A25 Hypersomnia associated with a mental disorder

Hypersomnia associated with a mental disorder is characterised by excessive nocturnal sleep, daytime sleepiness, or excessive napping that is sufficiently severe to constitute an independent focus of clinical attention. This is most typical of depressive disorders or the depressed phase of bipolar disorders. Patients often feel that their sleep is of poor quality and nonrestorative and may be intensely focused on their hypersomnolence. Objective evidence of excessive sleepiness on MSLT is often absent.

Note: A definitive diagnosis requires use of polysomnography and multiple sleep latency test (MSLT) to rule out other hypersomnolence disorders or other sleep disorders (e.g. obstructive sleep apnea) which might better explain the sleepiness.

7A26 Insufficient sleep syndrome

Insufficient sleep syndrome occurs when an individual persistently fails to obtain the amount of sleep required relative to their own physiological sleep requirements to maintain normal levels of alertness and wakefulness and is thus chronically sleep deprived. The curtailed sleep pattern is present most days for at least several months.

The person’s ability to initiate and maintain sleep is unimpaired. Sleep time is often markedly extended on weekend nights or during holidays compared to weekday. Extension of total sleep time results in resolution of the symptoms of sleepiness.

Inclusions: Behaviourally induced hypersomnia

Exclusions: Narcolepsy (7A20)

7A2Y Other specified hypersomnolence disorders

7A2Z Hypersomnolence disorders, unspecified

Sleep-related breathing disorders (7A40‑7A4Z)

Sleep related breathing disorders are characterised by abnormalities of respiration during sleep. In some of these disorders, respiration is also abnormal during wakefulness. The disorders are grouped into central sleep apnoeas, obstructive sleep apnoea, and sleep related hypoventilation or hypoxemia disorders.

Exclusions: Apnoea of newborn (KB2A)

Coded Elsewhere: Sleep related Cheyne-Stokes respiration (MD11.4)

7A40 Central sleep apnoeas

Central sleep apnoeas are characterised by reduction or cessation of airflow due to absent or reduced respiratory effort. Central apnoea (cessation of airflow) or hypopnea (reduction in airflow) may occur in a cyclical or intermittent fashion. Patients with central sleep apnoea of various etiologies may also exhibit obstructive events, in which case diagnoses of both central sleep apnoea and obstructive sleep apnoea may be given.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

Exclusions: Central neonatal apnoea (KB2A.0)

7A40.0 Primary central sleep apnoea

Primary central sleep apnoea is of unknown etiology (idiopathic) and is characterised by recurrent, predominantly central apnoeas. Airflow and respiratory effort cease simultaneously in a repetitive fashion over the course of the night. The recurrent episodes of apnoea (more than five per hour) and associated arousals are sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

Exclusions: Primary central sleep apnoea of infancy (7A40.1)

Primary central sleep apnoea of prematurity (7A40.2)

7A40.1 Primary central sleep apnoea of infancy

Primary central sleep apnoea of infancy is characterised by prolonged (> 20 seconds), predominantly central apnoeas or periodic breathing during more than 5% of total sleep time in an infant of at least 37 weeks conceptional age. These events are typically associated with physiological compromise (hypoxemia, bradycardia), or the need for intervention such as stimulation or resuscitation. This diagnosis should be assigned when central events are the predominant finding, even if obstructive or mixed apnoeas or hypopneas are also present.

Note: A definitive diagnosis requires objective evidence based on polysomnography or alternative monitoring such as hospital or home monitoring.

Exclusions: Primary central sleep apnoea of prematurity (7A40.2)

7A40.2 Primary central sleep apnoea of prematurity

Primary central sleep apnoea of prematurity is characterised by prolonged (> 20 seconds), predominantly central apnoeas or periodic breathing during more than 5% of total sleep time in an infant of less than 37 weeks conceptional age. These events are typically associated with physiological compromise (hypoxemia, bradycardia), or the need for intervention such as stimulation or resuscitation. This diagnosis should be assigned when central events are the predominant finding, even if obstructive or mixed apnoeas or hypopneas are also present.

Note: A definitive diagnosis requires objective evidence based on polysomnography or alternative monitoring such as hospital or home monitoring.

Exclusions: Primary central sleep apnoea of infancy (7A40.1)

7A40.3 Central sleep apnea with Cheyne-Stokes breathing

Central sleep apnoea with Cheyne-Stokes breathing is characterised by recurrent, predominantly central apnoeas or central hypopneas (more than five per hour) alternating with a respiratory phase exhibiting a crescendo-decrescendo pattern of flow (or tidal volume). The longer cycle length (> 40 seconds) distinguishes central sleep apnoea with Cheyne-Stokes breathing from other central sleep apnoea types. The vast majority of patients with Central sleep apnoea with Cheyne-Stokes breathing have either systolic or diastolic heart failure. Patients with Central sleep apnoea with Cheyne-Stokes breathing have normal or low daytime arterial partial pressure of carbon dioxide (PaCO2). The disturbance is typically associated with atrial fibrillation/flutter, congestive heart failure, or a neurological disorder and is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

7A40.4 Central sleep apnoea due to a medical condition without Cheyne-Stokes breathing

Central sleep apnoea due to a medical condition without Cheyne-Stokes breathing (CSB) is characterised by recurrent, predominantly central apnoeas or central hypopneas (more than five per hour) that are attributed to a medical condition (and do not have the pattern of CSB). The majority of these patients have brainstem lesions of developmental, vascular, neoplastic, degenerative, demyelinating, or traumatic origin. The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnea, or snoring.

Note: A definitive diagnosis requires objective evidence based on polysomnography in the presence of a medical condition that is judged to be causing the symptoms.

Exclusions: Central sleep apnoea due to a medication or substance (7A40.6)

7A40.5 Central sleep apnoea due to high-altitude periodic breathing

High-altitude periodic breathing is characterised by alternating periods of central apnoea and hyperpnoea associated with recent ascent to high altitude (typically > 2500 meters). The pattern of periodic breathing is an expected response to ascent to elevation. The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring. The cycle length of this respiratory pattern is commonly less than 40 seconds and often as short as 12 to 20 seconds.

Note: This diagnosis can be made clinically based on symptoms and recent ascent to high altitude.

7A40.6 Central sleep apnoea due to a medication or substance

Central sleep apnoea due to a medication is characterised by a pattern of recurring, predominantly central sleep apnoea or hypopnoea (more than five per hour) that is attributable to a medication or substance, most commonly long-acting opioids (e.g. methadone, long-acting morphine or oxycodone, fentanyl patches). The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnoea, or snoring. Obstructive apnoeas and hypoventilation may be present, but central sleep apnoea is the predominant finding.

Note: A definitive diagnosis requires objective evidence based on polysomnography in the context of medication or substance use that is judged to be causing the symptoms.

7A40.7 Treatment-emergent central sleep apnoea

Treatment-emergent central sleep apnoea is characterised by persistence or emergence of recurrent, predominantly central sleep apnoea (more than five per hour) during effective treatment for obstructive apnoea (obstructive or mixed apnoea or hypopnea) with positive airway pressure. Central apnoeas must be the predominant finding (>50% of total respiratory events). The disturbance is sufficiently severe to cause symptoms such as daytime sleepiness, disturbed sleep, awakening with dyspnea, or snoring. If the reduction or cessation of airflow due to absent or reduced respiratory effort is better explained by another central sleep apnoea disorder (e.g., Central sleep apnoea due to a medication or substance), that diagnosis along with a diagnosis of Obstructive sleep apnoea should be given, rather than a diagnosis of treatment-emergent central sleep apnoea.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

7A40.Y Other specified central sleep apnoeas

7A40.Z Central sleep apnoeas, unspecified

7A41 Obstructive sleep apnoea

Obstructive sleep apnoea is characterised by repetitive episodes of apnoea or hypopnea that are caused by upper airway obstruction occurring during sleep. These events often result in reductions in blood oxygen saturation and are usually terminated by brief arousals from sleep. Excessive sleepiness is a major presenting complaint in many but not all cases. Reports of insomnia, poor sleep quality, and fatigue are also common. Upper airway resistance syndrome shares the same pathophysiology and should be classified here. In adults (> 18 years), obstructive sleep apnoea is diagnosed when the frequency of obstructive events (apnoeas, hypopneas or respiratory-event related arousals) is greater than 15 per hour. The disorder may also be diagnosed when the frequency is greater than five per hour and: a) symptoms attributable to the disorder (e.g., sleepiness or sleep disruption) are present; or b) nocturnal respiratory distress or observed apnoea/habitual snoring are reported; or c) when hypertension, a mood disorder, cognitive dysfunction, coronary artery disease, stroke, congestive heart failure, atrial fibrillation, or type 2 diabetes mellitus are present. In children, the disorder is diagnosed when the frequency of obstructive events is greater than one per hour, accompanied by signs or symptoms related to the breathing disorder.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

Exclusions: Obstructive neonatal apnoea (KB2A.1)

7A42 Sleep-related hypoventilation or hypoxemia disorders

The primary feature of these disorders is insufficient sleep related ventilation, resulting in abnormally elevated arterial partial pressure of carbon dioxide (PaCO2) during sleep. Sleep-related hypoxemia is diagnosed when overnight monitoring reveals sustained (> 5 minutes) decline in oxygen saturation to ≤ 88% in adults (or ≤ 90% in children) for ≥ 5 minutes.

Note: A definitive diagnosis requires objective evidence based on polysomnography as well as carbon dioxide (CO2) monitoring during sleep (by arterial, end-tidal or transcutaneous measures).

7A42.0 Obesity hypoventilation syndrome

Obesity hypoventilation syndrome is characterised by obesity (in adults, Body-Mass-Index > 30 kg/m²) and daytime hypercapnia indicated by arterial partial pressure of carbon dioxide (PaCO2) > 45 mm Hg that cannot be fully attributed to an underlying cardiopulmonary or neurologic disease. Hypercapnia worsens during sleep and is often associated with severe arterial oxygen desaturation. Obstructive sleep apnoea is also present in the majority of cases and should be diagnosed in addition to obesity hypoventilation.

Note: A definitive diagnosis requires demonstration of daytime hypercapnia and objective evidence based on polysomnography, with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures).

Inclusions: Pickwickian syndrome

7A42.1 Congenital central alveolar sleep-related hypoventilation

Congenital central alveolar hypoventilation syndrome (CCHS) is a disorder of autonomic dysfunction, primarily the failure of automatic central control of breathing, caused by a mutation of the PHOX2B gene. CCHS is characterised by hypoventilation, which is worse during sleep than wakefulness. Onset is usually at birth, and CCHS most commonly presents in an otherwise normal-appearing infant who is noted to have cyanosis, feeding difficulties, hypotonia or, less commonly, central apnoea. Severity is related to the specific mutation present. Individuals with milder variants of the disorder may not present for clinical attention until adulthood.

Note: A definitive diagnosis requires demonstration of PHOX2B mutation and objective evidence based on polysomnography with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures).

7A42.2 Non-congenital central hypoventilation with hypothalamic abnormalities

Non-congenital central hypoventilation with hypothalamic dysfunction is a disorder of central control of ventilation. Patients are usually healthy until early childhood (often 2-3 years of age) when they develop hyperphagia and severe obesity, followed by central hypoventilation, which often presents as respiratory failure. Hypothalamic endocrine dysfunction may be characterised by increased or decreased hormone levels and may include one or more of the following: diabetes insipidus, inappropriate antidiuretic hormone hypersecretion, precocious puberty, hypogonadism, hyperprolactinemia, hypothyroidism, and decreased growth hormone secretion, or tumours of neural origin. Mood and behaviour abnormalities, sometimes severe, are often present. Developmental delay or autistic features may be present, but many patients are cognitively normal.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures).

7A42.3 Idiopathic central alveolar hypoventilation

Idiopathic central alveolar hypoventilation is defined as the presence of decreased alveolar ventilation resulting in sleep related hypercapnia and hypoxemia in individuals with presumed normal mechanical properties of the lung and respiratory pump. Chronic hypoventilation during sleep exists without any readily identifiable impairments of respiration, such as pulmonary airway or parenchymal conditions, neurologic, neuromuscular or chest wall abnormalities, severe obesity, other sleep related breathing disorder, or use of respiratory depressant medications or substances. Diurnal as well as nocturnal hypoventilation is believed to be due primarily to blunted chemoresponsiveness to carbon dioxide (CO2) and oxygen (O2). Patients may complain of morning headaches, fatigue, neurocognitive decline and sleep disturbance, or may be entirely asymptomatic.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures).

7A42.4 Sleep-related hypoventilation due to a medication or substance

Sleep-related hypoventilation due to a medication or substance is characterised primarily by chronic hypoventilation and hypercapnia due to prolonged use of medications or substances known to depress ventilatory drive and/or impair respiratory muscle mechanics (e.g. long-acting narcotics, anesthetics, sedative compounds, and muscle relaxants). Hypoxemia is commonly present as well. Hypercapnia may also be present during wakefulness in some patients. Patients can either be asymptomatic or present with complaints of dyspnea, chest tightness, or fatigue.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures) in the context of medication or substance use that is judged to be causing the symptoms.

7A42.5 Sleep-related hypoventilation due to medical condition

Sleep-related hypoventilation due to medical condition is characterised by sleep-related hypoventilation due to lung airway or parenchymal disease, chest wall disorders, pulmonary hypertension, or neurologic and neuromuscular disorders. Daytime hypercapnia may also be present. Sleep related hypoxemia may be severe. Patients can either be asymptomatic or present with complaints of dyspnea, chest tightness, or fatigue.

Note: A definitive diagnosis requires objective evidence based on polysomnography with carbon dioxide (CO2) monitoring (by arterial, end-tidal or transcutaneous measures) in the presence of a medical condition that is judged to be causing the symptoms.

Exclusions: Obesity hypoventilation syndrome (7A42.0)

Congenital central alveolar sleep-related hypoventilation (7A42.1)

7A42.6 Sleep-related hypoxemia due to a medical condition

Sleep related hypoxemia due to a medical condition is characterised by sustained declines in SpO2 (oxygen saturation measured by pulse oximeter) (≤ 88% in adults or ≤ 90% in children for ≥ 5 minutes) during sleep. The condition is attributable to a medical or neurological disorder. The presence of hypoxemia is not better explained by another sleep related breathing disorder (e.g., obstructive sleep apnoea). Although some amount of obstructive or central apnoea may be present, these disorders are not thought to be primarily responsible for the hypoxemia during sleep. Some patients with sleep related hypoxemia also exhibit hypoxemia during wakefulness. If the presence of hypercapnia has been established, a diagnosis of sleep-related hypoventilation should be made, rather than sleep-related hypoxemia.

Note: A definitive diagnosis requires objective evidence based on polysomnographic monitoring of oxygen saturation in arterial blood (SaO2) in the presence of a medical condition that is judged to be causing the declines in SaO2.

7A42.Y Other specified sleep-related hypoventilation or hypoxemia disorders

7A42.Z Sleep-related hypoventilation or hypoxemia disorders, unspecified

7A4Y Other specified sleep-related breathing disorders

7A4Z Sleep-related breathing disorders, unspecified

Circadian rhythm sleep-wake disorders (7A60‑7A6Z)

Circadian rhythm sleep-wake disorders are disturbances of the sleep-wake cycle (typically manifest as insomnia, excessive sleepiness, or both) due to alterations of the circadian time-keeping system, its entrainment mechanisms, or a misalignment of the endogenous circadian rhythm and the external environment. Sleep logs and, if possible, actigraphy for a minimum of one week should be utilized to define the specific sleep-wake schedule disturbance.

Inclusions: Delayed sleep phase syndrome

Irregular sleep-wake pattern

7A60 Delayed sleep-wake phase disorder

Delayed sleep-wake phase disorder is a recurrent pattern of disturbance of the sleep-wake schedule characterised by persistent delay in the major sleep period compared to conventional or desired sleep times. The disorder results in difficulty falling asleep and difficulty awakening at desired or required times. When sleep is allowed to occur on the delayed schedule, it is essentially normal in quality and duration. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A61 Advanced sleep-wake phase disorder

Advanced sleep-wake phase disorder is a recurrent pattern of disturbance of the sleep-wake schedule characterised by persistent advance (to an earlier time) of the major sleep period compared to conventional or desired sleep times. The disorder results in evening sleepiness (prior to the desired bedtime) and awakening earlier than the desired or required times. When sleep is allowed to occur on the advanced schedule, it is essentially normal in quality and duration. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A62 Irregular sleep-wake rhythm disorder

Irregular sleep-wake rhythm disorder is characterised by absence of a clearly-defined cycle of sleep and wake. Sleep becomes distributed in multiple episodes of variable duration throughout the 24-hour period. Patients typically complain of insomnia and/or excessive daytime sleepiness as a result of the condition. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A63 Non-24 hour sleep-wake rhythm disorder

Non-24 hour sleep-wake rhythm disorder is characterised by periods of insomnia and/or daytime sleepiness, alternating with periods of relatively normal sleep, due to a lack of entrainment of the circadian clock to the 24-hour environmental cycle. The period length of the circadian/sleep-wake cycle is typically longer than 24 hours. Symptoms occur as the circadian-controlled sleep-wake propensity cycles in and out of phase with the environmental day-night cycle. The disorder is seen most commonly in individuals with complete blindness. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A64 Circadian rhythm sleep-wake disorder, shift work type

Circadian rhythm sleep-wake disorder, shift work type is characterised by complaints of insomnia and/or excessive sleepiness that occur as a result of work shifts that overlap with all or a portion of conventional nighttime sleep periods. The disorder is also associated with a reduction in total sleep time. The symptoms should have persisted for at least several months and result in significant distress or mental, physical, social, occupational or academic impairment.

7A65 Circadian rhythm sleep-wake disorder, jet lag type

Circadian rhythm sleep-wake disorder, jet lag type is characterised by a temporary mismatch between the timing of the sleep and wake cycle generated by the endogenous circadian clock and that of the sleep and wake pattern required by transmeridian travel across at least two time zones. Individuals complain of disturbed sleep, sleepiness and fatigue, somatic symptoms (e.g. gastrointestinal distress) or impaired daytime function. The severity and duration of symptoms is dependent on the number of time zones traveled, the ability to sleep while traveling, exposure to appropriate circadian times cues in the new environment, tolerance to circadian misalignment when awake during the biological night, and the direction of the travel. The symptoms result in significant distress or mental, physical, social, occupational or academic impairment.

7A6Z Circadian rhythm sleep-wake disorders, unspecified

Sleep-related movement disorders (7A80‑7A8Z)

Sleep related movement disorders are primarily characterised by relatively simple, usually stereotyped, movements that disturb sleep or its onset. An exception is Restless legs syndrome, which is primarily a waking, sensorimotor experience but is included in Sleep-related movement disorders because it almost always also involves periodic limb movements during sleep.

Coded Elsewhere: REM sleep behaviour disorder (7B01.0)

7A80 Restless legs syndrome

Restless legs syndrome is a waking sensorimotor disorder characterised by a complaint of a strong, nearly irresistible urge to move the limbs. This urge to move is often but not always accompanied by other uncomfortable sensations felt deep inside the limbs. Although the legs are most prominently affected, a significant percentage of individuals with Restless legs syndrome describe some arm sensations. The symptoms of Restless legs syndrome are worse at rest, alleviated with movement, and predominant in the evening or night. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep). The vast majority of individuals with Restless legs syndrome also exhibit periodic limb movements during sleep. A separate diagnosis of Periodic limb movement disorder is not warranted in such cases because the limb movements during sleep are considered to be an expected part of Restless legs syndrome.

7A81 Periodic limb movement disorder

Periodic limb movement disorder is characterised by periodic episodes of repetitive (> 5/hour in children or > 15/hour in adults), highly stereotyped limb movements that occur during sleep, in conjunction with significant difficulties with sleep initiation or maintenance or fatigue that cannot be accounted for by another primary sleep disorder or other etiology. Specifically, when periodic limb movements are associated with Restless legs syndrome, narcolepsy or REM sleep behaviour disorder, a separate diagnosis of Periodic limb movement disorder is not warranted because the limb movements during sleep are considered an expected part of these disorders. Periodic limb movements occur most frequently in the lower extremities but may be seen in the arms as well. They may be associated with recurrent arousal from sleep, which gives rise to sleep disruption. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep.

Note: A definitive diagnosis requires objective evidence based on polysomnography.

7A82 Sleep-related leg cramps

Sleep related leg cramps are painful sensations in the leg or foot associated with sudden, involuntary muscle hardness or tightness, indicating a strong muscle contraction. They typically last from a few seconds to several minutes. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep).

7A83 Sleep-related bruxism

Sleep-related bruxism is characterised by repetitive, rhythmic jaw muscle contractions that occur during sleep. These contractions can take the form of repetitive phasic muscle contractions or isolated sustained jaw clenching (tonic contractions). These contractions during sleep produce tooth-grinding sounds. The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep) or significant damage to the teeth.

7A84 Sleep-related rhythmic movement disorder

Sleep related rhythmic movement disorder is characterised by repetitive, stereotyped, and rhythmic motor behaviours that involve large muscle groups (e.g., banging head against pillow or mattress, head rolling, body rocking, body rolling). The symptoms are sufficiently severe to result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to frequent disruptions in sleep) or result in bodily injury (e.g., due to falling out of bed).

7A85 Benign sleep myoclonus of infancy

Benign sleep myoclonus of infancy is characterised by repetitive myoclonic jerks that occur during sleep in neonates and infants. Benign sleep myoclonus of infancy is commonly confused with epilepsy. However, unlike the jerks of myoclonic seizures and myoclonic encephalopathy, the jerks of Benign sleep myoclonus of infancy occur exclusively during sleep. The jerks are often bilateral and massive, typically involving large muscle groups.

7A86 Propriospinal myoclonus at sleep onset

Propriospinal myoclonus at sleep onset consists of sudden myoclonic jerks of the trunk, hips, and knees in a fixed pattern that occur during the transition from wakefulness to sleep and, more rarely, during nighttime awakenings or upon awakening in the morning. The jerks arise mainly in spinally innervated muscles and thereafter propagate to rostral and caudal muscles at a low speed, typical of propriospinal pathways. The movements result in clinically significant difficulty with sleep initiation or maintenance.

7A87 Sleep-related movement disorder due to a medical condition

Sleep-related movement disorder due to a medical condition is characterised by sleep-related movement abnormalities that are directly attributable to an underlying neurological or medical condition. Many medical conditions, particularly diseases of the nervous system, may be associated with movement abnormalities that are evident in wake and sleep. In some cases, the nocturnal manifestations of the movement abnormalities may be apparent before establishment of a firm neurological diagnosis. Once the presence of a medical or neurological condition is clearly established, this diagnosis should only be assigned if the sleep-related aspects of the movement abnormality or its sequelae are the focus of independent clinical attention.

Coding Note: Code also the causing condition

7A88 Sleep-related movement disorder due to a medication or substance

Sleep-related movement disorder due to a medication or substance is characterised by sleep-related movement abnormalities that are directly attributable to the effect of a medication or substance. Many substances may be associated with movement abnormalities that are evident in wake and sleep. To the extent that the movement abnormality is an expected complication of the substance(s) involved (e.g., tardive dyskinesia or akathisia associated with neuroleptic usage), this diagnosis should only be assigned if the sleep-related aspects of the movement abnormality or its sequelae are the focus of independent clinical attention.

7A8Y Other specified sleep-related movement disorders

7A8Z Sleep-related movement disorders, unspecified

Parasomnia disorders (7B00‑7B0Z)

Parasomnias are problematic behavioural or physiological events that occur while falling asleep, during sleep, or upon arousal from sleep. Parasomnias may occur during non-rapid eye movement sleep (NREM), rapid eye movement sleep (REM), or during transitions to and from sleep. They encompass abnormal sleep related complex movements, behaviours, emotions, perceptions, dreams, and autonomic nervous system activity.

7B00 Disorders of arousal from non-REM sleep

Disorders of arousal from non-REM sleep are characterised by experiences or behaviours such as confusion, ambulation, terror, or extreme autonomic arousal that typically arise as a result of incomplete arousals from deep non-REM (N3) sleep. An exception is sleep-related eating disorder, which has been observed to arise during all stages of non-REM sleep. This group of disorders is also characterised by partial or complete amnesia for the event, inappropriate or absent responsiveness to efforts by others to intervene or redirect the person during the episode, and limited (e.g., a single visual scene) or no associated cognition or dream imagery. The experiences or behaviours are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning or significant risk of injury to the individual or to others (e.g., thrashing or striking out in response to efforts to restrain the individual).

7B00.0 Confusional arousals

Confusional arousals are characterised by mental confusion or confused behaviour (e.g., disorientation, being unresponsive, impaired or slow speech, poor memory) during a partial arousal from deep sleep. There is partial or complete amnesia for the events. The experiences or behaviours are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning or significant risk of injury to the individual or to others.

7B00.1 Sleepwalking disorder

Sleepwalking disorder is characterised by ambulation and other complex behaviours during a partial arousal from deep sleep.

7B00.2 Sleep terrors

Sleep terrors are characterised by episodes of abrupt terror during a partial arousal from deep sleep, typically beginning with a vocalization such as a frightening scream. The individual experiences intense fear accompanied by signs of autonomic arousal, such as mydriasis, tachycardia, tachypnea, and diaphoresis.

7B00.3 Sleep-related eating disorder

Sleep-related eating disorder is characterised by recurrent episodes of involuntary excessive or dangerous eating or drinking that occur during the main sleep period that are not attributable to the effects of a medication or substance. Episodes may involve consumption of peculiar forms or combinations of food or inedible or toxic substances or injurious or potentially injurious behaviours performed while in pursuit of food or while cooking food. There may be adverse health consequences from recurrent nocturnal binge eating of high calorie foods. There is partial or complete amnesia for the events.

7B00.Y Other specified disorders of arousal from non-REM sleep

7B00.Z Disorders of arousal from non-REM sleep, unspecified

7B01 Parasomnias related to REM sleep

Parasomnias related to REM (rapid eye movement) sleep are characterised by experiences or behaviours such as vocalization or complex motor behaviours, sleep paralysis, or nightmares that are associated with REM sleep. The experiences are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning or significant risk of injury to the individual or to others.

7B01.0 REM sleep behaviour disorder

REM sleep behaviour disorder is characterised by repeated episodes of sleep related vocalization or complex motor behaviours that are either documented by polysomnography to occur during REM (rapid eye movement) sleep or are presumed to occur during REM sleep due to a clinical history of dream enactment. Polysomnographic recording (when performed) demonstrates REM sleep without atonia. The disorder may occur as an isolated, idiopathic form but is frequently associated with latent or manifest disease of the nervous system, especially alpha-synucleinopathies.

Note: A provisional diagnosis may be established on clinical grounds but definitive diagnosis requires polysomnographic demonstration of REM sleep without atonia.

7B01.1 Recurrent isolated sleep paralysis

Recurrent isolated sleep paralysis consists of recurrent inability to move the trunk and all of the limbs at sleep onset (hypnagogic) or upon awakening (hypnopompic) from sleep. Episodes typically last from a few seconds to a few minutes and cause clinically significant distress including bedtime anxiety or fear of sleep.

7B01.2 Nightmare disorder

Nightmare disorder is characterised by recurrent, vivid and highly dysphoric dreams, often involving threat to the individual, that generally occur during REM sleep and that often result in awakening with anxiety. The person is rapidly oriented and alert upon awakening.

Inclusions: Dream anxiety disorder

7B01.Y Other specified parasomnias related to REM sleep

7B01.Z Parasomnias related to REM sleep, unspecified

7B02 Other parasomnias

Other parasomnias include Hypnogogic exploding head syndrome, Sleep-related hallucinations, and abnormal sleep related complex movements, behaviours, emotions, perceptions, dreams, or autonomic nervous system activity related to a medical condition or due to a medication or substance. The experiences are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning or significant risk of injury to the individual or to others.

Coded Elsewhere: Nocturnal enuresis (6C00.0)

7B02.0 Hypnagogic exploding head syndrome

Hypnagogic exploding head syndrome is characterised by the perception of a sudden, loud noise or sense of a violent explosion in the head that typically occurs as the individual is falling asleep. On occasion, these episodes may occur with awakening during the night. They are associated with abrupt arousal following the event, often with a sense of fright.

Inclusions: Hypnagogic sensory disturbance

7B02.1 Sleep-related hallucinations

Sleep related hallucinations are hallucinatory experiences that occur at sleep onset (hypnagogic hallucinations) or on awakening from sleep (hypnopompic hallucinations). Sleep related hallucinations are predominantly visual but may include auditory, tactile, or kinetic phenomena.

7B02.2 Parasomnia disorder due to a medical condition

Parasomnia disorder due to a medical condition is characterised by abnormal sleep related complex movements, behaviours, emotions, perceptions, dreams, or autonomic nervous system activity that are directly attributable to an underlying neurological or medical condition.

7B02.3 Parasomnia disorder due to a medication or substance

Parasomnia disorder due to a medication or substance is characterised by abnormal sleep related complex movements, behaviours, emotions, perceptions, dreams, and autonomic nervous system activity that are directly attributable to the effect of a medication or substance.

7B0Y Other specified parasomnia disorders

7B0Z Parasomnia disorders, unspecified

7B2Y Other specified sleep-wake disorders

7B2Z Sleep-wake disorders, unspecified

CHAPTER 08

Diseases of the nervous system

This chapter has 204 four-character categories.

Code range starts with 8A00

This is a group of conditions characterised as being in or associated with the nervous system.

Exclusions: Endocrine, nutritional or metabolic diseases (Chapter 05)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Certain conditions originating in the perinatal period (Chapter 19)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Coded Elsewhere: Injuries of the nervous system

Neoplasms of the nervous system

Structural developmental anomalies of the nervous system (LA00-LA0Z)

Syndromes with central nervous system anomalies as a major feature (LD20)

Non-viral and unspecified infections of the central nervous system (1D00-1D0Z)

Symptoms, signs or clinical findings of the nervous system (MB40-MB9Y)

Paralytic symptoms (MB50-MB5Z)

Dissociative neurological symptom disorder (6B60)

Diseases of the nervous system complicating pregnancy, childbirth or the puerperium (JB64.3)

This chapter contains the following top level blocks:

* Movement disorders
* Disorders with neurocognitive impairment as a major feature
* Multiple sclerosis or other white matter disorders
* Epilepsy or seizures
* Headache disorders
* Cerebrovascular diseases
* Spinal cord disorders excluding trauma
* Motor neuron diseases or related disorders
* Disorders of nerve root, plexus or peripheral nerves
* Diseases of neuromuscular junction or muscle
* Cerebral palsy
* Nutritional or toxic disorders of the nervous system
* Disorders of cerebrospinal fluid pressure or flow
* Disorders of autonomic nervous system
* Human prion diseases
* Disorders of consciousness
* Other disorders of the nervous system
* Postprocedural disorders of the nervous system
* Injuries of the nervous system
* Neoplasms of the nervous system

Movement disorders (8A00‑8A0Z)

This is a group of involuntary movement disorders.

Coded Elsewhere: Restless legs syndrome (7A80)

Periodic limb movement disorder (7A81)

Hemifacial spasm (8B88.2)

8A00 Parkinsonism

Parkinsonism is a clinical syndrome characterised by four cardinal features: rest tremor, muscular rigidity, akinesia or bradykinesia, and postural disturbances which include shuffling gait and flexed posture and loss of postural reflexes. Bradykinesia and one other clinical feature is required to make a diagnosis of Parkinsonism. Parkinsonism may result from a variety of conditions including progressive neurodegenerative disorders such as Parkinson Disease or Atypical Parkinsonism where the progressive degeneration of nigral and other neurons leads to dopamine deficiency. Parkinsonism may also be a result of structural lesions such as strokes or tumours or blockage of dopamine receptors in the striatum by drugs such as neuroleptics.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Arthropathies (FA00‑FA5Z)

8A00.0 Parkinson disease

Parkinson Disease is a gradual onset progressive degenerative disease whose cardinal manifestations include bradykinesia plus one of the following-tremor, rigidity or postural instability. Nonmotor manifestations include autonomic dysfunction and neuropsychiatric features.

8A00.00 Sporadic Parkinson disease

This is defined as Parkinson Disease occurring sporadically with no apparent mode of inheritance.

8A00.01 Familial Parkinson disease

Familial subtype of Parkinson Disease, a disorder caused by progressive dopaminergic neuron degeneration of the substantia nigra that is characterized by resting tremor, bradykinesia, and rigidity. Familial cases can be caused by mutations in LRRK2, PARK7, PINK1, PRKN, or SNCA genes.

8A00.0Y Other specified Parkinson disease

8A00.0Z Parkinson disease, unspecified

8A00.1 Atypical parkinsonism

Atypical parkinsonism is a term used to describe several neurodegenerative conditions where the degeneration extends beyond the substantia nigra and is more extensive than seen in conditions like Parkinson disease. The clinical picture is often more complex than PD and patients may have apraxia, supranuclear ophthalmoplegia or autonomic failure.

Coded Elsewhere: Multiple system atrophy, Parkinsonism (8D87.01)

Lewy body disease (8A22)

8A00.10 Progressive supranuclear palsy

Progressive supranuclear palsy (PSP) is a late-onset neurodegenerative disease characterised by supranuclear gaze palsy, postural instability, progressive rigidity, and mild dementia. Five clinical variants have been described with clinicopathological correlations: Classical PSP (Richardson's syndrome), and four atypical variants of PSP including PSP-Parkinsonism (PSP-P), PSP-Pure akinesia with gait freezing (PSP-PAGF), PSP-corticobasal syndrome (PSP-CBS), and PSP-progressive non fluent aphasia (PSP-PNFA).

8A00.1Y Other specified atypical parkinsonism

8A00.1Z Atypical parkinsonism, unspecified

8A00.2 Secondary parkinsonism

Secondary parkinsonism is a term used to describe Parkinsonism due to a known agent such as drugs, infections, toxins or structural lesions.

Coding Note: Code also the causing condition

8A00.20 Parkinsonism due to heredodegenerative disorders

Parkinsonism may occur as a result of more widespread heredodegenerative disorders. It is accompanied by other neurological findings such as dystonia, ataxia and dementia. Other family members may be affected.

Coding Note: Code also the causing condition

8A00.21 Hemiparkinsonism hemiatrophy syndrome

Hemiparkinsonism may follow hemiatrophy of the body due to an intrauterine or early neonatal cerebral damage.

8A00.22 Infectious or postinfectious parkinsonism

A syndrome caused by an infection with a bacterial, viral, fungal, or parasitic source, which occurs during or after the acute phase of the infection. This condition is characterised by tremors, slow movement, or stiffness of the arms and legs, similar to symptoms seen in Parkinson disease.

8A00.23 Vascular parkinsonism

Multiple lacunar infarcts or diffuse vascular disease of the brain can result in Parkinsonism- imaging often shows multiple lacunar infarcts or diffuse white matter change. The dopamine transporter scan may be normal or abnormal depending upon the site of the infarcts.

8A00.24 Drug-induced parkinsonism

Parkinsonism due to prescription medications.

8A00.25 Post traumatic Parkinsonism

Parkinsonism may be a result of a major head trauma where it occurs in combination with other neurological findings such as weakness and pyramidal signs. It may also occur as a result of multiple blows to the head and may be associated with dementia. It is also called chronic traumatic encephalopathy.

8A00.26 Parkinsonism due to structural lesions

Parkinsonism occurring in the setting of a demonstrable structural lesion such as subdural hematoma and brain tumours. Neuroimaging such as Magnetic Resonance Imaging is very helpful. It has to be emphasized that small brain tumours such as meningioma may be an incidental finding in cases of otherwise typical PD.

8A00.2Y Other specified secondary parkinsonism

Coding Note: Code also the causing condition

8A00.2Z Secondary parkinsonism, unspecified

Coding Note: Code also the causing condition

8A00.3 Functional parkinsonism

Functional movement disorder with mixed features of functional tremor but also slowness and stiffness which can be demonstrated to be variable and internally inconsistent. No cause has been identified after investigation.

Inclusions: Psychogenic parkinsonism

8A00.Y Other specified parkinsonism

8A00.Z Parkinsonism, unspecified

8A01 Choreiform disorders

Chorea consists of irregular, non-repetitive, brief, jerky, flowing movements that move randomly from one part of the body to another.

8A01.0 Benign hereditary chorea

Benign hereditary chorea should be considered in people with a relatively stable, nonprogressive chorea, in whom childhood onset and an autosomal dominant family history are present. Benign hereditary chorea can be associated with short stature and developmental delay. Larger deletions of causative gene, TITF-1, can cause a multisystem disorder with congenital hypothyroidism, hypotonia, and pulmonary problems.

8A01.1 Secondary Chorea

Chorea consists of irregular, non-repetitive, brief, jerky, flowing movements that move randomly from one part of the body to another. Chorea can be seen in a variety of metabolic, immunological and other disorders and is termed secondary chorea.

Coding Note: Code also the causing condition

Exclusions: Benign hereditary chorea (8A01.0)

8A01.10 Huntington disease

Huntington disease (HD) is a rare neurodegenerative disorder of the central nervous system. HD is an autosomal dominant disorder due to a mutation resulting in an increased number of triplicate cytosine-adenine-guanine repeats on chromosome 4. The manifestations include chorea, dementia and personality changes. In the Westphal variant dystonia and parkinsonism are prominent. Neuroimaging reveals caudate atrophy. A genetic test is available and may facilitate presymptomatic detection.

Inclusions: Huntington chorea

8A01.11 Chorea due to Huntington disease-like conditions

The clinical picture of Huntington Disease (HD) is closely mimicked by disorders with an autosomal dominant inheritance. The gene test for HDS is negative prompting the consideration of other disorders. These are called HD like (HDL diseases).

8A01.12 Chorea due to Dentatorubral pallidoluysian atrophy

Dentatorubropallidoluysian atrophy patients may have chorea as a major manifestation.

8A01.13 Chorea due to Wilson disease

Coding Note: Code also the causing condition

8A01.14 Chorea due to infectious or para-infectious causes

Coding Note: Code also the causing condition

8A01.15 Chorea due to systemic lupus erythematosus

Chorea may be a presenting manifestation of systemic lupus erythematosus (SLE) or may occur in established disease. It is associated with the presence of antiphospholipid antibodies.

8A01.16 Drug-induced chorea

Chorea may be due to prescribed and illicit drugs.

8A01.1Y Other specified secondary chorea

Coding Note: Code also the causing condition

8A01.1Z Secondary chorea, unspecified

Coding Note: Code also the causing condition

8A01.2 Hemichorea or hemiballismus

Ballism (“ballismós” meaning ‘jumping around’ in Ancient Greek) refers to violent, irregular flinging movements of the limbs primarily due to contractions of the proximal muscles. Hemiballism refers to movements involving upper and lower extremities on the same side with or without involvement of the face.

Hemichorea refers to hemibody chorea with brief non repetitive jerks affecting arm and leg on one side with or without involvement of the face.

8A01.20 Hemichorea

Hemichorea refers to hemibody chorea with brief non repetitive jerks affecting arm and leg on one side with or without involvement of the face.

8A01.21 Ballism

Ballism (“ballismós” meaning ‘jumping around’ in Ancient Greek) refers to violent, irregular flinging movements of the limbs primarily due to contractions of the proximal muscles.

8A01.22 Hemiballism

Hemiballism refers to movements involving upper and lower extremities on the same side with or without involvement of the face.

8A01.2Y Other specified hemichorea or hemiballismus

8A01.2Z Hemichorea or hemiballismus, unspecified

8A01.Y Other specified choreiform disorders

8A01.Z Choreiform disorders, unspecified

8A02 Dystonic disorders

Exclusions: athetoid cerebral palsy (8D21)

8A02.0 Primary dystonia

Primary dystonias (primary torsion dystonias) are disorders where dystonia is the sole neurological manifestation. These disorders are slowly progressive and may be familial/genetic or sporadic in origin.

8A02.00 Benign essential blepharospasm

This is a neurological condition characterised by forcible closure of the eyelids due to involuntary and sustained contraction of the muscles around the eyes.

8A02.0Y Other specified primary dystonia

8A02.0Z Primary dystonia, unspecified

8A02.1 Secondary dystonia

This is dystonia – a disorder of involuntary muscle contractions – of an acquired nature. Causes include substance toxicity, injury, hypoxia and tumours.

Coding Note: Code also the causing condition

8A02.10 Drug-induced dystonia

This is dystonia due to medications either as an idiosyncratic side effect or due to overdose of medications.

8A02.11 Dystonia-plus

This is a group of heterogenous syndromes present with dystonia – a disorder of involuntary muscle contractions – along with other clinical features, but not in tandem with a neurodegenerative disease. Examples include myoclonus dystonia and dopa responsive dystonia.

8A02.12 Dystonia associated with heredodegenerative disorders

Dystonia occurring as a part of a more complex heredodegenerative disorder. It is not a pure dystonia and other neurological findings such as ataxia, pyramidal signs and cognitive issues may be seen.

8A02.1Y Other specified secondary dystonia

Coding Note: Code also the causing condition

8A02.1Z Secondary dystonia, unspecified

Coding Note: Code also the causing condition

8A02.2 Paroxysmal dystonia

Paroxysmal dyskinesias are a group of rare movement disorders characterised by their recurrent and episodic nature, arising from a background of normal motor activity and behaviour. These abnormal movements can manifest in the form of ballism, dystonia, chorea and athetosis or a combination of these.

8A02.3 Functional dystonia or spasms

Functional movement disorder presenting predominantly with mobile or fixed dystonic posturing which is incongruous with other causes of dystonia and may be responsive to placebo therapy or psychotherapy. Typically a clenched fist, inverted ankle or orbicularis oculis/platysma contraction with onset as a teenager or adult.

Functional dystonia or spasms where no cause has been identified after investigation.

8A02.Y Other specified dystonic disorders

8A02.Z Dystonic disorders, unspecified

8A03 Ataxic disorders

Disorders associated with ataxia. The word "ataxia" comes from a Greek word meaning "lack of order, indiscipline". People with ataxia have problems with coordination because parts of the nervous system that control movement and balance are affected. Ataxia may affect the fingers, hands, arms, legs, body, speech, and eye movements.

8A03.0 Congenital ataxia

Congenital Ataxia is defined as a lack of coordination due to congenital abnormalities in the cerebellum. It is usually nonprogressive.

8A03.1 Hereditary ataxia

A group of genetic disorders characterised by slowly progressive incoordination of gait and often associated with poor coordination of hands, speech, and eye movements

Exclusions: Metabolic disorders (5C50‑5D2Z)

Cerebral palsy (8D20‑8D2Z)

8A03.10 Friedreich ataxia

Friedreich ataxia is an autosomal recessive ataxia characterised by difficulties to coordinate movements, associated with neurological signs (dysarthria, loss of reflexes, decrease of deep sensation, pes cavus and scoliosis), cardiomyopathy and sometimes diabetes mellitus. It is due to a mutation in the frataxin gene.

Coded Elsewhere: Hereditary optic neuropathy associated with hereditary ataxias (8A03.15)

8A03.11 Ataxia due to Cerebrotendinous xanthomatosis

Ataxia in the setting of cerebrotendinous xanthomatosis, a rare autosomal recessive disorder of bile acid metabolism caused by a mutation in the CYP27A1 gene encoding mitochondrial enzyme sterol 27-hydroxylase. Accumulation of sterols in multiple tissues leads to premature cataracts and tendon xanthomas in late childhood, followed by progressive neurological dysfunction such as ataxia, dementia, and polyneuropathy.

8A03.12 Ataxia due to Refsum disease

Ataxia in the setting of Refsum disease, a rare autosomal recessive disorder caused by a mutation in the PHYH gene coding for peroxisomal phytanoyl-CoA hydroxylase or PEX7, coding for peroxin 7 receptor protein. Onset is usually in late childhood, initially presenting with retinitis pigmentosa, with progression to ataxia and chronic polyneuropathy.

8A03.13 Ataxia due to abetalipoproteinemia

Ataxia in the setting of abetalipoproteinemia, a rare autosomal recessive disorder caused by a mutation of the MTP gene coding for microsomal triglyceride transfer protein which impairs the ability to produce very low density lipoprotein. All patients have fat malabsorption, acanthocytosis, hypocholesterolemia, and absent apolipoprotein B.

8A03.14 Hereditary episodic ataxia

Autosomal dominant disorders associated with intermittent episodes of cerebellar dysfunction, with normal functioning or minimal ataxia and nystagmus between episodes. The two major subtypes include EA1 and EA2. EA1 is caused by a mutation of the KCNA1 gene coding and characterized by episodes triggered by exercise and muscle myokymia. EA2 is caused by a mutation in CACNA1A gene and involves more prolonged attacks of ataxia (lasting hours to days), and interictal residual ataxia with nystagmus.

8A03.15 Ataxia due to mitochondrial mutations

8A03.16 Spinocerebellar ataxia

Autosomal dominantly inherited ataxias associated with over 37 gene loci that involve progressive degeneration of the cerebellum and spinocerebellar tracts of the spinal cord, presenting with characteristic sensory loss, diminished tendon reflexes, Romberg sign, and positive Babinski sign(s).

8A03.1Y Other specified hereditary ataxia

8A03.1Z Hereditary ataxia, unspecified

8A03.2 Non-hereditary degenerative ataxia

Ataxia is characterized by incoordination, due to lesions in the cerebellum and efferent or afferent connections. Sporadic forms of ataxia that present without any family history or known genetic cause. Diagnosis is made after ruling out other causes of ataxia.

8A03.20 Late onset cerebellar cortical atrophy

This is a sporadic late onset cerebellar cortical atrophy with progressive ataxia. Neuropathologically it is characterised by diffuse cerebellar cortical lesions and absence of neuronal loss in the dorsomedial part of the inferior olives.

Exclusions: Hereditary ataxia (8A03.1)

8A03.2Y Other specified non-hereditary degenerative ataxia

8A03.2Z Non-hereditary degenerative ataxia, unspecified

8A03.3 Acquired ataxia

Ataxia that is caused by a variety of exogenous and endogenous factors and is not clearly hereditary. May be seen in the setting of drug toxicity, post-viral cerebellitis, acute disseminated encephalomyelitis, traumatic brain injury, hypoxia, heat stroke, Wernicke’s encephalopathy, Miller Fisher syndrome, basilar migraine, or conversion reaction.

8A03.30 Ataxia due to alcoholic cerebellar degeneration

This is the most common form of acquired ataxia and occurs among people suffering from degeneration of the cerebellum as a result of chronic alcohol use.

8A03.3Y Other specified acquired ataxia

8A03.3Z Acquired ataxia, unspecified

8A03.Y Other specified ataxic disorders

8A03.Z Ataxic disorders, unspecified

8A04 Disorders associated with tremor

Tremor is an involuntary oscillation of a body part and is commonly classified according to the behavioural circumstances in which it occurs. Tremor may occur during attempted relaxation (rest tremor), during a voluntarily held posture (postural tremor), or during a voluntary movement (kinetic tremor).

8A04.0 Enhanced physiological tremor

This is a high frequency, low amplitude tremor present with posture or action. It represents an exacerbation of a physiologic tremor which may have been worsened by drugs, stress, anxiety, etc.

8A04.1 Essential tremor or related tremors

Essential tremor is the most common form of tremor of moderate frequency ranging from 7-12 Hz and presents as a postural and kinetic tremor of the hands. It may also be present in the head/neck, and voice.

Exclusions: tremor NOS (8A04)

8A04.2 Rest tremor

Resting tremors happen while the patient is sitting or lying down and relaxed. People who have a resting tremor can usually stop the tremor by deliberately moving the affected body part. It usually occurs in the setting of Parkinsonism.

8A04.3 Secondary tremor

Coding Note: Code also the causing condition

8A04.30 Tremor due to metabolic disorders

Involuntary oscillation of a body part due to metabolic disorders.

Coding Note: Code also the causing condition

8A04.31 Tremor due to chronic or acute substance use

Drug use can cause tremor or exacerbate an existing tremor.

Coding Note: Code also the causing condition

8A04.32 Tremor due to drug withdrawal

Coding Note: Code also the causing condition

8A04.33 Tremor due to certain specified central nervous system diseases

Coding Note: Code also the causing condition

8A04.3Y Other specified secondary tremor

Coding Note: Code also the causing condition

8A04.3Z Secondary tremor, unspecified

Coding Note: Code also the causing condition

8A04.4 Functional tremor

Functional movement disorder presenting predominantly with tremor. The tremor might be variable in frequency and distractible on testing, either entraining or ceasing in response to contralateral externally cued rhythmical movements provided by the examiner.

Functional tremor is that in which no cause has been identified after investigation.

8A04.Y Other specified disorders associated with tremor

8A04.Z Disorders associated with tremor, unspecified

8A05 Tic disorders

Disorders characterized by brief, sudden, repetitive movements (motor tics) or utterances (phonic or vocal tics) that are temporarily suppressible and are usually preceded by a strong urge to perform the tic. The most common cause of childhood-onset tics is Tourette Syndrome.

8A05.0 Primary tics or tic disorders

Primary tics or tic disorders are characterised by the presence of chronic motor and/or vocal (phonic) tics. Motor and vocal tics are defined as sudden, rapid, non-rhythmic, and recurrent movements or vocalizations, respectively. In order to be diagnosed, tics must have been present for at least one year, although they may not manifest consistently.

8A05.00 Tourette syndrome

Tourette syndrome is a chronic tic disorder characterised by the presence of both chronic motor tics and vocal (phonic) tics, with onset during the developmental period. Motor and vocal tics are defined as sudden, rapid, non-rhythmic, and recurrent movements or vocalizations, respectively. In order to be diagnosed as Tourette syndrome, both motor and vocal tics must have been present for at least one year, although they may not manifest concurrently or consistently throughout the symptomatic course.

Inclusions: Combined vocal and multiple motor tic disorder

8A05.01 Chronic motor tic disorder

Chronic motor tic disorder is characterised by the presence of motor tics over a period of at least one year, although they may not manifest consistently. Motor tics are defined as sudden, rapid, non-rhythmic, and recurrent movements.

Exclusions: Tourette syndrome (8A05.00)

8A05.02 Chronic phonic tic disorder

Chronic phonic tic disorder is characterised by the presence of phonic (vocal) tics over a period of at least one year, although they may not manifest consistently. Phonic tics are defined as sudden, rapid, non-rhythmic, and recurrent vocalizations.

Exclusions: Tourette syndrome (8A05.00)

8A05.03 Transient motor tics

Tics are sudden, non-rhythmic stereotyped movements such as blinking, sniffing, tapping, etc. They should have been present for less than 1 year.

8A05.0Y Other specified primary tics or tic disorders

8A05.0Z Primary tics or tic disorders, unspecified

8A05.1 Secondary tics

A tic disorder as a direct physiologic consequence of an antecedent infection, drugs or illness.

Coding Note: Code also the causing condition

8A05.10 Infectious or postinfectious tics

A tic disorder as a direct physiologic consequence of an antecedent infection.

8A05.11 Tics associated with developmental disorders

A tic disorder as a direct consequence of a developmental disorder.

8A05.1Y Other specified secondary tics

Coding Note: Code also the causing condition

8A05.1Z Secondary tics, unspecified

Coding Note: Code also the causing condition

8A05.Y Other specified tic disorders

8A05.Z Tic disorders, unspecified

8A06 Myoclonic disorders

#DRAFT# This is a sudden, involuntary twitching or jerking of a muscle or group of muscles usually stimulus sensitive.

Exclusions: myoclonic epilepsy (8A60‑8A6Z)

Facial myokymia (8B88.1)

Dystonia-plus (8A02.11)

8A06.0 Essential myoclonus

This is a hereditary form of myoclonus, which is not usually associated with epilepsy or any other medical condition. Essential myoclonus tends to be stable without increasing in severity over time. More recently, it is believed that essential myoclonus may be the same as myoclonus-dystonia caused by a mutation in the sarcoglycan gene.

8A06.1 Segmental myoclonus

Rhythmic or semi-rhythmic involuntary contractions of muscle groups supplied by one or more contiguous segments of the brainstem and/or spinal cord.

8A06.2 Focal myoclonus

Sudden, involuntary twitching or jerking of a muscle or group of muscles which effects a localised area of the body.

8A06.20 Palatal myoclonus

Palatal myoclonus is usually a rhythmic, continuous movement of the muscles of the middle ear or palate, but can also include muscle of the eye, tongue, neck and diaphragm. The movement may be present in sleep or with distraction with a frequency of 1.5 to 3 Hz. Essential palatal myoclonus is more likely to have an associated rhythmic clicking noise compared to symptomatic palatal myoclonus.

8A06.21 Chronic hiccups

Chronic hiccup is a rare disorder causing repeated inspiratory spasms over periods of 48 hours or more.

8A06.2Y Other specified focal myoclonus

8A06.2Z Focal myoclonus, unspecified

8A06.Y Other specified myoclonic disorders

8A06.Z Myoclonic disorders, unspecified

8A07 Certain specified movement disorder

Neurologic motor disorders that present with slowness of movement (bradykinesia or hypokinesia) or abnormal involuntary movements (hyperkinesias) as a result of genetic, infectious, toxic, metabolic, inflammatory, or vascular abnormalities.

Coded Elsewhere: Sleep-related movement disorders (7A80-7A8Z)

Hereditary spastic paraplegia (8B44.0)

8A07.0 Stereotypies

Stereotypy refers to simple or complex movements that repeat themselves continually and identically. These are usually not preceded by an uncomfortable feeling.

Coded Elsewhere: Autism spectrum disorder (6A02)

Rett syndrome (LD90.4)

8A07.00 Primary stereotypy

A stereotypy that occurs in typically developing child.

8A07.01 Secondary stereotypy

A constellation of repetitive stereotyped movements such as hand flapping, that occur in association with a genetic, metabolic, neurodevelopmental, neurodegenerative, paraneoplastic, or infectious disorder.

Coding Note: Code also the causing condition

8A07.0Y Other specified stereotypies

8A07.0Z Stereotypies, unspecified

8A07.1 Akathisia

#DRAFT# Akathisia refers to voluntary motor activity to relive an "inner sense of restlessness" or uncomfortable sensations. It may manifest as pacing, rocking or marching on the spot, etc.

8A07.2 Excessive startle reflex

Exaggerated startle reaction (eye blinking, muscle jerks, body spasms) that occur in response to unexpected stimuli. May be secondary to hyperkeplexia, myoclonic neurological diseases, or neuropsychiatric disorders.

8A0Y Other specified movement disorders

Coding Note: Code also the causing condition

8A0Z Movement disorders, unspecified

Coding Note: Code also the causing condition

Disorders with neurocognitive impairment as a major feature (8A20‑8A2Z)

8A20 Alzheimer disease

8A21 Progressive focal atrophies

Progressive cortical atrophies are neurodegenerative diseases with progressive impairment in a single cognitive domain secondary to circumscribed cerebral atrophy.

8A21.0 Posterior cortical atrophy

Benson's syndrome or Posterior Cortical Atrophy (PCA) refers to a clinical syndrome in which higher order visual processing is disrupted owing to a neurodegenerative disorder. The patients present with progressive and severe visual agnosia (inability to recognize and identify familiar objects or persons) and apraxia (loss in the ability to execute or perform skilled familiar movements).

8A21.Y Other specified progressive focal atrophies

8A21.Z Progressive focal atrophies, unspecified

8A22 Lewy body disease

Lewy body disease is a neurodegenerative disorder and the second most common form of dementia in the elderly after Alzheimer disease. Lewy bodies are histologically defined as intracytoplasmic eosinophilic neuronal inclusions in the cortex or brainstem.

8A23 Frontotemporal lobar degeneration

8A2Y Other specified disorders with neurocognitive impairment as a major feature

8A2Z Disorders with neurocognitive impairment as a major feature, unspecified

Multiple sclerosis or other white matter disorders (8A40‑8A4Z)

This is a group of conditions involving demyelination, damage to the myelin sheath which protects nerve axons and is responsible for neurotransmission.

8A40 Multiple sclerosis

Multiple Sclerosis (MS) is a chronic, inflammatory demyelinating disease of the central nervous system. Three categories of multiple sclerosis have been outlined: Relapsing/remitting, secondary progressive and primary progressive multiple sclerosis.

Coded Elsewhere: Retrobulbar neuritis in multiple sclerosis (9C40.1Y)

8A40.0 Relapsing-remitting multiple sclerosis

Clearly defined disease relapses with full recovery or with sequelae and residual deficit upon recovery. The periods between disease relapses are characterised by a lack of disease progression.

8A40.1 Primary progressive multiple sclerosis

Disease progression from onset, with occasional plateaus and temporary minor improvements allowed.

Coding Note: This category is to be used to indicate Primary progressive multiple sclerosis which is progressive from onset but includes progressive - relapsing, or is progressive from onset with a single relapse

8A40.2 Secondary progressive multiple sclerosis

#DRAFT# Secondary progressive multiple sclerosis is diagnosed retrospectively by a history of gradual worsening after an initial relapsing disease course, with or without acute exacerbations during the progressive course.

Coding Note: This category is to be used to indicate Secondary progressive multiple sclerosis, after an initially relapsing/remitting course (includes remitting relapsing progressive, may have superimposed relapses)

8A40.Y Other specified multiple sclerosis

8A40.Z Multiple sclerosis, unspecified

8A41 Isolated demyelinating syndromes of the central nervous system

Clinically isolated syndrome (CIS) is the first clinical inflammatory demyelinating event of the central nervous system, lasting more than 24 hours. CIS is now recognised as the first clinical presentation of a disease that shows characteristics of inflammatory demyelination that could be MS, but has yet to fulfill criteria of dissemination in time.

Coded Elsewhere: Optic neuritis (9C40.1)

Idiopathic inflammatory optic neuropathy (9C40.1Y)

8A41.0 Transverse myelitis

Focal inflammatory and demyelinating disorder of the spinal cord, resulting in motor, sensory and autonomic dysfunction. Symptoms include Lhermitte's, numbness of the limbs, progressive spastic paraplegia, urinary urgency, incontinence and sexual dysfunction.

Coding Note: Code also the causing condition

8A41.1 Neuromyelitis optica myelin oligodendrocyte glycoprotein antibody-positive

MOG antibody associated spectrum disorders are inflammatory demyelinating diseases of the central nervous system with a predilection for optic nerve that include a subgroup of patients with bilateral optic neuritis (ON), longitudinally extensive (> 3 vertebral segments) myelitis (often recurrent) and rarely patients with an NMO like presentation. The clinical and immunopathological phenotype is under active investigation

8A41.Y Other specified isolated demyelinating syndromes of the central nervous system

8A41.Z Isolated demyelinating syndromes of the central nervous system, unspecified

8A42 Acute disseminated encephalomyelitis

Acute disseminated encephalomyelitis is a demyelinating disorder of the central nervous system. It usually develops after acute viral or bacterial infection or vaccination, with a sudden onset of irritability and lethargy after a prodromal period of 1-4 weeks. Major symptoms include fever, headache, drowsiness, changes in mental status, seizures and coma. Weakness, vomiting, weight loss, stiff neck, ataxia, bilateral optic neuritis and delirium are common. Peripheral nervous system involvement (paralysis of a single limb or hemiplegia) may occur.

8A42.0 Acute haemorrhagic leukoencephalitis

Rare, severe, rapidly progressive inflammatory and haemorrhagic demyelinating disorder of the central nervous system, considered a variant of ADEM.

8A42.Y Other specified acute disseminated encephalomyelitis

8A42.Z Acute disseminated encephalomyelitis, unspecified

8A43 Neuromyelitis optica

#DRAFT# Neuromyelitis optica (NMO) is an inflammatory demyelinating disease of the central nervous system characterised mainly by attacks of uni- or bilateral optic neuritis (ON) and acute longitudinally extensive (> 3 vertebral segments) myelitis. Less common manifestations include attacks of severe nausea and vomiting from area postrema lesions. Aquaporin-4 antibody (AQP4-IgG) is a sensitive (60-80%) and highly specific (>99%) serum biomarker which aids diagnosis of NMO. Both in vivo and in vitro studies support a pathogenic role for AQP4-IgG. Associated neural autoantibodies include aquaporin-4 autoantibodies (AQP4-IgG).

Coded Elsewhere: Neuromyelitis optica myelin oligodendrocyte glycoprotein antibody-positive (8A41.1)

8A43.0 Neuromyelitis optica aquaporin-4 antibody positive

Neuromyelitis optica (NMO) is an inflammatory demyelinating disease of the central nervous system characterised mainly by attacks of uni- or bilateral optic neuritis (ON) and acute longitudinally extensive (> 3 vertebral segments) myelitis. This form is seropositive for aquaporin-4 antibodies.

8A43.1 Neuromyelitis optica aquaporin-4 antibody negative

Neuromyelitis optica (NMO) is an inflammatory demyelinating disease of the central nervous system characterised mainly by attacks of uni- or bilateral optic neuritis (ON) and acute longitudinally extensive (> 3 vertebral segments) myelitis. This form is seronegative for aquaporin-4 antibodies.

Some patients may be myelin oligodendrocyte glycoprotein (MOG) antibody positive.

8A43.2 Single transverse myelitis aquaporin-4 antibody positive

A single episode of transverse myelitis which is typically longitudinally extensive (>3 vertebral segments) associated with seropositivity for aquaporin-4 antibodies but without sufficient features to fulfill the 2006 NMO diagnostic criteria.

8A43.3 Recurrent transverse myelitis aquaporin-4 antibody positive

Two or more episodes of transverse myelitis which is typically longitudinally extensive (>3 vertebral segments) associated with seropositivity for aquaporin-4 antibodies but without sufficient features to fulfill the 2006 NMO diagnostic criteria.

8A43.4 Single optic neuritis aquaporin-4 antibody positive

A single episode of optic neuritis associated with seropositivity for aquaporin-4 antibodies but without sufficient features to fulfill the 2006 NMO diagnostic criteria.

8A43.5 Recurrent optic neuritis aquaporin-4 antibody positive

Two or more episodes of optic neuritis associated with seropositivity for aquaporin-4 antibodies but without sufficient features to fulfill the 2006 NMO diagnostic criteria.

8A43.Y Other specified neuromyelitis optica

8A43.Z Neuromyelitis optica, unspecified

8A44 Leukodystrophies

Group of rare progressive genetic diseases that are caused by mutations in genes that lead to destruction of white matter of the brain by disrupting development of the myelin sheath. More than 50 different leukodystrophies have been identified, including Alexander disease, Canavan disease, cerebrotendinous xanthomatosis, metachromatic leukodystrophy, Pelizaeus-Merzbacher disease, and Refsum disease.

Coded Elsewhere: Metachromatic leukodystrophy (5C56.02)

Canavan disease (5C50.E1)

Leukoencephalopathy with brainstem - spinal cord involvement - lactate elevation (5C53.23)

8A44.0 Pelizaeus-Merzbacher disease

Pelizaeus-Merzbacher disease (PMD) is an X-linked leukodystrophy characterised by developmental delay, nystagmus, hypotonia, spasticity, and variable intellectual deficit. It is classified into three sub-forms based on the age of onset and severity: connatal, transitional, and classic PMD.

Coded Elsewhere: Pelizaeus-Merzbacher-like disease (LD90.2)

8A44.1 Adrenoleukodystrophy

X-linked genetic disorder associated with accumulation of very-long-chain fatty acids in the brain and adrenal cortex due to a mutation in the ABCD1 gene causing defects in peroxisomal oxidation. Neurological symptoms can present in childhood or adulthood with almost all patients having concurrent adrenal insufficiency.

Coded Elsewhere: Zellweger syndrome (5C57.0)

Neonatal adrenoleukodystrophy (5A74.Y)

X-linked adrenoleukodystrophy (5C57.1)

8A44.2 Alexander disease

Alexander's disease is a neurodegenerative disorder encompassing different clinical forms: the infantile form (birth to 2 years), the most common, is characterised by its early onset and severe evolution with progressive megalencephaly (sometimes hydrocephaly), retarded psychomotor development or mental deterioration, pyramidal signs, ataxia and convulsive seizures. The juvenile forms start in school-aged children and associate spastic paraplegia and progressive bulbar signs. Adult forms are heterogeneous and difficult to diagnose.

8A44.3 Certain specified leukodystrophies

Coded Elsewhere: Phenylketonuria (5C50.0)

Refsum disease (5C57.1)

Cerebrotendinous xanthomatosis (5C52.11)

Leber hereditary optic neuropathy (8C73.Y)

Cystic leukoencephalopathy without megalencephaly (5C55.2)

Gaucher disease (5C56.0Y)

Niemann-Pick disease (5C56.0Y)

Tay-Sachs disease (5C56.00)

Oculo-dento-digital dysplasia (LD27.0Y)

8A44.4 Krabbe disease

Krabbe disease, also called globoid cell leukodystrophy, is a sphingolipidosis resulting from galactosylceramidase (or galactocerebrosidase) deficiency, a lysosomal enzyme that catabolizes a major lipid component of myelin. The disease leads to demyelination of the central and peripheral nervous system which is rapidly progressive from the first year of life, but juvenile, adolescent or adult onset forms have also been reported, with a more variable rate of progression.

8A44.Z Leukodystrophies, unspecified

8A45 Secondary white matter disorders

Coding Note: Code also the causing condition

8A45.0 White matter disorders due to infections

Coded Elsewhere: Tabes dorsalis (1A62.01)

8A45.00 Human T-cell lymphotropic virus-associated myelopathy

Human T-cell lymphotropic virus (HTLV) is a retrovirus and causes immune mediated diseases of the nervous system. Human T-cell lymphotropic virus type 1 (HTLV-1) and Human T-cell lymphotropic virus type 2 (HTLV-2) are closely related retroviruses with similar biological properties and common modes of transport.

Coded Elsewhere: Myelitis due to Human T-lymphotropic virus type 1 (1D02.1)

8A45.01 Subacute sclerosing panencephalitis

#DRAFT# A disease of the central nervous system, caused by a previous infection with Morbillivirus. This disease is characterised by chronic encephalitis. This disease may also present with neurological deficits or myoclonia. Confirmation is by detection of measles-specific IgG antibodies from a serum or cerebrospinal fluid sample, or advanced imaging.

Inclusions: Dawson inclusion body encephalitis

Van Bogaert sclerosing leukoencephalopathy

8A45.02 Progressive multifocal leukoencephalopathy

#DRAFT# A disease of the central nervous system, caused by the reactivation of an infection with John Cunningham (JC) virus. This disease is characterised by damage to the myelin, and individuals may present with an altered mental state, limb weakness, headache, or lack of coordination. Transmission may be by airborne transmission or ingestion of contaminated food or water. Confirmation is commonly by identification of JC virus in cerebrospinal fluid.

8A45.0Y Other specified white matter disorders due to infections

8A45.0Z White matter disorders due to infections, unspecified

8A45.1 White matter disorders due to toxicity

Coded Elsewhere: Myelopathy due to radiation injury (8B42)

8A45.2 White matter disorders due to vascular abnormality or ischemia

8A45.20 White matter disorder due to CADASIL

#DRAFT# In CADASIL, clinical and neuroimaging features resemble those of sporadic small-artery disease, although patients with CADASIL have an earlier age at onset of stroke events, an increased frequency of migraine with aura, and a slightly variable pattern of ischaemic white-matter lesions on brain MRI. MRI changes usually precede the onset of other symptoms by 10–15 years. The first changes are nodular white matter lesions in the periventricular areas and in the centrum semiovale. The abnormalities then typically become diffuse, symmetrical, and involve the external capsule and characteristically extend into the anterior temporal lobes to involve the temporal pole—a characteristic but not sensitive feature.

8A45.21 Subacute necrotising myelitis

Foix-Alajouanine syndrome, also called subacute ascending necrotising myelitis, results from chronic congestion of the extrinsic pial veins of the spinal cord and of the intrinsic subpial network. It is characterised by progressive ascending deficit over a period of several months or years.

8A45.2Y Other specified white matter disorders due to vascular abnormality or ischemia

8A45.2Z White matter disorders due to vascular abnormality or ischemia, unspecified

8A45.3 White matter disorders due to nutritional deficiency

Damage to the white matter due to nutritional deficiency.

8A45.30 White matter disorder due to vitamin B12 deficiency

Neurological features occur in 40% of patients with B12 deficiency. Subacute combined degeneration is a potentially reversible neurological complication of a vitamin B12 deficiency. Symptoms develop insidiously and neuropathic manifestations include progressive paraesthesia distally, numbness, gait ataxia and diminished proprioception in the lower limbs, while the myelopathic component leads to variable motor impairment due to pyramidal tract dysfunction. Incontinence of bowel and bladder with impotence and postural hypotension occur as part of the myelopathy. Central manifestations include confusion, depression, progressive hallucination and mental slowing. There may also be optic neuropathy present.

8A45.31 Central pontine myelinolysis

#DRAFT# This is a noninflammatory demyelinating disorder. The condition is associated with rapid correction of hyponatraemia which leads to shift of fluid from the intracellular to the extracellular compartments causing dehydration of the brain resulting in non-inflammatory damage to the myelin sheath and the oligodendrocytes with relative sparing of neurons and axons. The pons, a portion of the brainstem, is characteristically affected.

8A45.3Y Other specified white matter disorders due to nutritional deficiency

8A45.3Z White matter disorders due to nutritional deficiency, unspecified

8A45.4 White matter disorders due to certain specified systemic disease

8A45.40 Demyelination due to sarcoidosis

Sarcoidosis can affect any part of the nervous system. It is estimated that about 5-15% of cases develop evidence of central nervous system involvement. Neurosarcoidosis may manifest in many different ways, diagnosis may be difficult. Neurosarcoidosis can appear in an acute explosive fashion or as a slow, chronic illness. Any part of the central nervous system can be attacked by sarcoidosis but chronic neurosarcoidosis can cause multiple cranial nerve palsies, parenchymatous cerebral involvement, hydrocephalus and encephalopathy or peripheral nervous system manifestations.

8A45.41 Demyelination due to systemic lupus erythematosus

Among the 12 systemic lupus erythematosus (SLE)-related central nervous system (CNS) syndromes defined by the American College of Rheumatology (ACR), demyelinating syndrome and myelopathy are two of the less prevalent and more poorly understood ones. One important issue concerning demyelinating disease in SLE is that it can be easily misdiagnosed with other central nervous system demyelinating disorders such as multiple sclerosis (MS).

8A45.42 Demyelination due to Sjögren disease

8A45.43 Demyelination due to Behcet disease

8A45.44 Demyelination due to systemic vasculitis

The CNS vasculature can be targeted by systemic vasculitis and include the following conditions;

Small-Medium Vessel Vasculitis - Wegener’s granulomatosis, microscopic polyangiitis, Churg-Strauss syndrome, Cryoglobulinemic vasculitis and Behçet’s disease.

Medium Vessel Vasculitis - Polyarteritis nodosa

Large Vessel Vasculitis - Giant-cell arteritis, Takayasu’s arteritis (Neurologic complications are mainly due to involvement of extracranial vessels).

Usually CNS involvement coexists with other clearly apparent systemic manifestations but some patients may present primarily with prominent symptoms of CNS dysfunction

8A45.45 Demyelination due to mitochondrial disease

Mitochondrial disorders can cause multifocal and relapsing central nervous system syndromes. Mitochondrial disorders which can cause such syndromes include Mitochondrial Encephalopathy with Lactic Acidosis and Stroke (MELAS), and Leigh's disease. MELAS is a progressive neurodegenerative disorder associated with headache, treatment resistant partial seizures, short stature, muscle weakness, exercise intolerance, deafness, diabetes, and slow progressive dementia. Leigh syndrome or subacute necrotizing encephalomyelopathy is the prototype mitochondrial disease, with hallmark neuroimaging findings.

8A45.4Z White matter disorders due to certain specified systemic disease, unspecified

8A45.Y Other specified secondary white matter disorders

Coding Note: Code also the causing condition

8A45.Z Secondary white matter disorders, unspecified

Coding Note: Code also the causing condition

8A46 Central demyelination of corpus callosum

This is demyelination, damage to the myelin sheath of neurons, in the corpus callosum.

8A4Y Other specified multiple sclerosis or other white matter disorders

8A4Z Multiple sclerosis or other white matter disorders, unspecified

Epilepsy or seizures (8A60‑8A6Z)

At least 2 unprovoked (or reflex) seizures occurring more than 24 hours apart.

Coding Note: Use additional code, if desired, to identify the type of seizure.

Exclusions: Syncope (MG45)

Coded Elsewhere: Sudden unexpected death in epilepsy (MH15)

Neonatal seizures (KB06)

8A60 Epilepsy due to structural or metabolic conditions or diseases

Epilepsy occurring in relation to a distinct other structural or metabolic condition or disease that has been demonstrated to be associated with a substantially increased risk of developing epilepsy.

8A60.0 Epilepsy due to prenatal or perinatal brain insults

Epilepsy occurring in relation to a distinct structural or metabolic condition or disease that has been demonstrated to be associated with a substantially increased risk of developing epilepsy, with the insult occurring before birth [prenatal] or between 22 weeks of gestation and 7 days after birth. Onset of epilepsy may be in infancy, childhood, or adulthood.

Coding Note: Code also the causing condition

Exclusions: Neonatal seizures (KB06)

8A60.00 Epilepsy due to prenatal or perinatal vascular insults

Epilepsy occurring in relation to an ischemic stroke or haemorrhagic stroke, with the stroke occurring or presumed to occur before birth [prenatal] or between 22 weeks of gestation and 7 days after birth [perinatal]. No other conditions associated with a substantially increased risk of developing epilepsy are present. Onset of epilepsy may be in infancy, childhood, or adulthood.

Coding Note: Code also the causing condition

8A60.01 Epilepsy due to neonatal hypoxic ischemic encephalopathy

#DRAFT# Epilepsy occurring in relation to a hypoxic ischemic encephalopathy, with the encephalopathy occurring or presumed to occur before birth [prenatal] or between 22 weeks of gestation and 7 days after birth [perinatal]. No other conditions associated with a substantially increased risk of developing epilepsy are present. Onset is most commonly in infancy.

8A60.0Y Epilepsy due to other prenatal or perinatal brain insults

Coding Note: Code also the causing condition

8A60.0Z Epilepsy due to unspecified prenatal or perinatal brain insults

Coding Note: Code also the causing condition

8A60.1 Epilepsy due to cerebrovascular disorders

Epilepsy occurring in relation to a stroke, with onset at least one week following an ischemic or haemorrhagic stroke.

Coding Note: Code also the causing condition

8A60.2 Epilepsy due to degenerative brain disorders

Epilepsy in relation to a degenerative brain disorder known to be associated with seizures, such as certain neuronal storage disorders (e.g. adult neuronal ceroid lipofuscinosis), and certain mitochondrial disorders.

Coding Note: Code also the causing condition

8A60.3 Epilepsy due to dementias

Epilepsy with onset in a patient with established diagnosis of dementia. Seizures may occur at any time after the disease onset. Focal onset seizures are the prevailing type in Alzheimer’s disease while seizures with bilateral convulsive activity predominate in other dementing disorders. Myoclonus is another common finding in patients with Alzheimer’s disease.

Coding Note: Code also the causing condition

8A60.4 Epilepsy due to central nervous system infections or infestations

Epilepsy with onset in a patient with a documented CNS infection or infestation after the acute phase of the disease.

Coding Note: Code also the causing condition

8A60.5 Epilepsy due to injuries to the head

Epilepsy occurring in relation to a traumatic brain injury. Onset is more than 1 week following the trauma, with risk increasing with the severity of brain injury.

Coding Note: Code also the causing condition

8A60.6 Epilepsy due to tumours of the nervous system

Epilepsy occurring in relation to intracranial tumours. The epilepsy may be the presenting symptom of the tumour, which is located within or affects the cerebral cortex. The tumour may be a primary intracranial tumour or a metastatic tumour.

Coding Note: Code also the causing condition

8A60.7 Epilepsy with mesial temporal sclerosis

Epilepsy associated with imaging and/or pathologic findings of mesial temporal sclerosis. Onset of epilepsy may be in childhood or adulthood. A history of prolonged febrile seizures is common.

8A60.8 Epilepsy due to immune disorders

Epilepsy in relation to immunological or autoimmune disorders, such as systemic lupus erythematosus [1], inflammatory bowel disease [2], and antibody associated encephalitis (e.g. NMDA receptors) [3]. Antibody associated encephalitis is often a limbic encephalitis, and is sometimes paraneoplastic. Excludes multiple sclerosis and other demyelinating disorders.

Coding Note: Code also the causing condition

8A60.9 Epilepsy due to abnormalities of brain development

Epilepsy due to disorders of cortical development encompassing a wide range of etiologies, with effects that depend on the stage of brain development. Seizure types usually reflect the topology of the malformation.

Coding Note: Code also the causing condition

8A60.A Epilepsy due to genetic syndromes with widespread or progressive effects

Epilepsy due to genetically determined conditions in which, as we currently understand it, there is a separate disorder interposed between the genetic defect and the epilepsy, for example, as in tuberous sclerosis. Includes epilepsy due to documented autosomal, X-linked, mitochondrial or chromosomal abnormalities.

8A60.B Epilepsy due to multiple sclerosis or other demyelinating disorders

Epilepsy with onset in a patient with established diagnosis of multiple sclerosis (MS) or other demyelinating disorder. Seizures must occur during the disease course, but not in close temporal relationship with an acute phase. The duration of MS symptoms prior to first seizure is generally several years.

Coding Note: Code also the causing condition

8A60.Y Epilepsy due to other structural or metabolic condition or disease

8A60.Z Epilepsy due to unspecified structural or metabolic condition or disease

8A61 Genetic or presumed genetic syndromes primarily expressed as epilepsy

The epilepsy is, as best as understood, the direct result of one or more known or presumed genetic defects in which seizures are the core symptom of the disorder.

8A61.0 Genetic epileptic syndromes with neonatal onset

Epilepsy with onset in the first 30 days of life resulting from one or more known or presumed genetic defects in which seizures are the core symptom of the disorder.

Exclusions: Neonatal seizures (KB06)

Epilepsy due to prenatal or perinatal brain insults (8A60.0)

8A61.00 Pyridoxal dependent epilepsy

Pyridoxal 5-phosphate dependent epilepsy usually presents with neonatal intractable seizures and is diagnosed by cerebrospinal fluid (CSF) analysis, gene testing, and clinical response. The majority of patients have pyridoxamine 5'-phosphate oxidase (PNPO) gene disease causing mutations. Early diagnosis and effective treatment can lead to a relatively favourable neurodevelopmental outcome.

8A61.0Y Other specified genetic epileptic syndromes with neonatal onset

8A61.0Z Genetic epileptic syndromes with neonatal onset, unspecified

8A61.1 Genetic epileptic syndromes with onset in infancy

Include a vast spectrum of phenotypes having in common a genetic background and the onset in infancy. They range from benign self-remitting to severe drug resistant syndromes. Family history of epilepsy is common in some syndromic entities and exceptional in others.

8A61.10 Benign familial infantile epilepsy

Epilepsy characterised by the occurrence of repeated seizures in healthy infants with no prior medical history during the first year of life. The seizures manifest with motor arrest, impairment of consciousness, staring, eye and head deviation, and mild unilateral clonic convulsions. A family history of the same epilepsy is a constant finding. The pattern of inheritance is most probably autosomal dominant.

8A61.11 Dravet syndrome

A refractory epileptic encephalopathy occurring in otherwise healthy infants during the first year of life with clonic/tonic-clonic, generalised and unilateral seizures, hemiclonic or generalised status epilepticus. The interictal EEG may initially be normal but with time background activity deteriorates and bilateral asymmetric, focal or multifocal paroxysms of polyspike and slow-waves appear. Mutations in the voltage-gated sodium channel gene SCN1A are commonly found.

8A61.12 Epilepsy of infancy with migrating focal seizures

Epilepsy syndrome with onset between the first week of life and seven months of intractable, polymorphous focal seizures. Psychomotor development progressively deteriorates. A mutation of SCN1A may be found. The EEG shows multifocal, varying sites of seizure onset, and diffuse slowing.

8A61.1Y Other specified genetic epileptic syndromes with onset in infancy

8A61.1Z Genetic epileptic syndromes with onset in infancy, unspecified

8A61.2 Genetic epileptic syndromes with childhood onset

#DRAFT# Epilepsy with onset in childhood resulting from known or presumed genetic defects(s) in which seizures are the core symptom of the disorder

8A61.20 Benign childhood epilepsy with centro-temporal spikes

Epilepsy characterised by focal seizures, mainly during sleep, often with involvement of the mouth and face. Convulsive seizures may occur. A history of febrile seizures is common. Onset is maximal between 7 and 10 years of age. The electroencephalogram typically shows focal epileptiform discharges over one or both centrotemporal areas. Remission occurs before age 16 years.

8A61.21 Childhood absence epilepsy

Epilepsy with onset in an otherwise normal child of 2 to 12 years of age, often with multiple daily brief staring episodes lasting an average of 10 seconds. Absence seizures are usually provoked by hyperventilation. The electroencephalogram shows ictal and interictal diffuse 2.5-3 cycles per second spike and wave discharges. The genetic pattern is probably polygenetic.

8A61.22 Epilepsy with myoclonic-astatic seizures

Epilepsy beginning between the second and fifth year of life in a previously normal child with family history of seizures, that initially manifests as tonic-clonic seizures with myoclonic-astatic seizures beginning several weeks later. These seizures are characterised by a sudden loss of muscular tonus associated with forward or backward propulsion that may result in injury to the face and head if the patient falls.

8A61.23 Myoclonic absences or absences with myoclonias

Childhood epileptic syndrome characterised by absence seizures associated with severe rhythmic bilateral myoclonic jerks. The EEG pattern shows rhythmic, bilateral, synchronous, symmetric 3-Hz spike and slow-waves discharges associated with EMG myoclonic bursts at 3 Hz, superimposed to a progressively increasing tonic contraction.

8A61.2Y Other specified genetic epileptic syndromes with childhood onset

8A61.2Z Genetic epileptic syndromes with childhood onset, unspecified

8A61.3 Genetic epileptic syndrome with adolescent or adult onset

Includes a wide array of epilepsy syndromes having a (presumed) genetic origin, with onset in adolescence or in adult life. The developmental background is usually normal. Family history of epilepsy is frequently present. Focal and generalised seizures may be present most frequently in isolation to mark the diagnostic category, and rarely in combination. The interictal and ictal EEG may show typical, sometimes pathognomonic, patterns. Neuroimaging is normal although focal abnormalities are occasionally reported.

8A61.30 Juvenile myoclonic epilepsy

Epilepsy with onset between the ages of 6 and 25 years with myoclonic jerks without loss of consciousness predominantly occurring early in the morning. Intelligence is not affected. Jerks may be facilitated by sleep deprivation, stress, or certain visual stimuli. Convulsive seizures may occur and may be preceded by myoclonic jerks.

8A61.31 Juvenile absence epilepsy

Juvenile absence epilepsy is one of the age-related idiopathic generalised epilepsies (IGE) with an age at onset between 10 and 17 years of age, and is characterised by sporadic (non-pyknoleptic) occurrence of absence seizures frequently associated with generalised tonic-clonic seizures (GTCS) predominantly on awakening. Interictal and ictal EEG shows generalised spike and wave discharges with normal background activity.

8A61.32 Benign adult familial myoclonus epilepsy

Benign adult familial myoclonic epilepsy (BAFME) is an inherited epileptic syndrome characterised by cortical hand tremors, myoclonic jerks and occasional generalised or focal seizures with a non-progressive or very slowly progressive disease course, and no signs of early dementia or cerebellar ataxia.

8A61.3Y Other specified genetic epileptic syndrome with adolescent or adult onset

8A61.3Z Genetic epileptic syndrome with adolescent or adult onset, unspecified

8A61.4 Genetic epileptic syndromes with variable age of onset

Epilepsies occurring in an otherwise normal child or adult. Seizures may occur spontaneously or may be provoked by external stimuli. Family history of seizures is not uncommon and is frequently reported in selected epilepsy syndromes.

Genetic aspects may follow differing features ranging from complex hereditary patterns to classic Mendelian features or to focused defects.

8A61.40 Reflex epilepsies

Reflex epilepsies are rare epileptic syndromes with seizures induced by specific triggering factors (either by visual, auditory, somato-sensitive or somato-motor stimulation, or by higher cortical function activities). Photosensitive epilepsies are the most frequent form. Spontaneous seizures may also occur. "Reflex seizures'" can be classified into a simple "pure" reflex epilepsy and a complex group. The former comprises seizure triggered by simple sensory stimuli or by movements (photosensitive epilepsies). The latter are triggered by complex mental and emotional processes (verbal and non-verbal epilepsies).

8A61.41 Progressive myoclonic epilepsy

8A61.4Y Other specified genetic epileptic syndromes with variable age of onset

8A61.4Z Genetic epileptic syndromes with variable age of onset, unspecified

8A61.Y Other specified genetic or presumed genetic syndromes primarily expressed as epilepsy

8A61.Z Genetic or presumed genetic syndromes primarily expressed as epilepsy, unspecified

8A62 Epileptic encephalopathies

Epilepsies for which no clear etiology can be detected or occurring at the presence of two or more static structural or metabolic conditions increasing the risk for epileptic seizures. The epileptic activity itself may contribute to severe cognitive and behavioural impairments above and beyond what might be expected from the underlying pathology alone.

8A62.0 Infantile spasms

Syndrome characterised by the subacute onset of brief, repeated seizures with axial or limb flexion, occurring in clusters. EEG shows hypsarrhythmia, i.e., chaotic, high voltage slowing multifocal spikes, with ictal abrupt decremental pattern. Various structural brain pathologies may be present, or no cause may be found. Two-thirds of children have subsequent cognitive deficits.

8A62.1 Lennox-Gastaut syndrome

Syndrome defined as a cryptogenic or symptomatic generalised epilepsy, which is characterised by the following symptomatic triad: several epileptic seizures (atypical absences, axial tonic seizures and sudden atonic or myoclonic falls); diffuse slow interictal spike waves in the waking EEG (< 3 Hz) and fast rhythmic bursts (10 Hz) during sleep; slow mental development associated with personality disturbances.

8A62.2 Acquired epileptic aphasia

Epilepsy with onset in a previously normal child characterised by acquired aphasia, variable seizure types, focal bitemporal EEG epileptiform abnormalities (1.5-5 Hz spike and slow-waves), frequently activated by sleep, with or without seizures. Behavioural disorders such as hyperactivity and attention deficit are common. There is no documented brain pathology.

8A62.Y Other specified epileptic encephalopathies

8A62.Z Epileptic encephalopathies, unspecified

8A63 Seizure due to acute causes

A clinical seizure occurring at the time of a systemic insult or in close temporal association with a documented brain insult.

Coding Note: Code also the causing condition

Exclusions: Migraine aura-triggered seizures (8A80.3)

8A63.0 Febrile seizures

Seizures associated with a rise of the body temperature in the absence of intracranial infection, metabolic disturbance, or history of afebrile seizures. They most commonly occur in children between the ages of 6 months and 5 years.

8A63.00 Simple febrile seizures

Febrile seizures lasting less than 15 minutes, with no focal features and no occurrence in series.

8A63.01 Complex febrile seizures

Febrile seizures lasting longer than 15 minutes and/or multiple episodes occurring within 24 hours and/or seizures with focal features.

8A63.0Y Other specified febrile seizures

8A63.0Z Febrile seizures, unspecified

8A63.Y Seizure due to other acute cause

Coding Note: Code also the causing condition

8A63.Z Seizure due to unspecified acute cause

Coding Note: Code also the causing condition

8A64 Single seizure due to remote causes

An unprovoked seizure occurring in a patient with no history of antecedent seizures but with abnormalities of brain development or a potentially responsible clinical condition (metabolic, structural, toxic). The temporal relationship with the CNS insult is beyond the interval estimated for the occurrence of acute symptomatic seizures. The CNS insult may be static or progressive.

Coding Note: Code also the causing condition

8A65 Single unprovoked seizure

A seizure occurring in the absence of a potentially responsible structural or metabolic condition or beyond the interval estimated for the occurrence of an acute symptomatic seizure.

8A66 Status epilepticus

Status epilepticus is defined as 5 min or more of (i) continuous clinical and/or electrographic seizure activity or (ii) recurrent seizure activity without recovery (returning to baseline) between seizures.

8A66.0 Convulsive status epilepticus

Convulsive status epilepticus is defined as 5 min or more of (i) continuous clinical convulsive seizure activity or (ii) recurrent seizure activity without recovery (returning to baseline) between seizures.

8A66.1 Non-convulsive status epilepticus

Non-convulsive status epilepticus is defined as 5 min or more of (i) continuous clinical and/or electrographic seizure activity or (ii) recurrent seizure activity without recovery (returning to baseline) between seizures.

8A66.10 Absence status epilepticus

An absence seizure (see absence seizures, typical and atypical) lasting >10 min (on average 10-15 min).

8A66.1Y Other specified non-convulsive status epilepticus

8A66.1Z Non-convulsive status epilepticus, unspecified

8A66.Y Other specified status epilepticus

8A66.Z Status epilepticus, unspecified

8A67 Acute repetitive seizures

Acute repetitive seizures are multiple seizures, with a distinct time of onset, with recovery between each seizure, occurring within 24 hours in adults, or 12 hours in children.

8A68 Types of seizures

#DRAFT# Clinical or subclinical disturbances of cortical function due to a sudden, abnormal, excessive, and disorganised discharge of brain cells. Clinical manifestations include abnormal motor, sensory and psychic phenomena.

Coding Note: Code also the causing condition

Exclusions: Dissociative neurological symptom disorder, with non-epileptic seizures (6B60.4)

Neonatal seizures (KB06)

8A68.0 Focal unaware seizure

Previously termed “complex partial seizures”, define seizures originating within networks limited to one hemisphere and accompanied by loss of awareness (i.e., knowledge of self or environment).

8A68.1 Absence seizures, atypical

Absence seizures with changes in tone more pronounced than in typical absences or with non-abrupt onset and/or cessation, often associated with slow, irregular, generalised spike-wave activity.

8A68.2 Absence seizures, typical

Seizures characterised by sudden onset, interruption of ongoing activities, blank stare, possibly brief upward gaze deviation, unresponsiveness, duration from few seconds to half a minute, and rapid recovery. An EEG would show generalised epileptiform discharges during the event.

8A68.3 Focal aware seizure

Focal aware seizures define seizures originating within networks limited to one hemisphere and accompanied by awareness (i.e., knowledge of self or environment).

8A68.4 Generalised tonic-clonic seizure

A seizure characterized by an abrupt onset with loss of consciousness and bilateral tonic extension of the trunk and limbs (tonic phase) followed by synchronous muscle jerking (clonic phase). Usually followed by a postictal phase, lasting for several minutes up to hours, characterized by initial mydriasis, body relaxation, hypotonia, and sleep.

8A68.5 Generalised myoclonic seizure

Seizure characterized by sudden, rapid brief (<100msec) involuntary muscle jerks that may involve just one muscle or the entire trunk musculature and are associated with an ictal EEG discharge. Can occur bilaterally, unilaterally, synchronously or asynchronously.

8A68.6 Generalised tonic seizure

A seizure characterised by sustained increase in muscle contraction lasting a few seconds to minutes.

8A68.7 Generalised atonic seizure

Seizure characterised by sudden loss or diminution of muscle tone without apparent preceding myoclonic or tonic event lasting 1-2 sec, involving head, trunk, jaw, or limb muscles.

8A68.Y Other specified type of seizure

Coding Note: Code also the causing condition

8A68.Z Type of seizure, unspecified

Coding Note: Code also the causing condition

8A6Y Other specified epilepsy or seizures

Coding Note: Use additional code, if desired, to identify the type of seizure.

8A6Z Epilepsy or seizures, unspecified

Coding Note: Use additional code, if desired, to identify the type of seizure.

Headache disorders (8A80‑8A8Z)

Exclusions: Headache, not elsewhere classified (MB4D)

8A80 Migraine

A primary headache disorder, in most cases episodic. Disabling attacks lasting 4-72 hours are characterised by moderate or severe headache, usually accompanied by nausea, vomiting and/or photophobia and phonophobia, and sometimes preceded by a short-lasting aura of unilateral fully-reversible visual, sensory or other central nervous system symptoms. In a small minority of cases headache, but not necessarily the associated symptoms, becomes very frequent, with loss of episodicity.

Exclusions: Headache, not elsewhere classified (MB4D)

8A80.0 Migraine without aura

Recurrent headache disorder manifesting in attacks lasting 4-72 hours. The duration of attacks may be shorter in children. Typical characteristics of the headache are unilateral location, pulsating quality, moderate or severe intensity, aggravation by routine physical activity and association with nausea and/or photophobia and phonophobia.

8A80.1 Migraine with aura

Recurrent attacks, lasting minutes, of unilateral fully-reversible visual, sensory or other central nervous system symptoms that usually develop gradually and are usually followed by headache and associated migraine symptoms.

8A80.10 Hemiplegic migraine

Migraine with aura including motor weakness.

8A80.1Y Other specified migraine with aura

8A80.1Z Migraine with aura, unspecified

8A80.2 Chronic migraine

Headache occurring on 15 or more days per month for more than three months, which, on at least eight days per month, has the features of migraine headache and is not associated with medication overuse.

8A80.3 Complications related to migraine

8A80.30 Status migrainosus

A debilitating migraine attack lasting for more than 72 hours

8A80.3Y Other specified complications related to migraine

8A80.4 Cyclic vomiting syndrome

Recurrent episodic attacks, usually stereotypical in the individual patient, of vomiting and intense nausea. Attacks are associated with pallor and lethargy. There is complete resolution of symptoms between attacks.

8A80.Y Other specified migraine

8A80.Z Migraine, unspecified

8A81 Tension-type headache

A primary and highly prevalent headache disorder, in most cases episodic. Attacks of highly variable frequency and duration are characterised by mild-to-moderate headache without associated symptoms, although pericranial tenderness may be present. In a minority of cases the disorder evolves, with increasingly frequent headache and sometimes loss of episodicity.

Exclusions: New daily-persistent headache (8A83)

8A81.0 Infrequent episodic tension-type headache

Infrequent episodes of headache, typically bilateral, pressing or tightening in quality and of mild to moderate intensity, lasting minutes to days. The pain does not worsen with routine physical activity and is not associated with nausea, but photophobia or phonophobia may be present.

8A81.1 Frequent episodic tension-type headache

Frequent episodes of headache, typically bilateral, pressing or tightening in quality and of mild to moderate intensity, lasting minutes to days. The pain does not worsen with routine physical activity and is not associated with nausea, but photophobia or phonophobia may be present.

8A81.2 Chronic tension-type headache

A disorder evolving from frequent episodic tension-type headache, with daily or very frequent episodes of headache, typically bilateral, pressing or tightening in quality and of mild to moderate intensity, lasting hours to days, or unremitting. The pain does not worsen with routine physical activity, but may be associated with mild nausea, photophobia or phonophobia.

8A81.Y Other specified tension-type headache

8A81.Z Tension-type headache, unspecified

8A82 Trigeminal autonomic cephalalgias

A group of related primary headache disorders essentially characterised by unilateral headache and trigeminal autonomic activation. In most but not all of these disorders, the headache is short-lasting and very frequently recurring, but sometimes remitting for long periods.

8A83 Other primary headache disorder

A group of clinically heterogeneous headache disorders, believed to be primary. Although largely unrelated, they fall into four categories: headaches associated with physical exertion; headaches attributed to direct physical but innocuous stimuli; epicranial headaches; and other miscellaneous primary headache disorders.

8A84 Secondary headache

Coding Note: Code also the causing condition

8A84.0 Acute headache associated with traumatic injury to the head

Headache of less than three months’ duration associated with traumatic injury to the head.

8A84.1 Persistent headache associated with traumatic injury to the head

Headache of greater than three months’ duration caused by traumatic injury to the head.

8A84.Y Other specified secondary headache

Coding Note: Code also the causing condition

8A84.Z Secondary headache, unspecified

8A85 Painful cranial neuropathies or other facial pains

A group of disorders characterised by head and/or facial pain, presenting variably as a neuralgia or as pain of neuropathic or central origin.

Coded Elsewhere: Trigeminal neuralgia (8B82.0)

Burning mouth syndrome (DA0F.0)

8A8Y Other specified headache disorders

8A8Z Headache disorders, unspecified

Cerebrovascular diseases (8B00‑8B2Z)

This is a group of brain dysfunctions related to disease of the blood vessels supplying the brain. This includes “stroke”, which includes the following entities: Intracerebral haemorrhage; Subarachnoid haemorrhage; Cerebral ischaemic stroke; and Stroke not known if ischaemic or haemorrhagic.

Inclusions: Cerebrovascular disease with mention of hypertension

Exclusions: Intracranial injury (NA07)

Coded Elsewhere: Asymptomatic stenosis of intracranial or extracranial artery (BD55)

Asymptomatic occlusion of intracranial or extracranial artery (BD56)

Intracranial haemorrhage (8B00‑8B0Z)

Coded Elsewhere: Intracranial nontraumatic haemorrhage of fetus or newborn (KA82)

8B00 Intracerebral haemorrhage

Acute neurological dysfunction caused by haemorrhage within the brain parenchyma or in the ventricular system.

Coding Note: Code also the causing condition

Exclusions: sequelae of intracerebral haemorrhage (8B25.1)

Traumatic intracerebral haemorrhage (NA07.1)

Coded Elsewhere: Intracerebral nontraumatic haemorrhage of fetus or newborn (KA82.4)

8B00.0 Deep hemispheric haemorrhage

Acute neurological dysfunction caused by haemorrhage localised to the subcortex, basal ganglia, and the diencephalon (thalamus).

Coding Note: Code also the causing condition

Inclusions: Deep intracerebral haemorrhage

8B00.1 Lobar haemorrhage

Acute neurological dysfunction caused by haemorrhage within the lobes of the brain and outside the subcortex, basal ganglia, and the diencephalon (thalamus).

Coding Note: Code also the causing condition

Inclusions: Cerebral lobe haemorrhage

Superficial intracerebral haemorrhage

8B00.2 Brainstem haemorrhage

Coding Note: Code also the causing condition

8B00.3 Cerebellar haemorrhage

Coding Note: Code also the causing condition

Coded Elsewhere: Cerebellar nontraumatic, hemispheres or vermis or posterior fossa haemorrhage of fetus or newborn (KA82.6)

8B00.4 Intraventricular haemorrhage without parenchymal haemorrhage

Acute neurological dysfunction caused by haemorrhage within the ventricular system, without a component of parenchymal haemorrhage.

Coding Note: Code also the causing condition

8B00.5 Haemorrhage of multiple sites

Acute neurological dysfunction caused by haemorrhage of multiple sites, within the brain parenchyma, or in the ventricular system combined with haemorrhage in the brain parenchyma.

Coding Note: Code also the causing condition

8B00.Z Intracerebral haemorrhage, site unspecified

Coding Note: Code also the causing condition

8B01 Subarachnoid haemorrhage

Acute neurological dysfunction caused by subarachnoid haemorrhage.

Exclusions: sequelae of subarachnoid haemorrhage (8B25.2)

Traumatic subarachnoid haemorrhage (NA07.7)

Coded Elsewhere: Subarachnoid nontraumatic haemorrhage of fetus or newborn (KA82.5)

8B01.0 Aneurysmal subarachnoid haemorrhage

Inclusions: ruptured cerebral aneurysm NOS

8B01.1 Non-aneurysmal subarachnoid haemorrhage

8B01.2 Subarachnoid haemorrhage not known if aneurysmal or non-aneurysmal

8B02 Nontraumatic subdural haemorrhage

Coding Note: This entity is not part of the definition of stroke.

Exclusions: Traumatic subdural haemorrhage (NA07.6)

Coded Elsewhere: Subdural nontraumatic haemorrhage of fetus or newborn (KA82.7)

8B03 Nontraumatic epidural haemorrhage

Coding Note: This entity is not part of the definition of stroke.

8B0Z Intracranial haemorrhage, unspecified

Cerebral ischaemia (8B10‑8B1Z)

Coded Elsewhere: Neonatal cerebral ischaemia (KB00)

8B10 Transient ischaemic attack

Transient episode of focal neurological dysfunction caused by focal brain ischemia without acute infarction in the clinically relevant area of the brain or transient monocular visual loss due to retinal ischemia. Symptoms should resolve completely within 24 hours.

Exclusions: Neonatal cerebral ischaemia (KB00)

Transient global amnesia (MB21.12)

8B10.0 Amaurosis fugax

A transient episode of acute visual dysfunction caused by retinal ischaemia. Symptoms should resolve completely within 24 hours.

Coding Note: Code also the causing condition

8B10.Y Other specified transient ischaemic attack

8B10.Z Transient ischaemic attack, unspecified

8B11 Cerebral ischaemic stroke

Acute focal neurological dysfunction caused by focal infarction at single or multiple sites of the brain. Evidence of acute infarction may come either from a) symptom duration lasting more than 24 hours, or b) neuroimaging or other technique in the clinically relevant area of the brain. The term does not include infarction of the retina.

Coding Note: When the cause of ischaemic stroke is known, code to the cause. When the cause of ischaemic stroke is not known, code to 8B11.5-. When the cause of stroke is not known, code to 8B20 Stroke not known if ischaemic or haemorrhagic.

Exclusions: sequelae of cerebral infarction (8B25.0)

Silent cerebral infarct (8B21.0)

8B11.0 Cerebral ischaemic stroke due to extracranial large artery atherosclerosis

#DRAFT# This is a sudden loss of brain function due to a lack of adequate blood flow. It is associated with atherosclerosis, a thickening of the artery walls with fatty material including triglycerides and cholesterol, occurring in a large extracranial cerebral artery, including the carotid arteries.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.1 Cerebral ischaemic stroke due to intracranial large artery atherosclerosis

#DRAFT# This is a sudden loss of brain function due to a lack of adequate blood flow. It is associated with atherosclerosis, a thickening of the artery walls with fatty material including triglycerides and cholesterol, occurring in a large intracranial cerebral artery, including the carotid siphon, middle cerebral artery, vertebral artery, and basilar artery.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.2 Cerebral ischaemic stroke due to embolic occlusion

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.20 Cerebral ischaemic stroke due to cardiac embolism

#DRAFT# This is a sudden loss of brain function due to a lack of adequate blood flow. It is the result of an embolism associated with the heart.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.21 Cerebral ischaemic stroke due to aortic arch embolism

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.22 Cerebral ischaemic stroke due to paradoxical embolism

This is a sudden loss of brain function due to a lack of adequate blood flow. It is the result of a thromboembolism – a blood clot that detached and travelled through the blood vessels – that originated in the venous system. Because of a heart defect, it passes through to the systemic circulation system, instead of becoming lodged in the lungs.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.2Y Cerebral ischaemic stroke due to other specified embolic occlusion

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.2Z Cerebral ischaemic stroke due to embolic occlusion, unspecified

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.3 Cerebral ischaemic stroke due to small artery occlusion

This is a sudden loss of brain function due to a lack of adequate blood flow of the small arteries.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.4 Cerebral ischaemic stroke due to other known cause

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.40 Cerebral ischaemic stroke due to global hypoperfusion with watershed infarct

This is a sudden loss of brain function due to a lack of adequate blood flow. It occurs in association with a low state of blood flow to the brain. The "watershed" regions of the brain, regions that are supplied by the branching ends of two large arteries, are particularly sensitive to low oxygen supply when arteries do not maintain the appropriate tension.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.41 Cerebral ischaemic stroke due to other non-atherosclerotic arteriopathy

This is a sudden loss of brain function due to a lack of adequate blood flow. It is due to a disorder of the arteries, but it is neither associated with atherosclerosis nor classified elsewhere.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.42 Cerebral ischaemic stroke due to hypercoagulable state

This is a sudden loss of brain function due to a lack of adequate blood flow. It is associated with a blood clot and a risk factor that increases blood clotting.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.43 Cerebral ischaemic stroke in association with subarachnoid haemorrhage

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.44 Cerebral ischemic stroke from dissection

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B11.5 Cerebral ischaemic stroke of unknown cause

This is a sudden loss of brain function due to a lack of adequate blood flow. It is of an uncertain nature, and approximately 30% of examined events fall into this category.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

Inclusions: cryptogenic stroke

8B11.50 Cerebral ischaemic stroke due to unspecified occlusion or stenosis of extracranial large artery

This is a sudden loss of brain function due to a lack of adequate blood flow of the large extracranial arteries.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

Exclusions: Cerebral ischaemic stroke due to embolic occlusion (8B11.2)

Cerebral ischaemic stroke due to other known cause (8B11.4)

Cerebral ischaemic stroke due to extracranial large artery atherosclerosis (8B11.0)

8B11.51 Cerebral ischaemic stroke due to unspecified occlusion or stenosis of intracranial large artery

This is a sudden loss of brain function due to a lack of adequate blood flow of the large intracranial arteries.

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

Exclusions: Cerebral ischaemic stroke due to intracranial large artery atherosclerosis (8B11.1)

Cerebral ischaemic stroke due to embolic occlusion (8B11.2)

Cerebral ischaemic stroke due to other known cause (8B11.4)

8B11.5Z Cerebral ischaemic stroke, unspecified

Coding Note: If an additional code is used for anatomy, the artery affected by the stroke should be selected.

8B1Y Other specified cerebral ischaemia

8B1Z Cerebral ischaemia, unspecified

8B20 Stroke not known if ischaemic or haemorrhagic

Fulfills criteria for stroke in acute symptoms of focal brain injury that have lasted 24 hours or more (or led to death before 24 hours), but subtype of stroke (ischemic or haemorrhagic) has not been determined by neuroimaging or other techniques.

Exclusions: sequelae of stroke (8B25.4)

8B21 Cerebrovascular disease with no acute cerebral symptom

Silent cerebral infarct is defined as an infarct demonstrated on neuroimaging or at autopsy that has not caused acute dysfunction of the brain (i.e. does not qualify for diagnoses of TIA or cerebral ischemic stroke). The term “silent” denotes lack of acute symptoms.

Exclusions: Transient ischaemic attack (8B10)

Cerebral ischaemic stroke (8B11)

Intracerebral haemorrhage (8B00)

Subarachnoid haemorrhage (8B01)

Stroke not known if ischaemic or haemorrhagic (8B20)

8B21.0 Silent cerebral infarct

Cerebral infarct that has not caused acute focal dysfunction of the brain.

8B21.1 Silent cerebral microbleed

Small bleeding in the brain parenchyma that has not caused acute focal dysfunction of the brain.

8B21.Y Other specified cerebrovascular disease with no acute cerebral symptom

8B21.Z Cerebrovascular disease with no acute cerebral symptom, unspecified

8B22 Certain specified cerebrovascular diseases

Specified other abnormalities of intracranial or extracranial arteries or veins. Entities in this section may be used in combination with other diagnostic codes in this block. Several of the entities may each cause different types of cerebrovascular disease such as TIA, cerebral ischemic stroke or intracerebral haemorrhage; may be associated with other clinical syndromes; or may be asymptomatic (not having caused acute focal dysfunction of the brain).

Section on Intracranial vascular malformations has been much revised compared to ICD-10 based on major scientific progress in this field.

Cerebral vasoconstriction syndromes and Posterior reversible encephalopathy are considered to be separate entities (as vasoconstriction is not always present in the latter).

”Progressive vascular leukoencephalopathy (Binswanger’s disease)” has been removed as a separate entity.

Exclusions: Late effects of cerebrovascular disease (8B25)

8B22.0 Dissection of cerebral arteries

#DRAFT# This is a dissection (a flap-like tear) of the inner lining of an intracerebral or extracerebral artery. After the tear, blood enters the arterial wall and forms a blood clot, thickening the artery wall and often impeding blood flow.

Exclusions: ruptured cerebral arteries (8B01)

8B22.1 Cerebral venous thrombosis

Thrombosis (blood clot) of the cerebral venous sinuses, which drain blood from brain

Exclusions: Cerebral ischaemic stroke (8B11)

Cerebral venous thrombosis in the puerperium (JB41.3)

Coded Elsewhere: Cerebral venous thrombosis in pregnancy (JA61.5)

Neonatal cerebral sinovenous thrombosis (KB00.1)

8B22.2 Cerebral vasoconstriction syndromes

Cerebral vasoconstriction syndrome is characterised by severe headaches, with or without other acute neurological symptoms, and diffuse segmental constriction of cerebral arteries

8B22.3 Isolated cerebral amyloid angiopathy

Cerebral amyloid angiopathy is characterised by the progressive accumulation of amyloid protein in the walls of small-to-medium-sized arteries and arterioles predominantly located in the leptomeningeal space, the cortex, and, to a lesser extent, also in the capillaries and veins.

8B22.4 Intracranial vascular malformation

8B22.40 Arteriovenous malformation of cerebral vessels

8B22.41 Cerebral cavernous malformation

Cerebral cavernomas, still called cavernous angiomas, angioma cavernosum or cavernous hemangiomas, are vascular malformations in the brain that are asymptomatic or lead to seizures and/or cerebral haemorrhages. These are often found in an inheritable disorder with autosomal dominant inheritance.

8B22.42 Dural arteriovenous fistula

Dural arteriovenous fistulas are formed by an abnormal connection between arteries within the dura mater and veins that normally drain the brain.

8B22.43 Carotid cavernous fistula

A carotid-cavernous fistula results from an abnormal communication between the arterial and venous systems within the cavernous sinus in the skull.

8B22.4Y Other specified intracranial vascular malformation

8B22.4Z Intracranial vascular malformation, unspecified

8B22.5 Cerebral aneurysm, nonruptured

#DRAFT# This is a nonruptured cerebrovascular disorder in which weakness in the wall of a cerebral artery or vein causes a localised dilation or ballooning of the blood vessel.

Exclusions: Congenital cerebral nonruptured aneurysm (LA90.42)

ruptured cerebral aneurysm (8B01.0)

8B22.6 Familial cerebral saccular aneurysm

These are pouch-like expansions of arteries inside the skull that are familial.

8B22.7 Cerebral arteritis, not elsewhere classified

8B22.70 Primary cerebral arteritis

Primary cerebral arteritis (or "angiitis") results from inflammation and destruction of central nervous system (CNS) vessels without evidence of vasculitis outside the CNS

8B22.7Y Other specified cerebral arteritis, not elsewhere classified

8B22.7Z Cerebral arteritis, not elsewhere classified, unspecified

8B22.8 Hypertensive encephalopathy

#DRAFT# This is an encephalopathy with transient migratory neurologic symptoms due to a very severe increase in blood pressure above the upper limit of cerebral autoregulation. Hypertensive encephalopathy is associated with focal cerebral oedema, and often with retinal haemorrhages, exudates, or papilloedema on funduscopic examination.

8B22.9 Migraine-induced stroke

#DRAFT# This is stroke (most often cerebral ischemic stroke) with acute neurological dysfunction that is similar in character to migraine aura symptoms. Other aetiologies that may cause stroke associated with headache should be excluded e g dissection, or cerebral vasoconstriction syndromes.

8B22.A Subclavian steal syndrome

Retrograde blood flow in the vertebral artery in the setting of ipsilateral proximal subclavian artery stenosis or occlusion leading to symptoms of basilar insufficiency.

8B22.B Moyamoya syndrome

A cerebrovascular disease caused by stenotic arteries at the base of the brain in the basal ganglia. Moyamoya, meaning "puff of smoke" refers to the appearance of the anastomotic vessel network formed at the base of the brain distal to the circle of Willis to compensate for the blockage.

8B22.C Hereditary cerebrovascular diseases

Hereditary cerebrovascular disease does not include effects from abnormalities due other vascular diseases which are independent of the nervous system.

8B22.C0 CADASIL - [cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy] syndrome

CADASIL is the acronym for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy. CADASIL is a genetic disease transmitted in an autosomal dominant pattern. It is associated with ischemic stroke, migraine, dementia, psychological disturbances.

8B22.C1 CARASIL - [cerebral autosomal recessive arteriopathy with subcortical infarcts and leukoencephalopathy] syndrome

CARASIL is the acronym for cerebral autosomal recessive arteriopathy with subcortical ischaemic strokes and leukoencephalopathy.

8B22.CY Other specified hereditary cerebrovascular diseases

8B22.CZ Hereditary cerebrovascular diseases, unspecified

8B22.Y Other specified cerebrovascular disease

8B23 Cerebrovascular abnormalities

Cerebrovascular abnormalities in diseases that also involve other parts of the vascular system than intracranial and extracranial arteries, or other body systems than the nervous system.

Coding Note: Code also the causing condition

Coded Elsewhere: Vein of Galen aneurysm (LA90.20)

Cerebral arteritis in infectious or parasitic diseases (8B22.7Y)

8B24 Hypoxic-ischaemic encephalopathy

Brain damage due to hypoxia-ischemia: Previous term Anoxic brain damage has been changed. The new term is now widely accepted, and better describes the pathophysiology, i.e., the combination of complete and incomplete transitory global cerebral ischemia together with a combination of anoxia and hypoxia. In a surviving patient, pure anoxic encephalopathy is very uncommon.

Exclusions: complicating: surgical and medical care (NE80‑NE8Z)

neonatal anoxia (KB21)

Central nervous system complications of anaesthesia during pregnancy (JA67.2)

complicating: abortion or ectopic or molar pregnancy (JA00‑JA0Z)

Central nervous system complications of anaesthesia during labour or delivery (JB0C.3)

Central nervous system complications of anaesthesia during the puerperium (JB43.2)

Coded Elsewhere: Hypoxic ischaemic encephalopathy of newborn (KB04)

8B24.0 Anoxic-ischaemic encephalopathy

8B24.Y Other specified hypoxic-ischaemic encephalopathy

8B24.Z Hypoxic-ischaemic encephalopathy, unspecified

8B25 Late effects of cerebrovascular disease

Effects of cerebrovascular disease 1 month or later after the onset of the disease. Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added. Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.0 Late effects of cerebral ischemic stroke

Late effects of cerebral ischaemic stroke 1 month or later after the onset of the disease. Codes for the acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added. Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.1 Late effects of intracerebral haemorrhage

#DRAFT# This is the late effects of a non-traumatic intracranial haemorrhage 1 month or later after the onset of the disease. Codes for acute haemorrhage should be exclusively used for the acute haemorrhage and immediately related hospitalisation episodes.

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added. Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.2 Late effects of subarachnoid haemorrhage

Late effects of non-traumatic subarachnoid haemorrhage 1 month or later after the onset of the disease. Codes for acute haemorrhage should be exclusively used for the acute haemorrhage and immediately related hospitalisation episodes.

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added.

Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.3 Late effects of other nontraumatic intracranial haemorrhage

Late effects of other non-traumatic intracranial haemorrhage 1 month or later after the onset of the disease. Codes for acute episode should be exclusively used for the acute haemorrhage and immediately related hospitalisation episodes.

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added.

Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.4 Late effects of stroke not known if ischaemic or haemorrhagic

Late effects occurring 1 month or later after the onset of the disease. Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added.

Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.Y Late effects of other specified cerebrovascular disease

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added. Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B25.Z Late effects of cerebrovascular disease, unspecified

Coding Note: Use of the code ”Late effects of cerebrovascular disease” requires that there are residual (still persisting) symptoms or signs after a previous cerebrovascular event. Codes for neurological symptoms may be added. Code first, the specific residual condition(s) resulting from a previous cerebrovascular event.

Codes for acute stroke should be exclusively used for the acute stroke and immediately related hospitalisation episodes.

8B26 Vascular syndromes of brain in cerebrovascular diseases

Coding Note: Code also the causing condition

8B26.0 Brainstem stroke syndrome

Coding Note: Code also the causing condition

8B26.1 Cerebellar stroke syndrome

Coding Note: Code also the causing condition

8B26.2 Middle cerebral artery syndrome

Coding Note: Code also the causing condition

8B26.3 Anterior cerebral artery syndrome

Coding Note: Code also the causing condition

8B26.4 Posterior cerebral artery syndrome

Coding Note: Code also the causing condition

8B26.5 Lacunar syndromes

Coding Note: Code also the causing condition

8B26.50 Pure motor lacunar syndrome

8B26.51 Pure sensory lacunar syndrome

8B26.5Y Other specified lacunar syndromes

Coding Note: Code also the causing condition

8B26.5Z Lacunar syndromes, unspecified

Coding Note: Code also the causing condition

8B26.Y Other specified vascular syndromes of brain in cerebrovascular diseases

Coding Note: Code also the causing condition

8B26.Z Vascular syndromes of brain in cerebrovascular diseases, unspecified

Coding Note: Code also the causing condition

8B2Z Cerebrovascular diseases, unspecified

Spinal cord disorders excluding trauma (8B40‑8B4Z)

Coded Elsewhere: Dural arteriovenous fistula (8B22.42)

Intervertebral disc degeneration (FA80)

8B40 Cauda equina syndrome

#DRAFT# This is a clinical diagnosis which can be due to any condition affecting the structure and function of the lumbar and sacral nerve roots as they traverse the lower spinal canal below the end of the spinal cord. The syndrome is associated with radiological evidence of stenosis commonly due to lumbar vertebral degenerative disease.

8B41 Myelitis

Coding Note: Code also the causing condition

8B42 Myelopathy

Coding Note: Code also the causing condition

Coded Elsewhere: Myelopathy due to nutritional deficiency (8D40.Y)

8B43 Non-compressive vascular myelopathies

Non-compressive spinal cord syndromes due to arterial or venous circulation anomalies.

8B43.0 Acute arterial infarction of the spinal cord

Acute arterial infarction of the spinal cord is due to occlusion of the anterior or posterior spinal arteries or their branches. Classical anterior spinal artery occlusion in the watershed zone in the lower cervical cord causes a specific cord syndrome with sparing of the posterior segment of the cord. Associated aortic atherosclerotic disease as well as dissection should not be overlooked.

8B43.1 Acute venous infarction of the spinal cord

Loss of blood flow in the venous system, leading to spinal cord infarction, commonly associated with dural fistula and dural arteriovenous malformation.

8B43.2 Chronic venous infarction of the spinal cord

Loss of blood flow to the spinal cord due to venous flow abnormality, leading to spinal cord infarction development over a longer period of time.

8B43.Y Other specified non-compressive vascular myelopathies

8B43.Z Non-compressive vascular myelopathies, unspecified

8B44 Degenerative myelopathic disorders

Coded Elsewhere: Friedreich ataxia (8A03.10)

Primary lateral sclerosis (8B60.4)

8B44.0 Hereditary spastic paraplegia

Hereditary spastic paraplegias (HSP) comprise a genetically and clinically heterogeneous group of neurodegenerative disorders characterised by varying degrees of lower limb spasticity, pyramidal weakness, hyperreflexia and hypertonic bladder involvement. Clinically, HSPs can be divided into two main groups: uncomplicated (pure) and complicated (complex) forms depending on the presence of other neurological features including ataxia, peripheral neuropathy, cognitive impairment, epilepsy, amyotrophy, retinopathy, deafness, ichthyosis and extrapyramidal involvement, in addition to spastic paraparesis. Pure HSPs are characterised by slowly progressive lower extremity spasticity and weakness, often associated with hypertonic urinary disturbances, mild reduction of lower extremity vibration sense and, occasionally, of joint position sensation. Complex HSP forms are characterised by the presence of additional neurological or non-neurological features. A positive family history particularly in autosomal dominant cases is often but not always present. The diagnosis may be aided by neuroimaging and genetic testing.

Coded Elsewhere: Spastic paraplegia - nephritis - deafness (LD2H.Y)

8B44.00 Autosomal dominant hereditary spastic paraplegia

8B44.01 Autosomal recessive hereditary spastic paraplegia

8B44.02 X-linked hereditary spastic paraplegia

8B44.0Y Other specified hereditary spastic paraplegia

8B44.0Z Hereditary spastic paraplegia, unspecified

8B44.Y Other specified degenerative myelopathic disorders

8B44.Z Degenerative myelopathic disorders, unspecified

8B4Y Other specified spinal cord disorders excluding trauma

8B4Z Spinal cord disorders excluding trauma, unspecified

Motor neuron diseases or related disorders (8B60‑8B6Z)

A group of disorders characterised by progressive weakness secondary to degeneration of the lower motor neurons.

8B60 Motor neuron disease

Motor neuron disease is a neurodegenerative disorder of undetermined etiology, characterised by degeneration of upper motor neurons (cortical Betz cells and corticospinal tract) or lower motor neurons (ventral horns of spinal cord and cranial nerve motor nuclei) or both. Features of involvement of lower motor neurons (LMN) are atrophy, weakness, fasciculations, hypotonia, decreased or absent deep tendon reflexes. Features of involvement of upper motor neurons (UMN) are spasticity, exaggerated deep tendon reflexes, and extensor plantar responses. Depending on the site of onset and the presence of UMN or LMN features or both, MND has varying patterns and distributions of signs and symptoms.

Coded Elsewhere: Brown-Vialetto-van Laere syndrome (LD2H.Y)

8B60.0 Amyotrophic lateral sclerosis

Amyotrophic lateral sclerosis (ALS) is a progressive, fatal disorder in which progressive signs of LMN and UMN degeneration are seen within one or more of the four regions: bulbar, cervical, thoracic and lumbosacral. Electrophysiological studies may be required to confirm lower motor neuron degeneration and to exclude alternative causes. Neuroimaging may be performed to exclude other causes, which might explain the clinical and electrophysiological features. Familial ALS (FALS) of autosomal dominant inheritance constitutes 5 to 10% of ALS. The clinical profile of FALS and sporadic ALS is similar. Mutations in the C9ORF72 and Cu/Zn superoxide dismutase (SOD1) genes constitute 50-60% of FALS.

8B60.1 Progressive bulbar palsy

Progressive bulbar palsy (PBP) is a variant of amyotrophic lateral sclerosis that initially presents with symptoms of bulbar weakness such as dysarthria and dysphagia. Symptoms may remain relatively confined to the bulbar region. PBP more commonly affects females than males. Patients typically progress to develop limb weakness and features consistent with more typical ALS at a later stage of disease.

8B60.2 Progressive pseudobulbar palsy

Spastic speech, difficulty in swallowing, emotional lability, brisk jaw jerk, release reflexes such as palmomental reflex due to involvement of craniobulbar tracts are the common features of progressive pseudobulbar palsy. Usually mild lower motor neuron signs observed in progressive bulbar palsy may also co-exist or may develop during the progression of the disorder.

8B60.3 Progressive muscular atrophy

In progressive muscular atrophy, lower motor neuron signs in limb and trunk muscles are present without upper motor neuron involvement. Over time, some patients may progress to develop upper motor neuron signs, of which pathological evidence is common even in patients who never displayed clinical upper motor neuron signs, suggesting that progressive muscular atrophy is a form of ALS.

Exclusions: Fazio-Londe syndrome (8B60)

Amyotrophic lateral sclerosis (8B60.0)

8B60.4 Primary lateral sclerosis

Primary lateral sclerosis (PLS) is a rare motor neuron disease variant which presents with slowly progressive UMN signs, such as spastic gait, brisk deep tendon jerks, and extensor plantar responses. Onset is most commonly with spastic paraparesis, but patients typically progress to develop upper limb and bulbar involvement. The characteristic feature of PLS is the complete absence of involvement of lower motor neuron involvement. When LMN signs develop during the course of the disease, the diagnosis will change to ALS, and they are considered a spectrum of the same disorder.

8B60.5 Amyotrophic lateral sclerosis-Plus

This category represents a group of disorders with motor symptoms of ALS and superimposed features of dysfunction of other neurological systems, such as extrapyramidal, cerebellar or cognitive dysfunction.

8B60.6 Monomelic amyotrophy

Atrophy and weakness restricted to one upper or lower limb, onset in the second or third decade, male predominance, and sporadic occurrence are characteristic features of MMA. Other typical features include: insidious onset of lower motor neuron signs due to anterior horn cell involvement, absence of upper motor neuron signs, slow progression followed by stabilization within a few years,, and a benign symptomatic disease course. MMA is particularly prevalent in Asia although it is encountered worldwide.

8B60.7 Madras type motor neuron disease

#DRAFT# The characteristic features of Madras type motor neuron disease are sporadic occurrence; young onset, in the second decade of life; asymmetric weakness and wasting of the limbs; fasciculations; bilateral facial palsy; bulbar paralysis; pyramidal signs; sensorineural hearing loss; and a relatively benign disease course. The majority of cases are reported from South India and very few cases have been reported from elsewhere in India or from other countries.

8B60.Y Other specified motor neuron disease

8B60.Z Motor neuron disease, unspecified

8B61 Spinal muscular atrophy

Spinal muscular atrophy (SMA) is a progressive disorder with loss of anterior horn cells leading to muscle weakness and wasting. The weakness is typically symmetrical. Typically, upper motor neuron signs are absent and there is no sensory deficit. Feeding and swallowing can be affected, and involvement of respiratory muscles may occur. SMA is an autosomal recessive disorder linked to chromosome 5q13 and the disorder is caused by deletion or mutation of SMN 1 (spinal motor neuron 1) gene. The four types of SMA I, II, III and IV are categorised based on the age of onset of the disease and the ability to achieve motor milestones.

8B61.0 Infantile spinal muscular atrophy, Type I

In SMA type 1, onset of weakness may be prenatal (decreased fetal movements toward the end of pregnancy) or within the first six months of life. Infants demonstrate a characteristic frog position with the thighs externally rotated and abducted and the knees flexed (floppy infant). Bulbar weakness causes feeding difficulty. Children are never able to sit without support, and the average survival is 9 months; survival beyond 2 years is rare.

8B61.1 Late infantile spinal muscular atrophy, Type II

In SMA type 2, muscle weakness is seen between the ages of 6 to 18 months. The child can sit unsupported, but cannot stand or walk independently. Death usually occurs between 2 years of age and young adulthood.

8B61.2 Juvenile form spinal muscular dystrophy, Type III

In SMA type 3, weakness of muscles is seen after 18 months of age. The child is able to sit and stand independently. There is a limb girdle-type of distribution of weakness causing waddling gait, falls, and difficulty with running. The ability to walk may be lost, requiring a wheelchair as the disease progresses. The life expectancy may be normal.

8B61.3 Adult onset spinal muscular atrophy, Type IV

In SMA type 4 weakness, most commonly develops after 35 years of age (less commonly between 18 to 35 years old). Weakness of proximal muscles is more prominent in the legs than in the arms. Insidious onset and very slow progression are the characteristic features, and life span is normal.

8B61.4 Localised spinal muscular atrophy

This category comprises a group of disorders with a varied pattern of weakness and autosomal dominant or X-linked recessive inheritance with specific genetic profiles.

8B61.Y Other specified spinal muscular atrophy

8B61.Z Spinal muscular atrophy, unspecified

8B62 Post polio progressive muscular atrophy

The diagnostic criteria for Post-polio progressive muscular atrophy (PPMA) are: a credible history of poliomyelitis with partial recovery of function, a minimum 10-year period of stabilization, and the subsequent development of progressive muscle weakness. Symptoms of weakness, atrophy, and fatigue of previously affected muscles may be seen. These symptoms may also be newly noted in muscles that were apparently unaffected by the poliomyelitis episode. Muscle cramps and fasciculations may accompany the new weakness.

Inclusions: Post polio myelitic syndrome

8B6Y Other specified motor neuron diseases or related disorders

8B6Z Motor neuron diseases or related disorders, unspecified

Disorders of nerve root, plexus or peripheral nerves (8B80‑8C4Z)

Exclusions: neuritis NOS (FB56)

Injury of cranial nerves (NA04)

Injury of nerves or spinal cord at neck level (NA30‑NA4Z)

Injury of nerves or lumbar spinal cord at abdomen, lower back or pelvis level (NB60‑NB7Z)

Injury of nerves at shoulder or upper arm level (NC14)

Injury of nerves at forearm level (NC34)

Injury of nerves at wrist or hand level (NC55)

Injury of nerves at hip or thigh level (NC74)

Injury of nerves at lower leg level (NC94)

Injury of nerves at ankle or foot level (ND15)

Coded Elsewhere: Neuromyotonia (8C71.4)

Disorder of the optic nerve (9C40)

Ocular motor nerve palsies (9C81)

Infections of the peripheral nerves (1D0Y)

Disorders of cranial nerves (8B80‑8B8Z)

#DRAFT# This is a group of disorders of the cranial nerves, the twelve nerves that emerge from the brain and brainstem.

Exclusions: Disorders of acoustic nerve (AB72)

Disorder of the optic nerve (9C40)

Coded Elsewhere: Acute neuropathy of cranial nerve due to zoster (1E91.4)

Ocular motor nerve palsies (9C81)

8B80 Disorders of olfactory nerve

#DRAFT# The olfactory nerve is a pure sensory nerve that mediates the sense of smell; the first order sensory neurons of the olfactory system reside in the nasal cavity, travel via unmyelinated central processes across the cribriform plate of the ethmoid bone to synapse on second-order sensory neurons that make up the olfactory bulb; impairment of the olfactory nerve result from head trauma; tumours, particularly an olfactory groove meningioma; tobacco smoking and the common cold. Symptoms of olfactory nerve involvement are loss or reduction of the sense of smell (anosmia, hyposmia) or rarely, increased olfactory acuity (hyperosmia) or distortion of smell (parosmia).

Inclusions: Disorder of 1st cranial nerve

Exclusions: Idiopathic anosmia (MB41.0)

Idiopathic parosmia (MB41.1)

Coded Elsewhere: Injury of olfactory nerve (NA04.0)

8B81 Disorders of vestibulocochlear nerve

Coded Elsewhere: Vestibular neuritis (AB30.0)

Meniere disease (AB31.0)

Acquired hearing impairment (AB51)

Acute vestibular syndrome (AB30)

Episodic vestibular syndrome (AB31)

Chronic vestibular syndrome (AB32)

8B81.0 Brainstem lesion

8B81.Y Other specified disorders of vestibulocochlear nerve

8B81.Z Disorders of vestibulocochlear nerve, unspecified

8B82 Disorders of trigeminal nerve

The trigeminal nerve is a mixed nerve with three divisions, ophthalmic, maxillary and mandibular divisions, that provides sensory innervation to the face and mucous membrane of the oral and nasal cavities and motor innervations to the muscle of mastication, tensor tympani, tensor veli palatine, mylohyoid and anterior belly of the digastric muscle. The trigeminal nuclear complex extends throughout the brainstem, hence it is susceptible to many pathologic processes including demyelination, ischemia, haemorrhage, infectious and non-infectious inflammation and neoplasm leading to symptoms of trigeminal nerve involvement. Compression of the sensory nerve root outside the brain stem by a vascular loop leads to trigeminal neuralgia. Symptoms and signs depend on the site of the lesion. In general, a trigeminal nerve disorder is associated with hemisensory facial loss, deviation of the jaw to paralysed side on opening of the mouth, and loss of the corneal reflex.

Coded Elsewhere: Atypical facial pain (8A85)

8B82.0 Trigeminal neuralgia

Trigeminal neuralgia is a manifestation of orofacial neuropathic pain restricted to one or more divisions of the trigeminal nerve. The pain is recurrent, abrupt in onset and termination, triggered by innocuous stimuli and typically compared to an electric shock or described as shooting or stabbing. Some patients experience continuous pain between these painful paroxysms.

8B82.Z Disorders of trigeminal nerve, unspecified

8B83 Disorders of spinal accessory nerve

Coded Elsewhere: Injury of accessory nerve (NA04.A)

Lesion in jugular foramen (8B87)

8B84 Disorders of hypoglossal nerve

#DRAFT# The hypoglossal nerve is a pure motor nerve supplying the somatic musculature of tongue; its cell bodies are located in hypoglossal nucleus in the medulla. Hypoglossal nerve fibres emerge as a series of rootlets, which converge to form hypoglossal nerve. All the intrinsic muscles of the tongue (longitudinal, transverse and vertical) and extrinsic muscles of tongue (hyoglossus, styloglossus, genioglossus) are innervated by this nerve. Lesions of the nerve lead to atrophy, furrowing, fasciculations and weakness of the ipsilateral half of the tongue. The tongue deviates to the side of lesion due to unopposed action of contralateral genioglossus; dysarthria and dysphasia are minimal but difficulty in manipulating food in the mouth is often evident. Bilateral involvement results in diffuse atrophy, weakness and fasciculations of the tongue; the tongue cannot be protruded voluntarily and there is difficulty in articulation.

8B85 Disorders of multiple cranial nerves

This is a group of disorders of multiple cranial nerves, the twelve nerves that emerge from the brain and brainstem.

Inclusions: Cranial polyneuritis

8B86 Disorders of vagus nerve

#DRAFT# This nerve has an extensive sensory and motor distribution and important autonomic functions; it innervates the muscles of the larynx and pharynx, abdominal and thoracic viscera (autonomic effects), and carries sensations from pharynx, larynx, aortic arch and body, abdominal and thoracic viscera and taste sensation from pharynx. The nerve can be affected by chest tumours and injury during surgery. Clinical features of impairment of the vague nerve include hoarseness of voice; dysphagia; ipsilateral loss of sensation of the pharynx, larynx, and external ear; and paralysis of the uvula with deviation of uvula to the opposite side.

Exclusions: Paralysis of vocal cords or larynx (CA0H.0)

Coded Elsewhere: Lesion in jugular foramen (8B87)

8B87 Disorders of glossopharyngeal nerve

#DRAFT# The glossopharyngeal nerve contains motor, sensory, gustatory and parasympathetic fibres and emerges from the medulla along with the vagus and hypoglossal nerves, and exits the skull via jugular foramen. It innervates the stylopharyngeus muscle (elevator of pharynx), carries pain, temperature and touch sensation from the posterior one-third of the tongue and pharynx, Eustachian tube, and carries chemo- and baroreceptive related impulses from the carotid sinus and carotid body. Somatic sensory fibres supply the skin of the external ear, and special sensory fibres supply the taste buds of the posterior one-third of tongue. Lesions of the glossopharyngeal nerve rarely occur in isolation but are usually seen along with involvement of vagus and spinal accessory nerves, such as in tumours of the glomus jugulare. Injury, inflammation, and internal carotid dissection also affect the glossopharyngeal nerve, leading to hoarseness of voice, dysphagia, and loss of the normal gag reflex.

Inclusions: Disorders of 9th cranial nerve

8B88 Disorders of facial nerve

8B88.0 Bell palsy

#DRAFT# Idiopathic acute facial nerve palsy is also known as Bell’s palsy. Facial nerve dysfunction at the stylomastoid foramen leads to ipsilateral upper and lower facial weakness, manifested by an asymmetric smile, poor eyebrow elevation, decreased forehead wrinkling, widened palpebral fissure, weak eye closure, deviation of eye upward and laterally with attempted eye closure (Bell`s phenomenon) and flattening of the nasolabial fold. Sagging of the lower eyelid causes tears to spill over the cheek, and saliva may also dribble from the corner of mouth. Although there may be subjective feelings of heaviness or numbness in the face, sensory loss is rarely demonstrable and taste is intact. If the lesion is in the middle ear portion proximal to the stylomastoid foramen, taste is lost over the anterior two-thirds of the tongue on same side. If the nerve to the stapedius is interrupted, there is hyperacusis (increased sensitivity to loud sounds).

8B88.1 Facial myokymia

#DRAFT# This is an involuntary twitching or wave-like movement of facial muscles.

8B88.2 Hemifacial spasm

Hemifacial spasm (HFS) is a movement disorder most commonly caused by vascular compression of the VII cranial nerve at its root exit zone from the brainstem. It manifests as involuntary contractions and twitching on ipsilateral side of the face.

8B88.3 Facial neuritis

8B88.Y Other specified disorders of facial nerve

8B88.Z Disorders of facial nerve, unspecified

8B8Y Other specified disorders of cranial nerves

8B8Z Disorders of cranial nerves, unspecified

Nerve root or plexus disorders (8B90‑8B9Z)

#DRAFT# These are conditions of the root and/or plexus portions of nerves. Plexus portions are network-like.

Exclusions: intervertebral disc disorders (FA80‑FA8Z)

Spondylolysis (FA81)

8B90 Nerve root and plexus compressions

Coding Note: Code also the causing condition

8B91 Brachial plexus disorders

#DRAFT# The brachial plexus is formed by ventral rami of five spinal nerves (C5-T1), which have motor, sensory and preganglionic sympathetic fibres innervating the upper limb. These five rami join to form three trunks (upper-C5-C6; middle-C7; lower-C8-T1) which again divide into six divisions to become three cords (lateral, medial and posterior). The plexus is vulnerable to trauma at various levels and can be affected by a variety of diseases because of its close proximity to lymph nodes, blood vessels and lung parenchyma; diabetes mellitus and vasculitis can also cause brachial plexus dysfunction. Some cases are considered as an idiopathic brachial plexopathy. Clinical features depend on whether the entire plexus or a portion of it is involved. In panplexopathy, the arm hangs lifelessly by the side, the limb is flaccid and areflexic with complete sensory loss below a line extending from the shoulder diagonally downward and medially to the middle of upper arm.

In lesions of the upper trunk, the arm hangs at the side, internally rotated at the shoulder, with the elbow extended and the forearm pronated in a “waiter`s tip” posture. The biceps and brachioradialis reflexes are absent and sensory loss is found over the lateral aspect of the arm, forearm and thumb.

In lesions of the lower trunk, there is weakness of the intrinsic hand muscles, the finger flexion reflex is diminished or absent, and there is sensory loss over the two medial fingers as well as the medial aspect of forearm and hand.

8B91.0 Neuralgic shoulder amyotrophy

Parsonage-Turner syndrome is a rare condition of unknown etiology that presents with a characteristic pattern of sudden and acute pain across the top of the shoulder, lasting a few hours to a fortnight, followed by flaccid paralysis of some muscles of the shoulder girdle.

8B91.1 Thoracic outlet syndrome due to cervical rib

8B91.Y Other specified brachial plexus disorders

8B91.Z Brachial plexus disorders, unspecified

8B92 Lumbosacral plexus disorders

#DRAFT# The lumbar plexus is formed by the anterior primary rami of lumbar spinal nerves L1 to L4 and the sacral plexus is derived from the anterior primary rami of spinal nerves L4, L5, S1, S2, and S3. The lumbar plexus communicates with the sacral plexus via the anterior division of L4. The lumbosacral plexus can be affected by a variety of diseases like direct invasions by neoplasms (cervix, prostate, bladder, colorectum, kidney, ovary) or dysfunction due to other causes such as diabetes mellitus, vasculitis and radiation injury. It can also be idiopathic.

In lumbar plexus lesions, there is weakness of hip flexion, knee extension and hip adduction. Sensation may be lost in the inguinal region, over the genitalia, the lateral, anterior and medial thigh and on the medial aspect of the lower leg; the knee jerk may be decreased or absent.

In sacral plexus lesions, there is weakness of hip extensors and abductors, knee flexors, ankle plantar flexors and dorsiflexors; sensory loss is found over the posterior aspect of the thigh, the anterolateral and posterior aspect of the leg below the knee, and the dorsolateral and plantar surface of the foot. The ankle jerk is reduced or absent.

8B92.0 Post radiation lumbosacral plexopathy

8B92.1 Vasculitic lumbosacral plexopathy

8B92.2 Diabetic lumbosacral plexopathy

Coding Note: Always assign an additional code for diabetes mellitus

8B92.3 Lumbosacral radiculoplexopathy

8B92.Y Other specified lumbosacral plexus disorders

8B92.Z Lumbosacral plexus disorders, unspecified

8B93 Radiculopathy

Exclusions: Neuritis (FB56)

Intervertebral disc degeneration (FA80)

8B93.0 Radiculopathy due to compression

8B93.1 Radiculopathy due to metabolic disorders

8B93.2 Radiculopathy due to electric shock or lightning

8B93.3 Radiculopathy due to radiation injury

8B93.4 Radiculopathy due to nutritional deficiencies

8B93.5 Radiculopathy due to toxicity

8B93.6 Radiculopathy due to intervertebral disc disorders

8B93.7 Radiculopathy due to neoplastic disease

8B93.8 Radiculopathy due to spondylosis

8B93.Y Other specified radiculopathy

8B93.Z Radiculopathy, unspecified

8B94 Diabetic radiculoplexoneuropathy

Diabetic radiculoplexoneuropathy is a rare, but established complication of a focal neuropathy occurring in patients with diabetes type 2. Etiologically inflammatory changes of microvasculitis are assumed. It is independent on the stage of diabetes and often occurs usually in association of weight loss, not before the 4th or 5th decade. It presents with acute severe pain, and predominant motor involvement of the lumbar plexus often asymmetric and usually unilateral. Muscle atrophy occurs early. It is self limiting, but disability may persist.

Always assign an additional code for the type of diabetes mellitus.

Coding Note: Code also the causing condition

8B95 Secondary brachial plexus lesion due to certain specified disorders

Coding Note: Code also the causing condition

8B9Y Other specified nerve root or plexus disorders

8B9Z Nerve root or plexus disorders, unspecified

Polyneuropathy (8C00‑8C0Z)

8C00 Idiopathic progressive neuropathy

8C01 Inflammatory polyneuropathy

Acquired inflammatory peripheral neuropathies are of a presumed immune etiology and are classified on the basis of their clinical course: acute inflammatory demyelinating polyneuropathy (AIDP or Guillain-Barré syndrome) with the motor deficit reaching a maximal level by 28 days, and chronic inflammatory demyelinating polyneuropathy (CIDP) which has a slowly progressive course of two or more months or a relapsing remitting course. There are many variants of AIDP and CIDP.

8C01.0 Acute inflammatory demyelinating polyneuropathy

Progressive weakness of the limbs over a few days to 28 days, symmetrical deficit, areflexia, absent or mild sensory disturbance, elevated cerebrospinal fluid protein, and slowing of nerve conduction velocities are the cardinal features. The disorder may be preceded by upper respiratory or gastrointestinal infection or immunization 1 to 4 weeks prior to onset of the illness. Bifacial palsy may be present.

Inclusions: Acute Inflammatory Demyelinating Polyradiculoneuropathy

8C01.1 Post vaccinal neuropathy

8C01.2 Subacute inflammatory demyelinating polyneuropathy

Subacute inflammatory demyelinating polyneuropathy (SIDP) is a subacute progressive symmetric sensorial and/or motor disorder characterised by muscular weakness with impaired sensation, absent or diminished tendon reflexes and elevated cerebrospinal fluid (CSF) proteins. SIDP is an intermediate form between Guillain-Barré syndrome (GBS) and chronic inflammatory demyelinating polyneuropathy (CIDP).

8C01.3 Chronic inflammatory demyelinating polyneuropathy

Chronic inflammatory demyelinating polyneuropathy is a chronic monophasic, progressive or relapsing symmetric sensorimotor disorder characterised by progressive muscular weakness with impaired sensation, absent or diminished tendon reflexes and elevated cerebrospinal fluid proteins.

8C01.Y Other specified inflammatory polyneuropathy

8C01.Z Inflammatory polyneuropathy, unspecified

8C03 Other secondary polyneuropathy

Coding Note: Code also the causing condition

8C03.0 Diabetic polyneuropathy

Coding Note: Always assign an additional code for diabetes mellitus.

Coded Elsewhere: Diabetic foot ulcer (BD54)

8C03.1 Polyneuropathy due to infectious diseases

Coding Note: Code also the causing condition

8C03.2 Polyneuropathy in neoplastic disease

Coding Note: Code also the causing condition

8C03.3 Polyneuropathy in nutritional deficiency

Coding Note: Code also the causing condition

8C03.4 Polyneuropathy in systemic connective tissue disorders

Coding Note: Code also the causing condition

8C03.Y Other specified secondary polyneuropathy

Coding Note: Code also the causing condition

8C03.Z Other secondary polyneuropathy, unspecified

Coding Note: Code also the causing condition

8C0Y Other specified polyneuropathy

8C0Z Polyneuropathy, unspecified

Mononeuropathy (8C10‑8C1Z)

8C10 Mononeuropathies of upper limb

Damage to a single nerve or nerve group of the upper limb (not including central nervous structures such as the brain, brainstem or spinal cord), resulting in a loss of movement, sensation and/or autonomic function.

Coding Note: Code also the causing condition

Exclusions: current traumatic nerve disorder - see nerve injury by body region (Chapter 22)

8C10.0 Carpal tunnel syndrome

A compression neuropathy due to entrapment of the median nerve within the carpal tunnel at the wrist.

Coding Note: Code also the causing condition

8C10.1 Lesion of ulnar nerve

Coding Note: Code also the causing condition

Inclusions: Tardy ulnar nerve palsy

Exclusions: Injury of ulnar nerve at upper arm level (NC14.0)

Injury of ulnar nerve at forearm level (NC34.0)

Injury of ulnar nerve at wrist or hand level (NC55.0)

8C10.2 Lesion of radial nerve

Coding Note: Code also the causing condition

Exclusions: Injury of radial nerve at upper arm level (NC14.2)

Injury of radial nerve at forearm level (NC34.2)

Injury of radial nerve at wrist or hand level (NC55.2)

8C10.Y Other specified mononeuropathies of upper limb

Coding Note: Code also the causing condition

8C10.Z Mononeuropathies of upper limb, unspecified

Coding Note: Code also the causing condition

8C11 Mononeuropathies of lower limb

Damage to a single nerve or nerve group of the lower limb (not including central nervous structures such as the brain, brainstem or spinal cord), resulting in a loss of movement, sensation and/or autonomic function.

Coding Note: Code also the causing condition

Inclusions: Mononeuritis of lower limb

Exclusions: current traumatic nerve disorder - see nerve injury by body region (Chapter 22)

8C11.0 Lesion of sciatic nerve

Disease or damage involving the SCIATIC NERVE, which divides into the PERONEAL NERVE and TIBIAL NERVE (see also PERONEAL NEUROPATHIES and TIBIAL NEUROPATHY). Clinical manifestations may include SCIATICA or pain localised to the hip, PARESIS or PARALYSIS of posterior thigh muscles and muscles innervated by the peroneal and tibial nerves, and sensory loss involving the lateral and posterior thigh, posterior and lateral leg, and sole of the foot. The sciatic nerve may be affected by trauma; ISCHEMIA; COLLAGEN DISEASES; and other conditions.

Coding Note: Code also the causing condition

Exclusions: sciatica attributed to intervertebral disc disorder (FA80)

sciatica NOS (ME84.3)

Injury of sciatic nerve at hip or thigh level (NC74.0)

8C11.00 Sciatic nerve piriformis syndrome

8C11.0Y Other specified lesion of sciatic nerve

Coding Note: Code also the causing condition

8C11.0Z Lesion of sciatic nerve, unspecified

Coding Note: Code also the causing condition

8C11.1 Meralgia paraesthetica

#DRAFT# This is a disorder characterised by tingling, numbness, and burning pain in the outer side of the thigh. It is caused by compression of the lateral femoral cutaneous nerve, a sensory nerve to the skin, as it exits the pelvis.

Coding Note: Code also the causing condition

8C11.2 Lesion of femoral nerve

Coding Note: Code also the causing condition

Exclusions: Injury of femoral nerve at hip or thigh level (NC74.1)

8C11.3 Lesion of common peroneal nerve

Coding Note: Code also the causing condition

Exclusions: Injury of peroneal nerve at lower leg level (NC94.1)

8C11.4 Lesion of tibial nerve

Coding Note: Code also the causing condition

Exclusions: Injury of tibial nerve at lower leg level (NC94.0)

8C11.5 Tarsal tunnel syndrome

#DRAFT# This is a compression of the tibial nerve (which innervates the bottom of the foot) at the tarsal tunnel, an internal "canal" of the foot for nerves, arteries, and tendons.

Coding Note: Code also the causing condition

8C11.6 Lesion of plantar nerve

Disease or damage to the medial and/or lateral plantar nerves, branches of the tibial nerve below the level of the tarsal tunnel secondary to insult.

Coding Note: Code also the causing condition

Exclusions: Tarsal tunnel syndrome (8C11.5)

Injury of lateral plantar nerve (ND15.0)

Injury of medial plantar nerve (ND15.1)

8C11.Y Other specified mononeuropathies of lower limb

Coding Note: Code also the causing condition

8C11.Z Mononeuropathies of lower limb, unspecified

Coding Note: Code also the causing condition

8C12 Certain specified mononeuropathies

#DRAFT# This is a group of conditions with damage to a single nerve or nerve group, which are not classified elsewhere.

8C12.0 Intercostal neuropathy

Peripheral neuropathy of the intercostal nerves

8C12.1 Mononeuritis multiplex

8C12.2 Lesion of suprascapular nerve

8C12.3 Lesion of axillary nerve

8C12.4 Lesion of long thoracic nerve

8C12.5 Traumatic neuroma, not otherwise specified

Exclusions: Neuroma of amputation stump (NE85.3)

8C12.Y Mononeuropathy of other specified nerve

8C1Y Mononeuropathy of other specified site

Coding Note: Code also the causing condition

8C1Z Mononeuropathy of unspecified site

Coding Note: Code also the causing condition

Hereditary neuropathy (8C20‑8C2Z)

8C20 Hereditary motor and sensory neuropathy

Inclusions: Hereditary motor and sensory neuropathy, types I-IV

8C20.0 Charcot-Marie-Tooth disease 1 demyelinating

8C20.1 Charcot-Marie-Tooth disease 2 axonal

8C20.2 Intermediate Charcot-Marie-Tooth disease

8C20.Y Other specified hereditary motor and sensory neuropathy

8C20.Z Hereditary motor and sensory neuropathy, unspecified

8C21 Hereditary sensory or autonomic neuropathy

#DRAFT# This is a group of inherited disorders characterised by degeneration of dorsal root and autonomic ganglion cells, and clinically by loss of sensation and autonomic dysfunction.

Coded Elsewhere: Primary erythromelalgia (EG00)

8C21.0 Hereditary sensory and autonomic neuropathy type I

Hereditary sensory autonomic type I neuropathies are autosomal dominant sensory-autonomic sensory polyneuropathies

8C21.1 Hereditary sensory and autonomic neuropathy type III

Hereditary sensory and autonomic neuropathy, type 3 (HSAN3) is an autosomal recessive disorder seen primarily in Ashkenazi Jewish children caused by a mutation in the I-kappa B kinase associated protein.

It is characterised by sensory dysfunction and severe impairment of the autonomic nervous system activity, resulting in multisystem dysfunction.

Symptoms can include insensitivity to pain and temperature, intact visceral pain, alacrima, hypoactive corneal and tendon reflexes and absence of lingual fungiform papillae.

8C21.2 Hereditary sensory and autonomic neuropathy type IV

Hereditary sensory and autonomic neuropathy, type 4 (HSAN4) is an inherited disorder characterised by anhidrosis, insensitivity to pain, self-mutilating behaviour and episodes of fever.

8C21.3 Hereditary sensory and autonomic neuropathy type V

Hereditary sensory and autonomic neuropathy, type 5 (HSAN5) is characterised by loss of pain perception and impaired temperature sensitivity, in the absence of any other major neurological anomalies.

8C21.Y Other specified hereditary sensory or autonomic neuropathy

8C21.Z Hereditary sensory or autonomic neuropathy, unspecified

8C2Y Other specified hereditary neuropathy

8C2Z Hereditary neuropathy, unspecified

8C4Y Other specified disorders of nerve root, plexus or peripheral nerves

8C4Z Disorders of nerve root, plexus or peripheral nerves, unspecified

Diseases of neuromuscular junction or muscle (8C60‑8D0Z)

Diseases resulting from destruction or malfunction of the neuromuscular junction, a chemical synapse formed between the end of the motor nerve terminal and the voluntary muscle. Pathology can occur at the presynaptic or postsynaptic membrane and leads to dysfunction of neuromuscular transmission. Common diseases of this category include Myasthenia Gravis and Lambert Eaton Myasthenic Syndrome.

Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Myasthenia gravis is the most common autoimmune disease affecting the neuromuscular junction and is characterised by painless fatigable muscle weakness. It is caused by autoantibodies against neuromuscular junction proteins, either the nicotinic acetylcholine receptor (AChR) or the muscle specific tyrosine kinase (MuSK). Mutations in neuromuscular junction proteins cause congenital myasthenic syndromes. Other antibodies mediated conditions affecting the neuromuscular junction, including Lambert Eaton myasthenic syndrome and neuromyotonia.

Coded Elsewhere: Botulism (1A11)

Neuromuscular junction disorders due to toxicity (NE61)

8C60 Myasthenia gravis

Myasthenia gravis is the most common acquired auto-antibody mediated neuromuscular transmission disorder. Prevalence is 1–2 per 10,000 persons. Fluctuating weakness increasing with repeated activity and improving after a period of rest is the hallmark. Myasthenia Gravis with antibodies directed against postsynaptic proteins, usually the nicotinic acetylcholine receptor are the most prevalent. Other types are Myasthenia Gravis associated with muscle-specific kinase antibodies and MG with unknown autoantibodies (seronegative) Myasthenia Gravis.

There are three groups: 1. Purely ocular Myasthenia Gravis

2. Early-onset (<40-50 years) generalised Myasthenia Gravis

3. Late-onset generalised MG.

In about 15%, the disease can be classified as paraneoplastic, usually associated with a thymoma.

Coded Elsewhere: Transient neonatal myasthenia gravis (KB08.0)

8C60.0 Drug-induced myasthenia gravis

Some drugs can have clear effects on Myasthenia Gravis, including Neuromuscular junction blockers, antibiotics, prednisone, chloroquine, D-penicillamine, interferons, and others. In rapid-onset drug-induced Myasthenia Gravis, myasthenic signs develop within days which rapidly disappear after drug withdrawal. Anti-Acetylcholinesterase antibodies are absent. This disorder may unmask a pre-existing neuromuscular transmission disorder or may exacerbate pre-existing Myasthenia Gravis, i.e. subclinical Myasthenia Gravis becomes manifest after drug treatment, or known MG becomes more severe. Certain drugs are linked with aggravation of Myasthenia Gravis, including pain management medications, tricyclic antidepressants and some antiepileptic medications, and should be used with caution.

8C60.Y Other specified myasthenia gravis

8C60.Z Myasthenia gravis, unspecified

8C61 Congenital myasthenic syndromes

Congenital myasthenic syndrome (CMS) is a heterogeneous group of genetically determined diseases. There are four well-defined categories: Congenital myasthenic syndrome with presynaptic defect, Synaptic basal lamina-associated CMS, Congenital myasthenia with postsynaptic defect, CMS with glycosylation deficiency, and the remaining category is that of unidentified CMS.

8C62 Lambert-Eaton syndrome

Lambert-Eaton myasthenic syndrome, 20 times as rare as acetylcholine receptor positive myasthenia gravis with a prevalence of 3.42 per million, is an immune-mediated disease of the neuromuscular junction. Clinically the disease is characterised by proximal weakness of the legs. In most patients, the weakness extends to other muscles including the oculobulbar ones. Autonomic symptoms (dry mouth, erectile dysfunction, constipation) are frequent. Tendon reflexes are reduced. Repetitive nerve stimulation shows low compound muscle action potentials, decrement > 10% at low frequency and increment > 100% after maximum voluntary contraction at high frequency.

8C6Y Other specified myasthenia gravis and neuromuscular junction disorders

8C6Z Unspecified myasthenia gravis or neuromuscular junction disorders

Primary disorders of muscles (8C70‑8C7Z)

Disorders in which the primary symptom of muscle weakness is secondary to a specific dysfunction of a muscle fiber.

Exclusions: Metabolic disorders (5C50‑5D2Z)

Arthrogryposis multiplex congenita (LD26.41)

Coded Elsewhere: Idiopathic rhabdomyolysis (FB32.20)

Idiopathic inflammatory myopathy (4A41)

8C70 Muscular dystrophy

Progressive, hereditary skeletal muscle diseases characterised by muscle weakness, wasting, defects in muscle proteins, necrosis of muscle tissue and replacement of muscle tissue with connective and fatty tissue.

Coded Elsewhere: Muscular dystrophy affecting extraocular muscle (9C82.1)

Barth syndrome (5C50.E0)

Epidermolysis bullosa simplex with muscular dystrophy (EC30)

8C70.0 Becker muscular dystrophy

#DRAFT# Becker muscular dystrophy is a myotonic disorder that involves slowly worsening muscle weakness of the legs and pelvis. Symptoms include muscle weakness of the lower body, breathing problems, learning disabilities, fatigue and loss of balance and coordination.

8C70.1 Duchenne muscular dystrophy

Duchenne muscular dystrophy (DMD) is a severe X-linked myopathy caused by mutation in the dystrophin gene with symptoms appearing before the age of 6 with a rapid disease progression. Symptoms may include fatigue, learning difficulties (the IQ can be below 75), Muscle weakness, problems with motor skills, frequent falls and progressive difficulty walking.

8C70.2 Emery-Dreifuss muscular dystrophy

Emery-Dreifuss muscular dystrophy (EDMD) is a muscle disease characterised by muscular weakness and atrophy, with early contractures of the tendons and cardiac involvement (arrhythmias, cardiomyopathy).

8C70.3 Facioscapulohumeral muscular dystrophy

Facioscapulohumeral muscular dystrophy (FSHD) is an autosomal dominantly inherited muscle disease characterised by progressive muscle weakness with initial focal involvement of the facial, shoulder and arm muscles.

8C70.4 Limb-girdle muscular dystrophy

Limb-girdle muscular dystrophy (LGMD) constitutes a group of genetically determined, progressive disorders of muscles, in which the pelvic or shoulder girdle musculature is predominantly or primarily involved. It may be inherited in an autosomal recessive or dominant fashion.

8C70.40 Dominant limb-girdle muscular dystrophy

The Limb Girdle Muscular Dystrophies (LGMD) are a group of genetic disorders characterised predominantly by progressive wasting and weakness of proximal limb girdle muscles, including pelvic, shoulder, upper arm and thigh muscles. The onset symptoms usually vary from early childhood to late adulthood, and the progression rate and distribution of weakness and wasting also varies considerably among individuals and genetic subtypes. There are currently 8 autosomal dominant LGMDs (LGMD1), linked to specific gene mutations. Dominant LGMDs are often allelic with other clinical disorders, including the myofibrillar myopathies or dilated cardiomyopathy.

Exclusions: Secondary myopathies (8C80‑8C8Z)

Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

8C70.41 Recessive limb-girdle muscular dystrophy

Autosomal recessive limb girdle muscular dystrophies (LGMD2) are a group of genetically heterogeneous diseases that are typically characterised by progressive weakness and wasting of the shoulder and pelvic girdle muscles. Many of the more than 20 different conditions show overlapping clinical features with other forms of muscular dystrophy, congenital, myofibrillar or even distal myopathies and also with acquired muscle diseases. Although individually extremely rare, all types of LGMD2 together form an important differential diagnostic group among neuromuscular diseases.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Secondary myopathies (8C80‑8C8Z)

8C70.4Y Other specified limb-girdle muscular dystrophy

8C70.4Z Limb-girdle muscular dystrophy, unspecified

8C70.5 Scapuloperoneal muscular dystrophy

Scapuloperoneal muscular dystrophies are a group of genetically heterogeneous myopathies characterised by progressive weakness and wasting of scapular and anterior leg muscles. Emery-Dreifuss muscular dystrophy is a classic scapuloperoneal muscular dystrophy associated with early contractures and cardiac arrhythmia, but other muscle disorders can also present with a scapuloperoneal phenotype.

Exclusions: Secondary myopathies (8C80‑8C8Z)

Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

8C70.6 Congenital muscular dystrophy

Congenital muscular dystrophies with central nervous system abnormalities are a heterogeneous group of autosomal recessively inherited degenerative muscle disorders associated with cerebral and cerebellar dysplasia, white matter abnormalities and ocular abnormalities in some subtypes.

8C70.Y Other specified muscular dystrophy

8C70.Z Muscular dystrophy, unspecified

8C71 Myotonic disorders

Group of inherited muscular disorders associated with clinical and/or electrical myotonia. Myotonia is defined clinically as the occurrence of “delayed relaxation of muscle after voluntary contraction or percussion.”

8C71.0 Myotonic dystrophy

Myotonic dystrophy is a group of inherited muscular disorders. It is the most common form of muscular dystrophy that begins in adulthood. Myotonic dystrophy is characterised by progressive muscle wasting and weakness, and prolonged muscle contractions (myotonia) that are not able to relax after use. Other signs and symptoms of myotonic dystrophy include slurred speech or temporary locking of their jaw, cataracts and cardiac conduction defects. In affected men, hormonal changes may lead to early balding and infertility. The clinical severity varies widely among affected patients, even among members of the same family.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Secondary myopathies (8C80‑8C8Z)

Coded Elsewhere: Myotonic cataract (9B10.2Y)

8C71.1 Chondrodystrophic myotonia

Chondrodystrophic myotonia (Schwartz-Jampel syndrome) is a congenital myotonic syndrome characterised by myotonia that results in a characteristic facies with blepharophimosis and a puckered facial appearance, and osteoarticular abnormalities leading to limited joint mobility.

8C71.2 Myotonia congenita

Thomsen and Becker disease are myotonic disorders characterised by slow muscle relaxation associated with hyperexcitation of the muscle fibres occurring within the first few months after birth. The myotonia is unusual in that it is relieved by exercise (warm-up effect). Autosomal dominant myotonia congenita (Thomsen disease) is a non-dystrophic muscle disorder caused by mutation in the gene encoding skeletal muscle chloride channel-1 (CLCN1). It is clinically characterised by muscle stiffness and an inability of the muscle to relax after voluntary contraction. Autosomal recessive myotonia congenita (Becker disease) is caused by mutation in the gene encoding skeletal muscle chloride channel-1 (CLCN1). It is a non-dystrophic skeletal muscle disorder characterised by muscle stiffness and an inability of the muscle to relax after voluntary contraction. Most patients have symptom onset in the legs, which later progresses to the arms, neck, and facial muscles. Many patients show marked hypertrophy of the lower limb muscles. Transient muscle weakness is a characteristic feature.

8C71.3 Drug-induced myotonia

Drug-induced myotonia refers to the myotonia-inducing effects of certain drugs. Hypocholesterolaemic agents may induce myotonia by altering the sterol composition of the muscle cell membrane, while other drugs including beta-adrenergic blockers and agonists, succinylcholine and diuretics may exacerbate or unmask pre-existing myotonia.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Secondary myopathies (8C80‑8C8Z)

8C71.4 Neuromyotonia

Neuromyotonia or Isaac's syndrome is an immune-mediated peripheral nerve disorder characterised by continuous muscle fibre activity at rest resulting in muscle stiffness, cramps, myokymia, and pseudomyotonia.

8C71.5 Pseudomyotonia

The term pseudomyotonia (slow relaxation of muscles after voluntary contraction) describes the clinical appearance of myotonia in the absence of myotonic discharges on the electromyography. Pseudomyotonia is most commonly observed as the slow-relaxing or “hung-up” tendon reflexes of hypothyroidism, although other causes are described. Pseudomyotonia is seen in about one-third of patients with Isaacs syndrome, particularly with handgrip, but also after eye and jaw closure; rarely, this can be the first symptom.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Secondary myopathies (8C80‑8C8Z)

8C71.Y Other specified myotonic disorders

8C71.Z Myotonic disorders, unspecified

8C72 Congenital myopathies

#DRAFT# This is a heterogeneous group of neuromuscular conditions that are defined by distinctive morphologic abnormalities in skeletal muscle that are noted on muscle biopsy. They usually present in infancy or early childhood with hypotonia and muscle weakness and are usually non-progressive or only slowly progressive with age.

8C72.0 Congenital myopathy with structural abnormalities

Distinct group of inherited disorders of skeletal muscles which have characteristic structural abnormalities on muscle immuno-histochemistry.

Coding Note: Code also the causing condition

Exclusions: Secondary myopathies (8C80‑8C8Z)

Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

8C72.00 Nemaline myopathy

Nemaline myopathy encompasses a large spectrum of congenital myopathies characterised by hypotonia, weakness and depressed or absent deep tendon reflexes, with pathologic evidence of nemaline bodies (rods) on muscle biopsy.

8C72.01 Centronuclear myopathy

Centronuclear myopathy (CNM) is an inherited neuromuscular disorder characterised by clinical features of a congenital myopathy and centrally placed nuclei on muscle biopsy. It encompasses the X-linked form, the autosomal recessive form and the autosomal dominant form with a highly variable clinical presentation.

8C72.02 Central core disease

Central core disease (CCD) is an inherited neuromuscular disorder characterised by central cores on muscle biopsy and clinical features of a congenital myopathy (hypotonia and motor developmental delay) and is characterised by predominantly proximal weakness, pronounced in the hip girdle.

8C72.0Y Other specified congenital myopathy with structural abnormalities

Coding Note: Code also the causing condition

8C72.0Z Congenital myopathy with structural abnormalities, unspecified

Coding Note: Code also the causing condition

8C72.1 Congenital myopathy with no structural abnormalities

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Secondary myopathies (8C80‑8C8Z)

8C72.Y Other specified congenital myopathies

8C72.Z Congenital myopathies, unspecified

8C73 Mitochondrial myopathies

Mitochondrial myopathies are heterogeneous group of disorders caused by dysfunction of mitochondrial oxidative phosphorylation and can be classified according to the associated biochemical, genetic defects (in the mitochondrial DNA or in nuclear encoded proteins) or clinical phenotype. Exclude: defects of mitochondrial respiratory chain, Kearns-Sayre syndrome, myoclonic epilepsy with ragged red fibres (MERRF)

Coded Elsewhere: Leigh syndrome (5C53.24)

Progressive external ophthalmoplegia (9C82.0)

8C73.0 Autosomal recessive cardiomyopathy or ophthalmoplegia

Autosomal recessive cardiomyopathy and ophthalmoplegia is a childhood-onset disease characterised by progressive external ophthalmoplegia, mild facial and proximal limb weakness, and severe cardiomyopathy. Muscle biopsies show ragged-red and cytochrome C oxidase-negative fibres; the activities of several complexes in the electron-transport chain are decreased. The combination of progressive external ophthalmoplegia, cardiomyopathy, and multiple mtDNA deletions is thought to be due to a defect of communication between the nuclear and mitochondrial genomes.

Exclusions: Secondary myopathies (8C80‑8C8Z)

Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

8C73.1 Neuropathy, ataxia, and retinitis pigmentosa

Neuropathy, Ataxia, and Retinitis Pigmentosa (NARP) syndrome is a clinically heterogeneous oxidative phosphorylation disorder often characterised by a combination of sensory-motor neuropathy, cerebellar ataxia, and night blindness.

8C73.Y Other specified mitochondrial myopathies

8C73.Z Mitochondrial myopathies, unspecified

8C74 Periodic paralyses or disorders of muscle membrane excitability

These are a group of disorders caused by malfunctioning of the ion channels in skeletal muscle membranes causing the cells to depolarize leading to weakness or paralysis. The common triggers include cold, heat, high carbohydrate meals, stress, excitement, physical exertion etc.

8C74.0 Paramyotonia congenita

Paramyotonia congenita of Von Eulenburg is a skeletal muscle disease characterised by exercise- or cold-induced myotonia and muscle weakness.

8C74.1 Periodic paralysis

Rare group of neuromuscular disorders that are associated with defects in ion channels. Characterized by intermittent episodes of severe weakness of the limbs usually after heavy exercise, fasting, or high carbohydrate meals. The three major types of inherited periodic paralysis include hypokalemic periodic paralysis, hyperkalemic periodic paralysis, and Andersen–Tawil syndrome.

8C74.10 Hypokalaemic periodic paralysis

Hypokalaemic periodic paralysis (hypoPP) is a muscle channelopathy characterised by episodes of muscle paralysis lasting from a few to 24-48 hours and associated with a fall in blood potassium levels.

Coded Elsewhere: Thyrotoxic periodic paralysis (5A02.Y)

8C74.11 Hyperkalaemic periodic paralysis

Hyperkalaemic periodic paralysis (HyperPP) is a muscle disorder characterised by episodic attacks of muscle weakness associated with an increase in serum potassium concentration.

Coded Elsewhere: Long QT syndrome type 7 (BC65.0)

8C74.1Y Other specified periodic paralysis

8C74.1Z Periodic paralysis, unspecified

8C74.Y Other specified periodic paralyses or disorders of muscle membrane excitability

8C74.Z Periodic paralyses or disorders of muscle membrane excitability, unspecified

8C75 Distal myopathies

Distal myopathies are heterogeneous group of myopathies characterised clinically by progressive weakness and atrophy starting in distal muscles and progressing to proximal ones, and histologically by nonspecific myopathic features on muscle biopsy.

8C76 Myofibrillar myopathy

Myofibrillar myopathies are a heterogeneous group of disorders, characterised by the pathologic finding of myofibrillar disruption on electron microscope with a spectrum of histological abnormalities including excessive desmin accumulation in muscle fibres.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Secondary myopathies (8C80‑8C8Z)

8C77 Ocular myopathy

Slowly progressive weakness of ocular muscles, usually characterised by decreased mobility of the eye and drooping of the upper lid. The disorder may be unilateral or bilateral, and may be caused by central or peripheral nervous system lesion or by a neuromuscular disease.

Exclusions: Ocular myopathy with mitochondrial abnormalities (9C82.0)

oculopharyngeal muscular dystrophy (9C82.1)

Ocular muscular dystrophy (9C82.1)

8C78 Malignant hyperthermia or hyperpyrexia

Malignant hyperthermia is a pharmacogenetic disorder of skeletal muscle that presents as a hypermetabolic response to potent volatile anaesthetic gases such as halothane, sevoflurane, desflurane and the depolarizing muscle relaxant succinylcholine, and rarely in humans, to stresses such as vigorous exercise and heat. May be caused by a mutation in the Ryonadine Receptor 1 gene.

8C7Y Other specified primary disorders of muscles

8C7Z Primary disorders of muscles, unspecified

Secondary myopathies (8C80‑8C8Z)

This is a group of conditions in which the muscle fibres are dysfunctional, resulting in muscle weakness. The myopathy is caused by an underlying disorder.

Exclusions: Arthrogryposis multiplex congenita (LD26.41)

Ischaemic infarction of muscle (FB32.2)

Coded Elsewhere: Alcoholic myopathy (8D44.1)

Myopathy due to toxicity (8D43.3)

8C80 Drug-induced myopathy

Myopathy caused by drugs that ranges from mild myalgias with or without mild weakness to chronic myopathy with severe weakness, to massive rhabdomyolysis with acute renal failure. It could be due to several different mechanisms including direct myotoxicity, immune mediated and indirect muscle damage through drug-induced coma, drug-induced hypokalaemia, drug-induced hyperkinetic states or dystonic states.

8C81 Autoimmune myopathy

Autoimmune myopathy is a subgroup of idiopathic inflammatory myopathies, which, despite diverse causes, have the common histopathological features of myocyte necrosis without significant inflammation. Patients present with a subacute severe symmetrical proximal myopathy, associated with a markedly elevated creatine kinase level. These are most likely immune-mediated, as they respond to immunotherapy. It is often accompanied by statin therapy, connective tissue diseases, cancer, and autoantibodies specific for signal recognition particle (SRP) or 3-hydroxy-3-methylglutaryl–coenzyme A reductase (HMGCR).

Coding Note: Code also the causing condition

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Primary disorders of muscles (8C70‑8C7Z)

8C82 Myopathy in certain specified infectious or parasitic disease

Myopathy in certain specified infectious or parasitic disease is an uncommon group of muscle diseases caused by a broad range of bacterial, fungal, parasitic, and viral agents. Bacterial organisms cause pyomyositis, psoas abscess, Staphylococcus aureus myositis, group A streptococcal necrotizing myositis, group B streptococcal myositis, clostridial gas gangrene, and nonclostridial myositis. Fungal myositis is rare and usually occurs among immunocompromised hosts. Parasitic myositis is most commonly a result of trichinosis or cystericercosis, but other protozoa or helminths may be involved. Viruses may cause benign acute myositis, pleurodynia, acute rhabdomyolysis, or an immune-mediated polymyositis.

Coding Note: Code also the causing condition

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Primary disorders of muscles (8C70‑8C7Z)

8C83 Myopathy in certain specified endocrine disease

Myopathy in certain specified endocrine disease refers to muscle disorders associated with adrenal dysfunction (as steroid myopathy), thyroid dysfunction (as in myxoedema coma or thyrotoxic myopathy), parathyroid dysfunction (as in multiple endocrine neoplasia), pituitary dysfunction, and islands of Langerhans dysfunction (as in diabetic myopathy from ischemic infarction of the femoral muscles). Steroid myopathy is the most common endocrine myopathy. These conditions are usually reversible with correction of the underlying endocrine disturbance.

Coding Note: Code also the causing condition

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Primary disorders of muscles (8C70‑8C7Z)

8C84 Secondary rhabdomyolysis

Secondary rhabdomyolysis occurs when the primary effect of a aetiological factor results in a functional or biochemical state which is conducive to the development of ischemic, degenerative, necrotic or membrane destabilizing changes in muscle, producing the clinical and biochemical features of rhabdomyolysis. Most frequently, rhabdomyolysis is secondary to a metabolic derangement often genetic in nature, as result of abnormally excessive movement, excessive isometric tension by attempted movement against resistance, or coma leading to increased intramuscular pressure, ischemia, hypoxia and necrosis. Secondary rhabdomyolysis can also be caused by a mutation in various genes (RYR1, LPIN).

Coding Note: Code also the causing condition

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Primary disorders of muscles (8C70‑8C7Z)

8C8Y Other specified secondary myopathies

Coding Note: Code also the causing condition

8C8Z Secondary myopathies, unspecified

Coding Note: Code also the causing condition

8D0Y Other specified diseases of neuromuscular junction or muscle

8D0Z Diseases of neuromuscular junction or muscle, unspecified

Cerebral palsy (8D20‑8D2Z)

#DRAFT# A heterogeneous group of nonprogressive motor disorders caused by developmental brain anomalies or chronic brain injuries that originate in the prenatal period, perinatal period, or first few years of life. The four major subtypes are spastic, athetoid, ataxic, and mixed cerebral palsy, with spastic forms being the most common. The motor disorder may range from difficulties with fine motor control to severe spasticity (see MUSCLE SPASTICITY) in all limbs. Spastic diplegia (Little disease) is the most common subtype, and is characterised by spasticity that is more prominent in the legs than in the arms. Pathologically, this condition may be associated with LEUKOMALACIA, PERIVENTRICULAR.

Exclusions: Hereditary spastic paraplegia (8B44.0)

8D20 Spastic cerebral palsy

Spastic cerebral palsy is characterised by increased muscle tone associated with hyperactive muscle stretch reflexes (deep tendon reflexes) and an increase in resistance to rapid muscle stretch. Extensor plantar responses are commonly present.

8D20.0 Spastic unilateral cerebral palsy

Spastic unilateral cerebral palsy is a form of cerebral palsy in which the spasticity is confined to one side; it is often accompanied by cortical sensory impairment and varying degrees of hemineglect, demonstrable by testing stereognosis and graphesthesia. Early hand preference is often the first sign of this disorder, and may be apparent in the first months of life.

8D20.1 Spastic bilateral cerebral palsy

8D20.10 Spastic quadriplegic cerebral palsy

Spastic quadriplegic cerebral palsy is a form of cerebral palsy in which spasticity is generalised, yet most marked in the legs. Opisthotonic posturing is often apparent in infancy, and head movement may elicit forced extension of the arms and legs. Suprabulbar palsy is often present, causing impaired swallowing and articulation (‘spastic dysarthria’).

Inclusions: Spastic tetraplegic cerebral palsy

8D20.11 Spastic diplegic cerebral palsy

Spastic diplegic cerebral palsy is a form of cerebral palsy in which spasticity is most marked in the legs, with mild, if any, involvement of the arms.

8D20.1Z Spastic bilateral cerebral palsy, unspecified

8D20.Y Other specified spastic cerebral palsy

8D20.Z Spastic cerebral palsy, unspecified

8D21 Dyskinetic cerebral palsy

Dyskinetic cerebral palsy, also known as extrapyramidal cerebral palsy is characterised by impairment of voluntary movement because of the presence of interfering involuntary movements, and inappropriate co-contraction of agonist and antagonist muscles (dystonia). This group of disorders includes choreoathetotic cerebral palsy and dystonic cerebral palsy. The former is characterised by large amplitude, involuntary movements of mainly distal limbs (athetosis) with or without small amplitude, fleeting, asymmetric contractions of individual muscle groups (chorea).

Dystonic cerebral palsy predominantly affects proximal trunk and limb muscles, which may show slow, persistent movements, leading to the adoption of unusual postures, such as torticollis.

Inclusions: Athetoid cerebral palsy

8D22 Ataxic cerebral palsy

Ataxic cerebral palsy is dominated by signs of cerebellar dysfunction, including hypotonia, ataxia, dysdiadochokinesis, dysmetria, dysarthria and nystagmus. Reflexes may be pendular, although there are often also signs of spasticity.

8D23 Worster-Drought syndrome

Worster-Drought syndrome (WDS) is a form of cerebral palsy characterised by congenital pseudobulbar (suprabulbar) paresis manifesting as selective weakness of the lips, tongue and soft palate, dysphagia, dysphonia, drooling and jaw jerking.

8D2Y Other specified cerebral palsy

8D2Z Cerebral palsy, unspecified

Nutritional or toxic disorders of the nervous system (8D40‑8D4Z)

8D40 Neurological disorders due to nutrient deficiency

Coding Note: Code also the causing condition

Coded Elsewhere: Dementia due to pellagra (6D85.8)

White matter disorders due to nutritional deficiency (8A45.3)

Dementia due to nutritional deficiency (6D85.Y)

8D40.0 Encephalopathy due to nutritional deficiency

Coding Note: Code also the causing condition

8D40.1 Neuropathy due to nutritional deficiency

Coding Note: Code also the causing condition

8D40.2 Myopathy due to nutritional deficiency

Coding Note: Code also the causing condition

8D40.3 Intellectual developmental disorder due to nutritional deficiency

#DRAFT# This is a nutritional deficiency causing developmental conditions characterised by significant impairment of cognitive functions, which are associated with limitations of learning, adaptive behaviour and skills.

Coding Note: Code also the causing condition

8D40.Y Other specified neurological disorders due to nutrient deficiency

Coding Note: Code also the causing condition

8D40.Z Neurological disorders due to nutrient deficiency, unspecified

Coding Note: Code also the causing condition

8D41 Neurological disorders due to an excess of micro or macro nutrients

#DRAFT# This is a group of nervous system disorders due to an excess of micro and/or macronutrients. Micronutrients are required in trace amounts whereas macronutrients are required in relatively large amounts.

Coding Note: Code also the causing condition

8D41.0 Peripheral neuropathy due to vitamin B6 hyperalimentation

#DRAFT# This is a disorder of the peripheral nervous system due to an excess of vitamin B6 (pyridoxine) either due to administration or ingestion.

8D41.1 Myopathy due to hypercalcaemia

8D41.2 Pseudotumour Cerebri related to Hypervitaminosis A

8D41.Y Other specified neurological disorders due to an excess of micro or macro nutrients

Coding Note: Code also the causing condition

8D41.Z Neurological disorders due to an excess of micro or macro nutrients, unspecified

Coding Note: Code also the causing condition

8D42 Neurological disorders due to overweight or obesity in adults or children

Neurological disorders that arise from the metabolic dysfunction, inflammation, and dyslipidemia caused by overweight (BMI > 25) or obese (BMI >30) status. Examples include mild cognitive impairment secondary to hippocampal alteration, hypothalamic dysfunction, autonomic dysfunction, peripheral polyneuropathy, and obstructive sleep apnea.

Coding Note: Code also the causing condition

8D43 Neurological disorders due to toxicity

Coded Elsewhere: Neuromuscular junction disorders due to toxicity (NE61)

Intracranial hypertension associated with medication or toxin exposure (8D60.Y)

Myelopathy due to toxicity (8B42)

8D43.0 Encephalopathy due to toxicity

8D43.00 Encephalopathy due to ammonia

8D43.0Y Other specified encephalopathy due to toxicity

8D43.0Z Encephalopathy due to toxicity, unspecified

8D43.1 Cognitive impairment due to toxicity

These are conditions of impaired cognition due to the toxicity of substances.

Coded Elsewhere: Dementia due to exposure to heavy metals and other toxins (6D85.2)

Dementia due to carbon monoxide poisoning (6D84.Y)

Post radiation dementia (6D84.Y)

Dementia or parkinsonism due to manganese toxicity (6D84.Y)

8D43.2 Neuropathy due to toxicity

In considering the diagnosis of toxic neuropathy, two criteria should be met: (1) Exposure can be verified and temporally related to the onset of clinical symptoms. Neuropathic symptoms usually occur concurrently with the exposure or following a variable latency of up to several months. (2) There must be neurological signs and abnormal electrodiagnostic studies, because many toxic neuropathies are subclinical, subjective symptoms may or may not occur. Removal from exposure results in cessation of progression of symptoms and the deficit. Most toxins produce symmetrical axonal degeneration in a length-dependent pattern, beginning in the distal segments of the long and large-calibre nerve fibres eventually spreading proximally with continued exposure. In addition to motor and/or sensory deficits, severe pain may be a characteristic feature.

Coded Elsewhere: Alcoholic polyneuropathy (8D44.0)

8D43.20 Drug-induced polyneuropathy

#DRAFT# This is a nerve disorder affecting multiple peripheral nerves simultaneously, which is due to the toxicity of medications.

8D43.21 Post radiation polyneuropathy

8D43.2Y Other specified neuropathy due to toxicity

8D43.2Z Neuropathy due to toxicity, unspecified

8D43.3 Myopathy due to toxicity

Coded Elsewhere: Alcoholic myopathy (8D44.1)

Myopathy due to other toxic agents (8C8Y)

8D43.4 Movement disorders due to toxicity

Movements of the body such as hyperkinesias, dyskinesias, myoclonus, chorea, tremor and tics produced by toxicity either by toxin or drug, e.g. toxicity by manganese, neuroleptic drugs, calcium channel blockers, gastrointestinal prokinetics, antiarrhythmics and antidepressants that may induce Parkinsonism.

Coded Elsewhere: Toxin-induced parkinsonism (8A00.2Y)

Chorea due to toxins (8A01.1Y)

Dystonia due to toxins (8A02.1Y)

Ataxia due to certain specified toxins (8A03.3Y)

8D43.5 Cassava poisoning

Symmetrical, non-progressive, non-remitting spastic paraparesia occurring in epidemic and endemic forms with a predilection for children and young women. The unknown aetiology is related to consumption of bitter cassava roots with very minimal protein supplementation.

Coded Elsewhere: Myelopathy due to konzo (8B42)

8D43.Y Other specified neurological disorders due to toxicity

8D43.Z Neurological disorders due to toxicity, unspecified

8D44 Alcohol-related neurological disorders

Coded Elsewhere: Dementia due to use of alcohol (6D84.0)

8D44.0 Alcoholic polyneuropathy

#DRAFT# This is a nerve disorder affecting multiple peripheral nerves simultaneously, which is due to the toxicity of alcohol.

8D44.1 Alcoholic myopathy

Myopathy secondary to alcohol use and includes acute and chronic alcoholic myopathy. Several forms have been described: acute necrotizing myopathy, acute hypokalaemic myopathy, chronic alcoholic myopathy, asymptomatic alcoholic myopathy, and alcoholic cardiomyopathy.

8D44.Y Other specified alcohol-related neurological disorders

8D44.Z Alcohol-related neurological disorders, unspecified

8D4Y Other specified nutritional or toxic disorders of the nervous system

8D4Z Nutritional or toxic disorders of the nervous system, unspecified

Disorders of cerebrospinal fluid pressure or flow (8D60‑8D6Z)

8D60 Increased intracranial pressure

An increase in pressure within the skull caused by changes in the volumes of the intracranial components, such as brain matter, CSF and blood, or by the presence of a pathological mass entity.

8D60.0 Brain herniation syndromes

The shift or displacement of brain tissue due to mass effect from its normal location to a region it does not occupy.

8D60.1 Cerebral oedema

Is an excess accumulation of fluid in the intracellular and/or extracellular spaces of the brain.

Exclusions: Traumatic cerebral oedema (NA07.2)

Cerebral oedema due to birth injury (KA40.1)

8D60.Y Other specified increased intracranial pressure

8D60.Z Increased intracranial pressure, unspecified

8D61 Intracranial hypotension

The syndrome of intracranial hypotension is a single pathophysiological entity of diverse origin. Usually it is characterised by an orthostatic headache, one that occurs or worsens with upright posture. Patients with chronic headaches and asymptomatic patients have been described.

8D61.0 Spontaneous intracranial hypotension

The exact cause of spontaneous spinal CSF leaks usually remains unknown, but a combination of an underlying weakness of the spinal meninges and a trivial precipitating event is generally suspected.

8D61.1 Secondary intracranial hypotension

#DRAFT# This is a drop of pressure inside the skull due to an underlying known cause. Often, it results because of a cerebrospinal fluid leak.

Coding Note: Code also the causing condition

8D61.Y Other specified intracranial hypotension

8D61.Z Intracranial hypotension, unspecified

8D62 Cerebrospinal fluid rhinorrhoea

#DRAFT# This is a condition of CSF leak through the nose.

8D63 Cerebrospinal fluid otorrhoea

#DRAFT# This is a condition of CSF leak through the ear.

8D64 Hydrocephalus

#DRAFT# This is a condition in which there is an abnormal rise in CSF volume, and usually pressure that results from an imbalance of CSF production and absorption.

Coded Elsewhere: Neonatal hydrocephalus (KB05)

8D64.0 Communicating hydrocephalus

Communicating hydrocephalus, also known as non-obstructive hydrocephalus, is a disorder characterised by impaired cerebrospinal fluid reabsorption in the absence of any CSF-flow obstruction between the ventricles and subarachnoid space.

8D64.00 Increased cerebrospinal fluid production

Is a type of communicating hydrocephalus caused by increased CSF production.

8D64.01 Congenital agenesis of arachnoid villi

#DRAFT# This is a type of hydrocephalus due to an impaired reabsorption of CSF by agenesis of the pacchionian system.

8D64.02 Post haemorrhagic hydrocephalus

#DRAFT# This is a condition of hydrocephalus developing after SAH, head injuries and spontaneous intracerebral haemorrhages. Most of the time it is resolved with temporary EVD (external ventricular drain) but some need a permanent VP shunt.

8D64.03 Post traumatic hydrocephalus

#DRAFT# This is a type of communicating hydrocephalus following head injuries caused by the accumulation of blood in the subarachnoid space and promoting blockage of the CSF pathways outside the ventricular system.

8D64.04 Normal-pressure hydrocephalus

A clinical syndrome mainly comprising gait disturbance, dementia, and urinary incontinence, and associated with dilatation of the ventricular system of the brain. Most of the times demonstrating normal cerebrospinal fluid (CSF) pressure at lumbar puncture.

8D64.0Y Other specified communicating hydrocephalus

8D64.0Z Communicating hydrocephalus, unspecified

8D64.1 Non-communicating hydrocephalus

It represents a form of hydrocephalus where there is an excessive accumulation of CSF within the ventricles caused by blockage of its pathway and due to several causes.

Coded Elsewhere: Neonatal obstructive hydrocephalus (KB05.0)

8D64.10 Hydrocephalus due to structural malformations

Ventricular enlargement due to an accumulation of cerebrospinal fluid secondary to obstruction caused by a structural abnormality such as Chiari malformations or aqueductal stenosis.

Coded Elsewhere: Dandy-Walker malformation with hydrocephalus (LA06.0)

8D64.1Y Other specified non-communicating hydrocephalus

8D64.1Z Non-communicating hydrocephalus, unspecified

8D64.2 Ex-vacuo hydrocephalus

Hydrocephalus ex-vacuo occurs when there is damage to the brain caused by stroke, injury, or radiation, and there may be an actual shrinkage of brain substance. Although there is more CSF than usual, the CSF pressure itself is normal in hydrocephalus ex-vacuo.

8D64.Z Hydrocephalus, unspecified

8D65 Cerebrospinal fluid fistula

Cerebrospinal fluid fistula is a condition in which the cerebrospinal fluid (CSF) held in and around the human brain and spinal cord leaks out of the surrounding protective sac, the dura, for no apparent reason or due to several pathological processes.

8D66 Syringomyelia or syringobulbia

In syringomyelia, there is fluid-filled tubular cavitation (syrinx formation) within the central spinal cord. The syrinx can elongate, enlarge and expand into the grey and white matter and, as it does so, it compresses the nervous tissue of the corticospinal and spinothalamic tracts and the anterior horn cells. This leads to the various neurological symptoms and signs. If the syrinx extends into the brainstem, syringobulbia results.

Exclusions: Congenital hydromyelia (LA07.3)

8D66.0 Idiopathic syringomyelia

A condition in which the syrinx has no identifiable cause and which is difficult to treat. Most large and/or symptomatic syrinxes can treated with syrinx shunting.

8D66.1 Syringomyelia due to certain specified cause

A condition when the syrinx is associated with an underlying cause.

Coding Note: Code also the causing condition

8D66.2 Syringobulbia

Chronic progressive degenerative disorder of the CNS characterized by the formation of a fluid filled cavity known as a syrinx in the spinal cord that extends upwards to involve the medulla and pons. May occur in isolation or may also occur secondary to neoplasms, traumas, deformities of the craniocervical junction or meningitis.

8D66.Y Other specified syringomyelia or syringobulbia

8D66.Z Syringomyelia or syringobulbia, unspecified

8D67 Intracranial arachnoid cyst

A fluid filled cavity within the arachnoid membrane which may be congenital or acquired. Acquired causes include trauma, infection and surgery. The most common site is the middle cranial fossa. Factors that influence whether the cyst causes symptoms include its size and location. Symptoms if present may include headache, dizziness, nausea and vomiting, seizures, developmental delay

8D68 Porencephalic cyst

Cavity within the cerebral hemisphere that communicates directly with the ventricular system. Ischemic necrosis in utero or later in life can cause the adjacent ventricular region to expand into the stroke cavity forming, forming a cyst.

8D6Y Other specified disorders of cerebrospinal fluid pressure or flow

8D6Z Disorders of cerebrospinal fluid pressure or flow, unspecified

Disorders of autonomic nervous system (8D80‑8D8Z)

This is a group of conditions characterised as being in or associated with the autonomic nervous system, the

component of the peripheral nervous system that regulates involuntary physiologic processes.

Inclusions: Disorder of parasympathetic nervous system

Coded Elsewhere: Paroxysmal autonomic disorders

Hypohidrosis (EE01)

8D80 Congenital malformations of the autonomic nervous system

8D81 Inherited autonomic nervous system disorders

8D82 Autoimmune disorders involving the autonomic nervous system

8D83 Autonomic nervous system disorder due to infection

Coding Note: Code also the causing condition

8D84 Pure autonomic nervous system failure

Pure autonomic failure is a sporadic, adult onset, slowly progressive disorder associated with accumulation of synuclein in peripheral autonomic neurons resulting in orthostatic hypotension, bladder and sexual dysfunction.

8D85 Autonomic nervous system disorder due to substances

Coded Elsewhere: Neuroleptic malignant syndrome (8A0Y)

8D86 Autonomic nervous system hyperactivity

8D87 Autonomic nervous system disorder due to certain specified neurodegenerative disorder

8D87.0 Multiple system atrophy

Multiple system atrophy (MSA) is a rare neurodegenerative disorder characterised by varied combinations of parkinsonian, cerebellar, autonomic (erectile dysfunction, bladder dysfunction, orthostatic hypotension) and pyramidal features. The disease belongs to the group of alpha-synucleinopathies, a group of diseases characterised by aggregation of alpha-synuclein in affected brain regions. There are two different types: MSA-P (with parkinsonism) and MSA-C (with cerebellar dysfunction).

8D87.00 Multiple system atrophy, Cerebellar type

8D87.01 Multiple system atrophy, Parkinsonism

This is a progressive disorder of the central and autonomic nervous systems, characterised by orthostatic hypotension (an excessive drop in blood pressure when standing up), which causes dizziness or fainting. It can occur without orthostatic hypotension, but instead have urinary involvement (urgency/incontinence). This type includes symptoms of Parkinson's disease such as slow movement, rigidity, and tremor.

Exclusions: Spinocerebellar ataxia (8A03.16)

Pure autonomic nervous system failure (8D84)

8D87.0Y Other specified multiple system atrophy

8D87.0Z Multiple system atrophy, unspecified

8D87.Y Other specified autonomic nervous system disorder due to specified neurodegenerative disorder

8D88 Autonomic neuropathies

#DRAFT# This is a group of disorders in which autonomic dysfunction is secondary to conditions affecting peripheral autonomic nerve fibres.

Coded Elsewhere: Hereditary sensory or autonomic neuropathy (8C21)

8D88.0 Autonomic neuropathy due to sodium channelopathies

#DRAFT# This is a group of disorders in which autonomic dysfunction is secondary to sodium channel dysfunction and are characterised mostly by symptoms of a small fibre polyneuropathy.

Coded Elsewhere: Paroxysmal extreme pain disorder (8E43.Y)

Primary erythromelalgia (EG00)

Secondary erythromelalgia (EG00)

8D88.1 Autonomic neuropathy due to diabetes mellitus

Dysfunction of the autonomic nervous system due to diabetes mellitus that presents as functional complications such as resting tachycardia, exercise intolerance, orthostatic hypotension, constipation, gastroparesis, sweating, bladder distention, and impotence.

Coding Note: Always assign an additional code for diabetes mellitus.

8D88.2 Immune mediated autonomic neuropathy

#DRAFT# This is a group of disorders in which autonomic dysfunction is secondary to alteration of the immune system.

Coding Note: Code also the causing condition

8D88.3 Autonomic disorder due to toxins

8D88.4 Autonomic neuropathy in endocrine and metabolic diseases

Coding Note: Code also the causing condition

8D88.Y Other specified autonomic neuropathies

8D88.Z Autonomic neuropathies, unspecified

8D89 Disorders of orthostatic tolerance

Disorders characterized by symptomatic arterial hypotension (lightheadedness, fatigue) when assuming an upright position usually due to dysfunction of adrenergic regulation.

Coded Elsewhere: Orthostatic hypotension (BA21)

8D89.0 Reflex syncope

Reflex syncope is a transient loss of consciousness with spontaneous recovery and associated with loss of postural tone. Reflex syncope is the most common form of syncope and can occur in individuals with normal autonomic function. The mechanism is believed to be related to blood pooling in the legs followed by reduction in blood return to the heart which triggers a sympathetic tone increase. Vigorous cardiac contractions with an underfilled ventricle are hypothesized to cause reflex loss of sympathetic tone and vagotonia.

8D89.1 Syncope due to autonomic failure

#DRAFT# This is a disorder in which syncope occurs because of failure of the autonomic reflexes that maintain blood pressure and heart rate.

8D89.2 Postural orthostatic tachycardia syndrome

Postural Orthostatic Tachycardia Syndrome is a type of chronic orthostatic intolerance lasting three months or longer associated with excessive upright tachycardia in the absence of orthostatic hypotension, plus a constellation of typically daily symptoms which may include lightheadedness, dizziness, nausea, dyspnoea, diaphoresis, headache, fatigue and other symptoms of autonomic dysfunction. Excessive tachycardia is defined by present consensus as a heart rate increase of at least 30 beats per minute in adults (40 beats per minute for adolescents), or a heart rate greater than 120 beats per minute, within 10 minutes of upright tilt table testing.

8D89.3 Baroreflex failure

#DRAFT# This is a group of disorders characterised by failure of the baroreflex mechanism. This can occur due to afferent, receptors, control centre or efferent baroreflex dysfunction.

8D89.Y Other specified disorders of orthostatic tolerance

8D89.Z Disorders of orthostatic tolerance, unspecified

8D8A Focal or segmental autonomic disorders

#DRAFT# This is a group of disorders where there is only a segmental hypo or hyperfunction of the autonomic system.

Coded Elsewhere: Trigeminal autonomic cephalalgias (8A82)

Hyperlacrimation (9A10.3)

Underproduction of tears (9A10.4)

8D8A.1 Horner syndrome

8D8A.2 Episodic anisocoria

This is a group of disorders in which periodic pupillary movements lead to changes in size. These are due to abnormal parasympathetic or sympathetic tone.

8D8A.Y Other specified focal or segmental autonomic disorders

8D8A.Z Focal or segmental autonomic disorders, unspecified

8D8B Disorders affecting autonomic synaptic neurotransmission

Coded Elsewhere: Aromatic L-amino acid decarboxylase deficiency (5C59.00)

Dopamine beta-hydroxylase deficiency (5C59.00)

Autosomal recessive dopa-responsive dystonia (8A02.11)

Menkes disease (5C64.0Y)

8D8C Autonomic dysreflexia

This is a potentially dangerous disorder associated with damage to the spinal cord above the sixth thoracic level characterized by a marked increase in the sympathetic response to minor stimuli. It leads to sudden severe hypertension which can be life-threatening.

8D8D Hypoglycaemia unawareness

Hypoglycemia unawareness is defined at the onset of neuroglycopenia before the appearance of autonomic warning symptoms

8D8Y Other specified disorders of autonomic nervous system

8D8Z Disorders of autonomic nervous system, unspecified

Human prion diseases (8E00‑8E0Z)

Human prion diseases or transmissible spongiform encephalopathies are rare transmissible diseases affecting the central nervous system. The infectious agents are composed of an abnormal isoform of a host membrane protein called 'prion protein' (PrP). Their common features are a long duration of incubation and lesions limited to the central nervous system without inflammatory or immunologic reaction but with accumulation of an abnormal form of prion protein (PrPsc).

8E00 Sporadic Creutzfeldt-Jakob Disease

A disease of the brain, that is associated with a mutation of normal prion protein genes or spontaneous transformation of prion proteins. This disease is characterised by a long incubation period, progressive dementia, neurological deficits, and is fatal. Transmission may be by direct contact with infected nervous tissue or blood. Confirmation is by pathological examination of the brain.

8E01 Acquired prion disease

Environmentally acquired prion diseases are prion diseases caused by a known source of abnormal prion protein.

8E01.0 Iatrogenically acquired Creutzfeldt-Jakob Disease

Iatrogenically acquired Creutzfeld-Jakob Disease (iCJD) is CJD acquired by medical procedures, medicines, medicinal materials, or devices.

8E01.1 Kuru

A disease of the nervous system, caused by a prion. This disease is characterised by limb pain, ataxia, tremors, decreased coordination, or emotional changes, and is fatal. Transmission is by ingestion of infected human brain, or direct contact. Confirmation is commonly by clinical signs, or pathological examination of the brain.

8E01.2 Variant Creutzfeldt-Jakob Disease

A disease of the brain, that is suspected to be caused by a prion associated with Bovine Spongiform Encephalopathy. This disease is characterised by a long incubation period, psychiatric symptoms followed by neurological deficits, and is fatal. Transmission may be by ingestion of food (with a bovine origin) contaminated with infected brain or spinal cord from an infected cow, or blood transfusion. Confirmation is by pathological examination of the brain.

8E01.3 Other acquired Creutzfeldt-Jakob Disease

There have been cases of Creutzfeldt-Jakob Disease (CJD) associated with neurosurgical procedures and stereotactic electroencephalogram (EEG) electrode placement on the brain, particularly in the 1950s to 1970s when the transmissibility of prions was not yet recognised.

8E01.Z Acquired prion disease, unspecified

8E02 Genetic prion diseases

8E02.0 Genetic Creutzfeldt-Jakob disease

A disease of the brain, that is associated with a prion. This disease is characterised by neurological deficits, and is fatal. Confirmation is by pathological examination of the brain.

8E02.1 Gerstmann-Straussler-Scheinker syndrome

A disease caused by inheritance of mutation(s) in normal prion protein genes. This disease is characterised by cerebellar ataxia, decreased coordination, dysmetria, or dysarthria, and is fatal. Confirmation is by pathological examination of the brain and genetic testing.

Exclusions: Gerstmann syndrome (MB4C)

8E02.2 Fatal familial insomnia

A disease of the brain, caused by inheritance of mutation(s) of normal prion protein genes. This disease is characterised by severe insomnia and autonomic system dysfunction, and is fatal. Confirmation is by pathological examination of the brain and genetic testing.

8E02.3 Other genetic prion diseases

#DRAFT# This is a group of diseases due to mutations of the PRNP gene.

8E02.Y Other specified Creutzfeldt-Jakob disease

8E02.Z Creutzfeldt-Jakob disease, unspecified

8E03 Variably protease sensitive prionopathy

A disease of the brain, caused by a mutation(s) in prion protein genes. This disease is characterised by deposition of abnormal prions in the brain leading to behavioural and mood changes, speech deficits, and progressive motor impairments. Confirmation is by pathological examination of the brain or identification of protease-sensitive prion proteins in a brain sample.

8E0Y Other specified human prion diseases

8E0Z Human prion diseases, unspecified

Disorders of consciousness (8E20‑8E2Z)

Coded Elsewhere: Delirium (6D70)

Coma (MB20.1)

8E20 Persistent vegetative state

Subacute or chronic state of severe disturbance of consciousness lasting at least a month, characterised by the recovery of cyclic arousal states mimicking sleep/wake cycles after a severe brain injury. Patients with this condition are unresponsive and show no evidence of awareness of themselves or their environment. Cardiopulmonary and visceral autonomic regulation is maintained by the brainstem.

8E21 Permanent vegetative state

Prognostic term applied to patients in a persistent vegetative state for whom no recovery is expected.

8E22 Minimally conscious state

Subacute or chronic state of severely disturbed consciousness in which patients show minimal yet definite signs of consciousness, such as visual pursuit or command following, occurring after a severe brain injury. These patients do not show functional communication or functional use of objects.

8E22.0 Minimally conscious state plus

Subcategory of patients in a minimally conscious state who show signs of command following.

8E22.1 Minimally conscious state minus

Subcategory of patients in a minimally conscious state who show signs of non-reflex behaviour such as eye tracking, orientation to pain, or contingent responses to specific emotional stimuli but without command following.

8E22.Y Other specified minimally conscious state

8E22.Z Minimally conscious state, unspecified

8E2Y Other specified disorders of consciousness

8E2Z Disorders of consciousness, unspecified

Other disorders of the nervous system (8E40‑8E4Y)

Coded Elsewhere: Brain death (MH10)

Neurosarcoidosis (4B20.3)

8E40 Disorders of the meninges excluding infection

Coded Elsewhere: Postprocedural meningitis (8E62)

8E40.0 Neoplastic meningitis

Inflammation of the meninges due to malignant infiltration from carcinomas, leukaemias and lymphomas. The syndrome is clinically characterised by headache, neck stiffness, fever and photophobia with potential progression to stupor and coma. The presentation may be acute, subacute or chronic. Diagnosis may be aided by neuroimaging and spinal fluid analysis which may reveal a lymphocytic pleocytosis, raised protein and the presence of malignant cells on cytology.

Coding Note: Code also the causing condition

8E40.1 Chemical meningitis

8E40.2 Inflammatory meningitis

A general term to describe a group of disorders in which there is Inflammation of the meninges due to an underlying inflammatory disorder. The syndrome is clinically characterised by headache, neck stiffness, fever and photophobia. Other central and peripheral nervous system manifestations may be present. Non-neurological features, including skin, eye and organ involvement may also be present. Diagnosis may be aided by serological testing, neuroimaging and if appropriate a tissue biopsy. Spinal fluid analysis may reveal a lymphocytic pleocytosis, a raised protein and the presence of oligoclonal bands.

8E40.3 Arachnoiditis

Arachnoiditis is a chronic inflammation of the arachnoid layer of the meninges, of which adhesive arachnoiditis is the most severe form, characterised by debilitating, intractable neurogenic back and limb pain and a range of other neurological problems.

8E40.Y Other specified disorders of the meninges excluding infection

8E40.Z Disorders of the meninges excluding infection, unspecified

8E41 Pachymeningitis

Inflammation of the pachymeninges resulting in localised or diffuse thickening of the dura mater which can be caused by chronic infection, inflammatory and immune-mediated disorders and malignancies. The cranial and/or the spinal dura may be affected. Neurological features include headache, visual disturbance, cranial nerve palsies, ataxia and with spinal involvement, limb weakness, sensory impairment and sphincter disturbances . Diagnosis may be aided by neuroimaging and spinal fluid analysis.

8E41.0 Pachymeningitis due to infection

Inflammation of the pachymeninges resulting in localised or diffuse thickening of the dura mater caused by chronic infection such as tuberculosis. The cranial and/or the spinal dura may be affected. Neurological features include headache, visual disturbance, cranial nerve palsies, ataxia and, with spinal involvement, limb weakness, sensory impairment and sphincter disturbances. Diagnosis may be aided by neuroimaging, spinal fluid analysis and dural biopsy.

8E41.1 Idiopathic hypertrophic pachymeningitis

Inflammation of the pachymeninges resulting in localised or diffuse thickening of the dura mater for which no identifiable cause is found. The cranial and/or the spinal dura may be affected. Neurological features include headache, visual disturbance, cranial nerve palsies, ataxia and with spinal involvement, limb weakness, sensory impairment and sphincter disturbances. Diagnosis may be aided by neuroimaging and spinal fluid analysis and dural biopsy.

8E41.Y Other specified pachymeningitis

8E41.Z Pachymeningitis, unspecified

8E42 Superficial siderosis of the nervous system

Superficial siderosis is the deposition of haemosiderin in the central nervous system as a result of chronic or recurrent subarachnoid haemorrhage due to vascular anomalies, aneurysms, vascular tumours, neurosurgery, cervical root lesions, head injury and trauma. Clinical feature of Superficial siderosis include sensorineural deafness, cerebellar ataxia, pyramidal weakness and less frequently dementia, loss of sphincter control, anosmia, anisocoria, sensory disturbance, extra-ocular motor palsies, sciatica and lower motor neuron signs. The diagnosis may be confirmed by pure tone audiometry, neuroimaging, spinal fluid analysis, angiography to identify a potential bleeding source and where appropriate genetic testing.

8E43 Pain disorders

Exclusions: Chronic neuropathic pain (MG30.5)

8E43.0 Neuropathic pain

Neuropathic pain is described as electric, burning, or shock like, caused by metabolic, nutritional, infectious, genetic, autoimmune, and/or vasculitic processes. The pain may occur spontaneously, without provocation, or be provoked by noxious or nonnoxious stimuli. Pain is characteristic of small fibre neuropathy, but even in large fibre neuropathies, a sufficient number of small fibres may be damaged to cause pain. Neuropathic pain usually affects distal skin and subcutaneous structures. The pain may be constant or intermittent, and may be described as searing, burning, or icy cold.

Complex regional pain syndrome follows trauma and comprises regional pain, sensory changes, abnormalities of temperature, sudomotor activity, colour changes of the skin, and oedema.

Exclusions: Chronic neuropathic pain (MG30.5)

8E43.00 Phantom limb syndrome

Phantom limb pain is the perception of sensations, including pain, in a limb that has been amputated or a body part that has been removed. These sensations may include a specific position, shape, or movement of the phantom, feelings of warmth or cold, itching, tingling, or electric sensations, and other paraesthesias.

8E43.0Y Other specified neuropathic pain

8E43.0Z Neuropathic pain, unspecified

8E43.Y Other specified pain disorders

8E43.Z Pain disorders, unspecified

8E44 Post anoxic brain damage

Post anoxic brain damage refers to the variable severity of encephalopathy that results from circulatory arrest, hypotension or asphyxia.

8E45 Locked-in syndrome

8E46 Reye syndrome

Reye syndrome is sudden (acute) brain damage (encephalopathy) and liver function problems of unknown cause. The syndrome has occurred with the use of aspirin to treat chickenpox or the flu in children. However, it has become very uncommon since aspirin is no longer recommended for routine use in children. Reye syndrome often begins with vomiting, which lasts for many hours. The vomiting is quickly followed by irritable and aggressive behaviour. There is no specific treatment for this condition. The health care provider will monitor the pressure in the brain, blood gases, and blood acid-base balance (pH).

8E47 Encephalopathy, not elsewhere classified

Global brain dysfunction

Coding Note: Code also the causing condition

Coded Elsewhere: Neonatal encephalopathy (KB03)

8E48 Encephalitis, not elsewhere classified

8E49 Postviral fatigue syndrome

Inclusions: chronic fatigue syndrome

myalgic encephalomyelitis

Exclusions: Fatigue (MG22)

8E4A Paraneoplastic or autoimmune disorders of the nervous system

Paraneoplastic and autoimmune disorders of the nervous system result from a targeted immune attack on neurons or glial cells in the central (e.g. encephalopathy, ataxia, myelitis) or peripheral nervous systems (peripheral or autonomic neuropathies, neuromuscular junction disorders or myopathy). In the paraneoplastic context, this attack is a consequence of a potentially effective tumour immune response initiated by onco-neural antigens derived from a systemic cancer. In the non-paraneoplastic context termed autoimmune the etiology remains elusive though increasing evidence indicates a preceding infectious trigger in at least some cases. These disorders are commonly multifocal causing injury and symptoms arising from involvement at many levels of the nervous system. A personal or family history of autoimmunity is often found. Accompanying neural and non-organ specific (thyroid peroxidase [TPO] antibodies) autoantibodies may be found. The neural autoantibody profile may be predictive of a specific cancer type and may be associated with a particular neurological phenotype. Exclusion of alternative etiologies (e.g. infections) is important. Response to immunotherapy may support the diagnosis.

Coding Note: Code also the causing condition

8E4A.0 Paraneoplastic or autoimmune disorders of the central nervous system, brain or spinal cord

Paraneoplastic and autoimmune disorders of the central nervous system, brain and spinal cord nervous system result from a targeted immune attack on neurons or glial cells in the central (e.g. encephalopathy, ataxia, myelopathy, myelitis) nervous system. In the paraneoplastic context, this attack is a consequence of a potentially effective tumour immune response initiated by onco-neural antigens derived from a systemic cancer. In the non-paraneoplastic context termed ‘autoimmune’ the etiology remains elusive though increasing evidence indicates a preceding infectious trigger in at least some cases. These disorders are commonly multifocal causing injury and symptoms arising from involvement at many levels of the central nervous system. A personal or family history of autoimmunity is often found. Accompanying neural and non-organ specific (thyroid peroxidase [TPO] antibodies) autoantibodies may be found. The neural autoantibody profile may be predictive of a specific cancer type and may be associated with a particular neurological phenotype. Exclusion of alternative etiologies (e.g. infections) is important. Response to immunotherapy may support the diagnosis.

Coding Note: Code also the causing condition

Coded Elsewhere: Paraneoplastic retinopathy (9B71.4)

Autoimmune retinopathy (9B71.5)

Opsoclonus-myoclonus (9C85.02)

8E4A.1 Paraneoplastic or autoimmune disorders of the peripheral or autonomic nervous system

Paraneoplastic and autoimmune disorders of the peripheral and autonomic nervous system result from a targeted immune attack on neurons or glial cells in the peripheral nervous systems (peripheral or autonomic neuropathies). In the paraneoplastic context, this attack is a consequence of a potentially effective tumour immune response initiated by onco-neural antigens derived from a systemic cancer. In the non-paraneoplastic context termed autoimmune the etiology remains elusive though increasing evidence indicates a preceding infectious trigger in at least some cases. Onset may be subacute or insidious and these disorders may be limited, multifocal or generalised. Autoimmune somatic peripheral nerve disorders may affect the nerve at multiple levels including root, nerve and plexus and may be axonal, demyelinating or both. Autoimmune autonomic disorders result in autonomic failure that can be partial or generalised. The prototypic autonomic neuropathy is the autoimmune ganglionopathy associated with

antibodies targeting the ganglionic nicotinic acetylcholine receptor (α3 gAChR). Screening for cancer is appropriate for those with specific neural antibody profiles and other risk factors.

Associated neural antibodies in peripheral neuropathies include anti neuronal nuclear antibody type 1 or anti-Hu, CASPR2, gAChR, ganglioside (GM1 IgG and IGM) antibodies.

Coding Note: Code also the causing condition

8E4A.2 Paraneoplastic or autoimmune neuromuscular transmission disorders

NMT disorders are defined by a variable disturbance of the function of the neuromuscular transmission, resulting in fluctuating muscle weakness and fatigue. These are usually classified into pre- and postsynaptic disorders.

Presynaptic disorders, mainly the Lambert Eaton Myasthenic Syndrome (LEMS) is associated with antibodies targeting the voltage gated calcium channels (PQ and N type). LEMS is associated with malignancy (pulmonary or extra-pulmonary small cell carcinoma) in about 50% of cases. In the context of LEMS the detection of SOX 1 (anti glial nuclear) antibodies is highly predictive of cancer.

Postsynaptically, myasthenia gravis is mostly (> 90%) associated with antibodies targeting the muscle acetylcholine receptor (AChR) or rarely other proteins (including muscle -specific kinase -MuSK). Myasthenia is usually not considered a paraneoplastic disease, with the exception of thymoma in about 10% cases.

Coding Note: Code also the causing condition

Coded Elsewhere: Lambert-Eaton syndrome (8C62)

Myasthenia gravis (8C60)

8E4A.3 Paraneoplastic or autoimmune disorders of the muscle

Paraneoplastic and autoimmune diseases of muscle present with weakness and can be caused by a variety of causes, either by undefined remote effects or autoimmune effects in cancer, or autoimmune mechanisms in non cancer related conditions. The presentation is variable, usually presenting with a proximal myopathic pattern.

Coding Note: Code also the causing condition

8E4A.Y Other specified paraneoplastic or autoimmune disorders of the nervous system

Coding Note: Code also the causing condition

8E4A.Z Paraneoplastic or autoimmune disorders of the nervous system, unspecified

Coding Note: Code also the causing condition

8E4Y Other specified disorders of the nervous system

Postprocedural disorders of the nervous system (8E60‑8E66)

Coded Elsewhere: Anoxic-ischaemic encephalopathy (8B24.0)

Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Post dural puncture headache (8A84.Y)

Dural graft-associated Creutzfeldt-Jakob Disease (8E01.0)

8E60 Post ventricular shunting leak

8E61 Post radiation injury of the nervous system

Coded Elsewhere: Post radiation lumbosacral plexopathy (8B92.0)

Post radiation polyneuropathy (8D43.21)

Post radiation brachial plexopathy (8B91.Y)

8E61.0 Radiation-induced brain injury

Injury to the brain from therapeutic cranial irradiation which may be divided temporally into three syndromes: Acute or early toxicity which is consequent upon immediate exposure to radiation, early-delayed injury and late-delayed injury although the three may overlap.

8E61.1 Spinal cord irradiation

8E61.Z Post radiation injury of the nervous system, unspecified

8E62 Postprocedural meningitis

Inflammation of the meninges due to a procedure. The syndrome is clinically characterised by headache, neck stiffness, fever and photophobia. Diagnosis may be aided by neuroimaging and spinal fluid analysis which may reveal a lymphocytic pleocytosis and raised protein.

8E63 Post pump encephalopathy

8E64 Multifocal cerebral infarctions

8E66 Intracranial hypotension due to lumbar puncture

8E7Y Other specified diseases of the nervous system

8E7Z Diseases of the nervous system, unspecified

CHAPTER 09

Diseases of the visual system

This chapter has 160 four-character categories.

Code range starts with 9A00

This refers to any diseases of the visual system, which includes the eyes and adnexa, the visual pathways and brain areas, which initiate and control visual perception and visually guided behaviour.

Exclusions: Certain conditions originating in the perinatal period (Chapter 19)

Certain infectious or parasitic diseases (Chapter 01)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Posterior cortical atrophy (8A21.0)

Coded Elsewhere: Neoplasms of the eye or ocular adnexa

Reasons for contact with the health care system in relation to eyes or vision

Contusion of eyeball or orbital tissues (NA06.9)

Foreign body in multiple parts of external eye (ND70.2)

Oculocutaneous albinism (EC23.20)

Traumatic injury to eyeball (NA06.8)

Birth injury to eye (KA41)

Late congenital syphilitic oculopathy (1A60.2)

Symptoms, signs or clinical findings of the visual system (MC10-MC2Y)

Structural developmental anomalies of the eye, eyelid or lacrimal apparatus (LA10-LA1Z)

This chapter contains the following top level blocks:

* Disorders of the ocular adnexa or orbit
* Disorders of the eyeball - anterior segment
* Disorders of the eyeball - posterior segment
* Disorders of the eyeball affecting both anterior and posterior segments
* Disorders of the visual pathways or centres
* Glaucoma or glaucoma suspect
* Strabismus or ocular motility disorders
* Disorders of refraction or accommodation
* Postprocedural disorders of eye or ocular adnexa
* Impairment of visual functions
* Vision impairment
* Neoplasms of the eye or ocular adnexa
* Reasons for contact with the health care system in relation to eyes or vision

Disorders of the ocular adnexa or orbit (9A00‑9A4Z)

Coded Elsewhere: Ocular myiasis (1G01.0)

Disorders of eyelid or peri-ocular area (9A00‑9A0Z)

Coded Elsewhere: Congenital malformations of the eyelid

Seborrhoeic keratosis (2F21.0)

Cysts of eyelid (2F36.4)

Eyelid trauma (NA06.0)

Benign cutaneous neoplasm or cyst of eyelid (2F36.Z)

9A00 Congenital malposition of eyelids

Coded Elsewhere: Congenital entropion (LA14.02)

Congenital ectropion (LA14.03)

Congenital ptosis (LA14.04)

Hypotelorism (LB71.0)

Hypertelorism (LB71.1)

Epiblepharon (LA14.0Y)

9A00.0 Dystopia canthorum

Coded Elsewhere: Waardenburg syndrome (EC23.2Y)

9A00.1 Telecanthus

#DRAFT# This is either on the corner of the eye, where eyelids meet) refers to increased distance between the medial canthi of the eyes, while the inter-pupillary distance is normal. This is in contrast to hypertelorism, where the inter-pupillary distance is increased.

9A00.Y Other specified congenital malposition of eyelids

9A00.Z Congenital malposition of eyelids, unspecified

9A01 Infectious disorders of eyelid

Coded Elsewhere: Trachoma (1C23)

Involvement of eyelid in tuberculosis (1B12.1)

Involvement of eyelid in leprosy (1B20.3)

Verruca vulgaris of eyelid (1E80.Y)

9A01.0 Preseptal cellulitis

#DRAFT# This is an inflammation and infection of the eyelid and portions of skin around the eye, anterior to the orbital septum. It may be caused by breaks in the skin around the eye, and subsequent spread to the eyelid; infection of the sinuses around the nose (sinusitis); or from spread of an infection elsewhere through the blood.

9A01.1 Abscess of eyelid

#DRAFT# This is a collection of pus (neutrophils) that has accumulated within a tissue because of an inflammatory process in response to either an infectious process (usually caused by bacteria or parasites) or other foreign material, of the eyelid.

9A01.2 Hordeolum

An acute focal infection usually by Staphylococcus aureus involving the eyelash follicle and its associated meibomian and Zeis glands. If the principal focus of infection is the follicle, it presents with a painful boil which discharges pus at the eyelid margin (external hordeolum or stye). If the infection is centred on the meibomian gland (internal hordeolum) then suppuration onto the conjunctival surface occurs.

9A01.20 Hordeolum externum

An acute focal pyogenic infection of the eyelash follicle commonly known as a stye and caused predominantly by Staphylococcus aureus. It presents as an acute painful inflammatory eyelid swelling which subsequently discharges at the eyelid margin.

9A01.21 Hordeolum internum

A focal acute pyogenic infection, usually by Staphylococcus aureus, of a meibomian gland, the normal secretion from which into the eyelash follicle is blocked. It presents as an acute inflammatory swelling which may discharge onto the conjunctival surface of the eyelid, or rarely anteriorly through the eyelid skin. It may predispose to formation of a chalazion.

Exclusions: Chalazion (9A02.0)

9A01.2Z Hordeolum, unspecified

9A01.3 Infectious blepharitis

A condition of the eyelid, commonly caused by an infection with a bacterial source. This condition is characterised by pruritus, burning, scratchiness, excessive tearing, or crusty debris around the eyelashes. This condition may also present with lid erythema, collarettes, madarosis, trichiasis, or plugged meibomian glands. Transmission is by direct or indirect contact with an infected individual, endogenous spread, or through fomites.

Exclusions: Blepharoconjunctivitis (9A60.4)

Coded Elsewhere: Herpes simplex infection of eyelid (1F00.11)

Molluscum contagiosum of eyelid (1E76)

Zoster infection of eyelid (1E91.1)

9A01.4 Infestation of eyelid

Coding Note: Code also the causing condition

Coded Elsewhere: Parasitic infestation of eyelid in loiasis (1F66.0)

Parasitic infestation of eyelid in leishmaniasis (1F54.Z)

9A01.Y Other specified infectious disorders of eyelid

9A01.Z Unspecified infectious disorders of eyelid

9A02 Inflammatory disorders of eyelid

Coded Elsewhere: Atopic eczema of eyelids (9A06.70)

Seborrhoeic dermatitis of eyelids (9A06.71)

9A02.0 Chalazion

A chalazion is a small cyst on the eyelid caused by blockage of a meibomian gland.

9A02.00 Chalazion externum

9A02.01 Chalazion internum

9A02.0Y Other specified chalazion

9A02.0Z Chalazion, unspecified

9A02.1 Posterior blepharitis

Posterior blepharitis is inflammation of the eyelids secondary to dysfunction of the meibomian glands. Like anterior blepharitis it is a bilateral chronic condition and manifested by a broad spectrum of symptoms involving the lids including inflammation and plugging of the meibomian orifices and production of abnormal secretion upon pressure over the glands. It may be associated with skin rosacea.

9A02.2 Ligneous conjunctivitis

Ligneous conjunctivitis (LC) is a rare form of chronic conjunctivitis characterised by the recurrent formation of pseudomembranous lesions most commonly on the palpebral surfaces. It is most frequently reported as a clinical manifestation of severe homozygous or compound-heterozygous hypoplasminogenaemia. Most cases involve infants and children.

9A02.4 Meibomian gland dysfunction

This refers to the dysfunction of a special kind of sebaceous gland at the rim of the eyelids inside the tarsal plate, responsible for the supply of meibum, an oily substance that prevents evaporation of the eye's tear film. Meibum prevents tear spillage onto the cheek, trapping tears between the oiled edge and the eyeball, and makes the closed lids airtight.

9A02.Y Other specified inflammatory disorders of eyelid

9A02.Z Inflammatory disorders of eyelid, unspecified

9A03 Acquired malposition of eyelid

9A03.0 Blepharoptosis

Drooping of the upper lid due to deficient development or paralysis of the levator palpebrae muscle.

9A03.00 Marcus-Gunn syndrome

Marcus-Gunn syndrome is characterised by ptosis associated with maxillopalpebral synkinesis. The syndrome is generally unilateral and sporadic, but bilateral and autosomal dominant inherited cases have been reported.

9A03.01 Mechanical ptosis of eyelid

9A03.02 Myogenic ptosis of eyelid

This refers to a contraction initiated by the myocyte cell itself instead of an outside occurrence or stimulus such as nerve innervation, causing drooping or falling of the eyelid. The drooping may be worse after being awake longer, when the individual's muscles are tired.

9A03.03 Paralytic ptosis of eyelid

9A03.0Y Other specified blepharoptosis

9A03.0Z Blepharoptosis, unspecified

9A03.1 Entropion of eyelid

#DRAFT# This is a condition in which the eyelid (usually the lower lid) folds inward. It is very uncomfortable, as the eyelashes constantly rub against the cornea and irritate it. Entropion is usually caused by genetic factors and very rarely it may be congenital when an extra fold of skin grows with the lower eyelid (epiblepharon). Entropion can also create secondary pain of the eye (leading to self trauma, scarring of the eyelid, or nerve damage). The upper or lower eyelid can be involved, and one or both eyes may be affected.

9A03.10 Cicatricial entropion of eyelid

#DRAFT# This is a condition in which the eyelid (usually the lower lid) folds inward, with areas of fibrous tissue (fibrosis) that replace normal skin after injury. It is very uncomfortable, as the eyelashes constantly rub against the cornea and irritate it. Entropion is usually caused by genetic factors and very rarely it may be congenital when an extra fold of skin grows with the lower eyelid (epiblepharon). Entropion can also create secondary pain of the eye (leading to self trauma, scarring of the eyelid, or nerve damage).

9A03.11 Mechanical entropion of eyelid

#DRAFT# This is a mechanical condition in which the eyelid (usually the lower lid) folds inward. It is very uncomfortable, as the eyelashes constantly rub against the cornea and irritate it. Entropion is usually caused by genetic factors and very rarely it may be congenital when an extra fold of skin grows with the lower eyelid (epiblepharon). Entropion can also create secondary pain of the eye (leading to self trauma, scarring of the eyelid, or nerve damage).

9A03.12 Senile entropion of eyelid

This is a senile condition in which the eyelid (usually the lower lid) folds inward. It is very uncomfortable, as the eyelashes constantly rub against the cornea and irritate it. Entropion is usually caused by genetic factors and very rarely it may be congenital when an extra fold of skin grows with the lower eyelid (epiblepharon). Entropion can also create secondary pain of the eye (leading to self trauma, scarring of the eyelid, or nerve damage).

9A03.13 Spastic entropion of eyelid

This is a spastic condition in which the eyelid (usually the lower lid) folds inward. It is very uncomfortable, as the eyelashes constantly rub against the cornea and irritate it. Entropion is usually caused by genetic factors and very rarely it may be congenital when an extra fold of skin grows with the lower eyelid (epiblepharon). Entropion can also create secondary pain of the eye (leading to self trauma, scarring of the eyelid, or nerve damage).

9A03.1Y Other specified entropion of eyelid

9A03.1Z Entropion of eyelid, unspecified

9A03.2 Ectropion of eyelid

The turning outward (eversion) of the edge of the eyelid, resulting in the exposure of the palpebral conjunctiva.

9A03.20 Cicatricial ectropion of eyelid

9A03.21 Mechanical ectropion of eyelid

9A03.22 Senile ectropion of eyelid

9A03.23 Spastic ectropion of eyelid

9A03.24 Floppy eyelid syndrome

Acquired disorder of unknown origin, manifested by an easily everted floppy upper eyelid and papillary conjunctivitis of the upper palpebral conjunctiva. It is primarily associated with obese men and obstructive sleep apnoea. The tarsus of the upper eyelid becomes softer and looser probably due to mechanical forces and enzymatical changes. The upper eyelid everts during sleep, resulting in irritation, papillary conjunctivitis, and conjunctival keratinization. Effective treatment consists of preventing the upper eyelid from everting while the patient is sleeping.

9A03.2Y Other specified ectropion of eyelid

9A03.2Z Ectropion of eyelid, unspecified

9A03.3 Eyelid retraction

9A03.4 Lagophthalmos

#DRAFT# This is the inability to close the eyelids completely that leads to corneal drying and ulcerations.

9A03.40 Cicatricial lagophthalmos

#DRAFT# This is the inability to close the eyelids completely with areas of fibrous tissue (fibrosis) that replace normal skin after injury. Blinking covers the eye with a thin layer of tear fluid, thereby promoting a moist environment necessary for the cells of the exterior part of the eye. The tears also flush out foreign bodies and wash them away. This is crucial to maintain lubrication and proper eye health. If this process is impaired, as in lagophthalmos, the eye can suffer abrasions and infections. Lagophthalmos leads to corneal drying and ulceration.

9A03.41 Mechanical lagophthalmos

#DRAFT# This is the mechanical inability to close the eyelids completely. Blinking covers the eye with a thin layer of tear fluid, thereby promoting a moist environment necessary for the cells of the exterior part of the eye. The tears also flush out foreign bodies and wash them away. This is crucial to maintain lubrication and proper eye health. If this process is impaired, as in lagophthalmos, the eye can suffer abrasions and infections. Lagophthalmos leads to corneal drying and ulceration.

9A03.42 Paralytic lagophthalmos

9A03.4Y Other specified lagophthalmos

9A03.4Z Lagophthalmos, unspecified

9A03.5 Dermatochalasis of eyelid

#DRAFT# This is a condition, defined as an excess of skin in the upper or lower eyelid, also known as "baggy eyes." It may be either an acquired or a congenital condition. It is generally treated with blepharoplasty.

9A03.Y Other specified acquired malposition of eyelid

9A03.Z Acquired malposition of eyelid, unspecified

9A04 Acquired disorders of eyelashes

Exclusions: Distichiasis (LA14.0)

Structural developmental anomalies of eyelids (LA14.0)

9A04.0 Trichiasis without entropion

This refers to abnormally positioned eyelashes that grow back toward the eye, touching the cornea or conjunctiva. This can be caused by infection, inflammation, autoimmune conditions, congenital defects, eyelid agenesis and trauma such as burns or eyelid injury. This diagnosis is without a condition in which the eyelid (usually the lower lid) folds inward. It is very uncomfortable, as the eyelashes constantly rub against the cornea and irritate it.

9A04.1 Madarosis of eyelid or periocular area

Partial or complete loss of eyelashes and/or eyebrow hairs. Alopecia areata and chronic cutaneous lupus erythematosus are well recognised causes. If the underlying cause is known this should be coded as well.

9A04.Y Other specified acquired disorders of eyelashes

9A04.Z Acquired disorders of eyelashes, unspecified

9A05 Movement disorders of eyelid

Exclusions: Tic disorders (8A05)

Coded Elsewhere: Benign essential blepharospasm (8A02.00)

Hemifacial spasm (8B88.2)

Facial tic (8A05.03)

9A05.0 Myokymia of eyelid

Myokymia is used to describe an involuntary eyelid muscle contraction, typically involving the lower eyelid or less often the upper eyelid. It occurs in normal individuals and typically starts and disappears spontaneously. However, it can sometimes last up to three weeks. Since the condition typically resolves itself, medical professionals do not consider it to be serious or a cause for concern.

Exclusions: Facial myokymia (8B88.1)

Myokymia (MB47.5)

9A05.1 Eyelid apraxia

#DRAFT# This is characterised by loss of the ability to execute or carry out learned purposeful movements of the eyelid, despite having the desire and the physical ability to perform the movements. It is a disorder of motor planning, which may be acquired or developmental, but is not caused by incoordination, sensory loss, or failure to comprehend simple commands (which can be tested by asking the person to recognize the correct movement from a series). It is caused by damage to specific areas of the cerebrum.

9A05.Y Other specified movement disorders of eyelid

9A05.Z Movement disorders of eyelid, unspecified

9A06 Certain specified disorders of eyelid

9A06.0 Involvement of eyelid by dermatosis classified elsewhere

Involvement of eyelid by skin diseases such as psoriasis or lichen planus.

9A06.1 Vitiligo of eyelid or periocular area

#DRAFT# This is a condition of the eyelid and periocular area that causes depigmentation of sections of skin. It occurs when melanocytes, the cells responsible for skin pigmentation, die or are unable to function. The cause of vitiligo is unknown, but research suggests that it may arise from autoimmune, genetic, oxidative stress, neural, or viral causes.

9A06.2 Symblepharon, acquired

#DRAFT# This is a partial or complete adhesion of the palpebral conjunctiva of the eyelid to the bulbar conjunctiva of the eyeball. It results either from disease (conjunctival sequelae of Trachoma) or trauma. Cicatricial pemphigoid and, in severe cases, rosacea may cause symblepharon. It is rarely congenital.

9A06.3 Traumatic scar of eyelid

9A06.4 Xanthelasma of eyelid

Xanthelasmata are a form of plane xanthoma which manifest as sharply demarcated yellowish deposits of lipid within the skin of the eyelid. While they are neither harmful nor painful, these minor growths may be disfiguring and may be the presenting sign of hypercholesterolaemia. They are common in people of Asian origin and those from the Mediterranean region.

9A06.5 Tear Trough Deformity

9A06.6 Sunken Sulcus Deformity

9A06.7 Dermatitis or eczema of eyelids

Eczematous blepharitis and contact dermatitis affecting the eyelids.

Coded Elsewhere: Irritant contact blepharoconjunctivitis (EK02.11)

9A06.70 Atopic eczema of eyelids

Atopic eczema affecting the eyelids. This is a common manifestation of atopic eczema and can result in a significant impact on normal vision and on well-being.

9A06.71 Seborrhoeic dermatitis of eyelids

Seborrhoeic dermatitis of eyelids (seborrhoeic blepharitis) is common. It is characterised by redness and scaling on the skin of the eyelids with variable involvement of the eyelid margins.

Exclusions: Seborrhoea (ED91.2)

9A06.72 Allergic contact blepharoconjunctivitis

Allergic contact dermatitis affecting the eyelid and conjunctivae.

9A06.7Y Other specified dermatitis or eczema of eyelids

9A06.7Z Dermatitis or eczema of eyelids, type unspecified

9A06.8 Blepharochalasis

This is a malposition of the eyelid caused either by involution or by inflammation of the eyelid. The inflammation is characterised by exacerbations and remissions of eyelid oedema, which results in a stretching and subsequent atrophy of the eyelid tissue resulting in redundant folds over the lid margins. It typically affects only the upper eyelids, and may be unilateral as well as bilateral.

9A06.Y Other specified disorders of eyelid

9A0Y Other specified disorders of eyelid or peri-ocular area

9A0Z Disorders of eyelid or peri-ocular area, unspecified

Disorders of lacrimal apparatus (9A10‑9A1Z)

Exclusions: congenital malformations of lacrimal system (LA14.1)

9A10 Disorders of lacrimal gland

9A10.0 Infections of the lacrimal gland

9A10.1 Orbital inflammatory syndrome

This refers to a marginated mass-like enhancing soft tissue involving any area of the orbit. It is the most common painful orbital mass in the adult population, and is associated with proptosis, cranial nerve palsy (Tolosa-Hunt syndrome), uveitis, and retinal detachment.

9A10.2 Benign lymphoepithelial lesion of lacrimal gland

This is a type of benign enlargement of the parotid and/or lacrimal glands. This pathologic state is sometimes, but not always, associated with Sjögren's syndrome. This diagnosis is of paired almond-shaped glands, one for each eye, that secrete the aqueous layer of the tear film.

9A10.3 Hyperlacrimation

Overflow of tears due to excessive secretion by the lacrimal gland. It may be caused by drugs (e.g. pilocarpine), strong emotion; or as a reflex from trigeminal stimulation by an inflamed eye; or irritation of the cornea or conjunctiva by a chemical irritant in the air; cold wind; or a foreign body in the eye. The main symptoms are discomfort and blurring of vision and sometimes embarrassment. Management depends on the cause.

9A10.4 Underproduction of tears

Underproduction of tears causes keratoconjunctivitis sicca and can be caused by disorders that interrupt the neural control of lacrimation.

9A10.Y Other specified disorders of lacrimal gland

9A10.Z Disorders of lacrimal gland, unspecified

9A11 Disorders of lacrimal drainage system

Coded Elsewhere: Agenesis of lacrimal ducts (LA14.11)

Congenital dacryocele (LA14.12)

Congenital agenesis of lacrimal punctum (LA14.13)

Congenital stenosis or stricture of lacrimal duct (LA14.14)

9A11.0 Eversion of lacrimal punctum

Inclusions: Punctal ectropion

9A11.1 Canaliculitis

9A11.2 Dacryocystitis

9A11.3 Conjunctivochalasis

9A11.4 Punctal stenosis

9A11.5 Nasolacrimal canalicular stenosis

9A11.6 Dacryolith

9A11.7 Nasolacrimal sac stenosis

9A11.8 Nasolacrimal duct obstruction

#DRAFT# This is the obstruction of nasolacrimal duct and may be either congenital or acquired. Obstruction of the nasolacrimal duct leads to the excess overflow of tears called epiphora.

Coded Elsewhere: Congenital stenosis or stricture of lacrimal duct (LA14.14)

9A11.Y Other specified disorders of lacrimal drainage system

9A11.Z Disorders of lacrimal drainage system, unspecified

9A1Y Other specified disorders of lacrimal apparatus

9A1Z Disorders of lacrimal apparatus, unspecified

Disorders of orbit (9A20‑9A2Z)

This refers to disorders of the cavity or socket of the skull in which the eye and its appendages are situated. "Orbit" can refer to the bony socket, or it can also be used to imply the contents.

Coded Elsewhere: Neoplasms of orbit

Orbital trauma

Structural developmental anomalies of orbit (LA14.2)

9A20 Displacement of eyeball

9A20.0 Axial displacement of eyeball

9A20.00 Outward displacement of eyeball

#DRAFT# This is a bulging of the eye anteriorly out of the orbit. Proptosis can be either bilateral (as is often seen in Graves' disease) or unilateral (as is often seen in an orbital tumour). Complete or partial dislocation from the orbit is also possible from trauma or swelling of surrounding tissue resulting from trauma.

Coding Note: Code also the causing condition

Inclusions: Proptosis

Exophthalmos

9A20.01 Inward displacement of eyeball

Inclusions: Enophthalmos

9A20.0Y Other specified axial displacement of eyeball

9A20.0Z Axial displacement of eyeball, unspecified

9A20.1 Non-axial displacement of eyeball

9A20.Y Other specified displacement of eyeball

9A20.Z Displacement of eyeball, unspecified

9A21 Orbital infection

Coded Elsewhere: Osteomyelitis of orbit (FB84.Y)

Hydatic cyst (9A23.1)

Echinococcus infection of orbit (1F73.Y)

Myiasis of orbit (1G01.0)

9A21.0 Orbital cellulitis

#DRAFT# This is a localised or diffuse inflammation of connective tissue with severe inflammation of dermal and subcutaneous layers of the skin. This diagnosis is of the cavity or socket of the skull in which the eye and its appendages are situated.

Exclusions: Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

9A21.1 Orbital subperiosteal abscess

A condition of the eye and adnexa, caused by an infection with a bacterial source. This condition is characterised by a focal accumulation of purulent material in the bones that support the globe, fever, crusting of the eye, swelling of the eye, or proptosis. Confirmation is by identification of the bacterial agent.

9A21.2 Orbital abscess

#DRAFT# This is a collection of pus (neutrophils) that has accumulated within a tissue because of an inflammatory process in response to either an infectious process (usually caused by bacteria or parasites) or other foreign materials, of the is the cavity or socket of the skull in which the eye and its appendages are situated.

9A21.3 Periostitis of orbit

#DRAFT# This is a medical condition caused by inflammation of the periosteum, a layer of connective tissue that surrounds the cavity or socket of the skull in which the eye and its appendages are situated. The condition is generally chronic, and is marked by tenderness and swelling of the bone and an aching pain.

9A21.Y Other specified orbital infection

9A21.Z Orbital infection, unspecified

9A22 Orbital inflammation

9A22.0 Dysthyroid orbitopathy

9A22.1 Diffuse orbital inflammation

9A22.2 Granulomatous orbital inflammation

9A22.Y Other specified orbital inflammation

9A22.Z Orbital inflammation, unspecified

9A23 Orbital cyst

#DRAFT# This is a closed sac, having a distinct membrane and division compared to the nearby tissue. It may contain air, fluids, or semi-solid material. This diagnosis is of the cavity or socket of the skull in which the eye and its appendages are situated.

9A23.0 Congenital orbital cyst

#DRAFT# This is a congenital closed sac, having a distinct membrane and division compared to the nearby tissue. It may contain air, fluids, or semi-solid material. This diagnosis is of the cavity or socket of the skull in which the eye and its appendages are situated.

Coded Elsewhere: Teratoma of orbit (2F36.3)

Dermoid cyst of eyelid (2F36.4)

9A23.1 Acquired orbital cyst

#DRAFT# This is an acquired closed sac, having a distinct membrane and division compared to the nearby tissue. It may contain air, fluids, or semi-solid material. This diagnosis is of the cavity or socket of the skull in which the eye and its appendages are situated.

Coded Elsewhere: Epidermoid cyst (EK70.0)

9A23.Z Orbital cyst, unspecified

9A24 Bony deformity of orbit

9A24.0 Contraction of orbit

9A24.1 Expansion of orbit

9A24.2 Distortion of orbit

9A24.3 Enlargement of bony orbit

9A24.4 Exostosis of orbit

9A24.Y Other specified bony deformity of orbit

9A24.Z Bony deformity of orbit, unspecified

9A25 Soft tissue deformity of orbit

9A25.0 Anophthalmic socket

9A25.1 Microphthalmic socket

9A25.2 Contracted socket

9A25.3 Oedema of orbit

#DRAFT# This is an abnormal accumulation of fluid in the interstitium, which are locations beneath the skin or in one or more cavities of the body. This diagnosis is of the cavity or socket of the skull in which the eye and its appendages are situated. "Orbit" can refer to the bony socket, or it can also be used to imply the contents.

9A25.4 Haemorrhage of orbit

This is the loss of blood or blood escaping from the circulatory system. This diagnosis is of the cavity or socket of the skull in which the eye and its appendages are situated. "Orbit" can refer to the bony socket, or it can also be used to imply the contents.

9A25.5 Atrophy of soft tissue of orbit

9A25.Y Other specified soft tissue deformity of orbit

9A25.Z Soft tissue deformity of orbit, unspecified

9A26 Combined bony and soft tissue deformity of orbit

Coded Elsewhere: Hypertelorism (LB71.1)

9A2Y Other specified disorders of orbit

9A2Z Disorders of orbit, unspecified

9A4Y Other specified disorders of the ocular adnexa or orbit

9A4Z Disorders of the ocular adnexa or orbit, unspecified

Disorders of the eyeball - anterior segment (9A60‑9B3Z)

This refers to any disorders of the front third of the eye that includes the structures in front of the vitreous humour: the cornea, iris, ciliary body, and lens.

Coded Elsewhere: Structural disorders of the pupil (LA11.6)

Developmental anomalies of anterior segment (LA11.Y)

Disorders of conjunctiva (9A60‑9A6Z)

This is a group of conditions associated with the conjunctiva which lines the inside of the eyelids and covers the sclera.

Coded Elsewhere: Neoplasms of conjunctiva

9A60 Conjunctivitis

Exclusions: keratoconjunctivitis (9A70‑9A7Z)

Coded Elsewhere: Trachoma (1C23)

Viral conjunctivitis (1D84)

Neonatal conjunctivitis or dacryocystitis (KA65.0)

9A60.0 Papillary conjunctivitis

9A60.00 Giant papillary conjunctivitis

Giant papillary conjunctivitis is a nonallergic hypersensitivity inflammation of the ocular surface, most frequently to contact lenses, ocular prostheses, postoperative sutures, and scleral buckles.

9A60.01 Acute atopic conjunctivitis

This is the allergic inflammation of the conjunctiva (mucous membrane that covers the posterior surface of the eyelids and the anterior pericorneal surface of the eyeball) of the immediate type, due to airborne allergens such as pollens, dusts, spores, and animal hair.

9A60.02 Allergic conjunctivitis

Allergic conjunctivitis is an IgE-mediated response due to the exposure of seasonal or perennial allergens in sensitized patients. The allergen-induced inflammatory response of the conjunctiva results in the release of histamine and other mediators. Symptoms consist of redness (mainly due to vasodilation of the peripheral small blood vessels), oedema (swelling) of the conjunctiva, itching, and increased lacrimation (production of tears).

9A60.0Y Other specified papillary conjunctivitis

9A60.0Z Papillary conjunctivitis, unspecified

9A60.1 Follicular conjunctivitis

Coded Elsewhere: Chlamydial conjunctivitis (1C20)

Herpes simplex keratoconjunctivitis (1F00.1Y)

Zoster keratoconjunctivitis (1E91.1)

Keratoconjunctivitis due to adenovirus (1D84.0)

Keratoconjunctivitis due to Acanthamoeba (1F50)

9A60.2 Cicatrizing conjunctivitis

9A60.3 Mucopurulent conjunctivitis

These are infections of the conjunctiva, containing mucus and pus, by several species such as Haemophilus, Streptococcus, Neisseria, and Chlamydia.

9A60.30 Ulceration of conjunctiva

9A60.31 Abscess of conjunctiva

9A60.32 Conjunctivitis due to Koch-Weeks bacillus

9A60.33 Acute epidemic conjunctivitis

9A60.3Y Other specified mucopurulent conjunctivitis

9A60.3Z Mucopurulent conjunctivitis, unspecified

9A60.4 Blepharoconjunctivitis

#DRAFT# This is the dual combination of conjunctivitis (inflammation of the mucous membrane that covers the posterior surface of the eyelids and the anterior pericorneal surface of the eyeball) with blepharitis (inflammation of the eyelids).

9A60.5 Vernal keratoconjunctivitis

Vernal keratoconjunctivitis is a persistent and severe form of ocular allergy that affects children and young adults, usually in warm climates. Vernal keratoconjunctivitis typically appears in boys between the ages of 4–12 years. The typical symptoms are intense itching, tearing, and photophobia. Disease exacerbation can be triggered either by allergen re-exposure or by nonspecific stimuli such as sunlight, wind, and dust. The tarsal form is characterised by irregularly sized hypertrophic papillae, leading to a cobblestone appearance of the upper tarsal plate. The limbal form is characterised by transient, multiple limbal, or conjunctival gelatinous yellow-grey infiltrates superposed with white points or deposits, known as Horner–Trantas dots and papillae at the limbus.

9A60.6 Serous conjunctivitis, except viral

9A60.Y Other specified conjunctivitis

9A60.Z Conjunctivitis, unspecified

9A61 Certain specified disorders of conjunctiva

#DRAFT# This is a group of conditions associated with the conjunctiva which are not classified elsewhere.

Exclusions: keratoconjunctivitis (9A70‑9A7Z)

Coded Elsewhere: Conjunctival blebitis after glaucoma surgery (9D23)

Complications with glaucoma drainage devices (9D24)

Injury of conjunctiva or corneal abrasion without mention of foreign body (NA06.4)

Foreign body in conjunctival sac (ND70.1)

9A61.0 Pingueculae

#DRAFT# This is a common type of conjunctival degeneration in the eye. It is seen as a yellow white deposit on the conjunctiva adjacent to the limbus (the junction between the cornea and sclera). It is to be distinguished clinically from pterygium, which is a wedge shaped area of fibrosis that appears to grow into the cornea.

9A61.1 Pterygium

#DRAFT# This is a benign growth of the conjunctiva extending onto cornea that is characterised by elastotic degeneration of collagen (actinic elastosis) and fibrovascular proliferation.

Exclusions: Pseudopterygium of conjunctiva (9A61.2)

9A61.2 Pseudopterygium of conjunctiva

9A61.3 Conjunctival scars

These are cicatrices of the mucous membrane that lines the inner surface of the eyelid and the exposed surface of the eyeball that occur due to various reasons such as trauma, infection or allergy.

9A61.4 Conjunctival vascular disorders

Benign cysts which often appear as small, clear, fluid-filled inclusions of conjunctival epithelium whose goblet cells secrete into the cyst and not onto the surface.

9A61.40 Vascular abnormalities of conjunctiva

Coded Elsewhere: Conjunctival haemangioma or haemolymphangioma (2E81.01)

9A61.4Y Other specified conjunctival vascular disorders

9A61.4Z Conjunctival vascular disorders, unspecified

9A61.5 Conjunctival or subconjunctival haemorrhage

A conjunctival haemorrhage is a small haematoma clearly delimited on the conjunctiva itself resulting from a direct blow on the eye. Subconjunctival haemorrhage extends from the orbit, forward and deep to the conjunctiva with no posterior limit.

9A61.6 Conjunctival or subconjunctival degenerations or deposits

These are the conjunctival/subconjunctival accumulation of some materials and gradual deterioration with impairment or loss of function, caused by injury, disease, or aging.

Coded Elsewhere: Vitamin A deficiency with conjunctival xerosis (5B55.1)

Vitamin A deficiency with conjunctival xerosis and Bitot's spots (5B55.2)

9A61.Z Certain specified disorders of conjunctiva, unspecified

9A62 Mucous membrane pemphigoid with ocular involvement

Mucous membrane pemphigoid (MMP) involving the conjunctivae is also known as ocular pemphigoid. This may be confined to the conjunctivae or may be associated with involvement of other sites as well. Its importance lies in its potential to cause loss of vision and it may thus warrant more aggressive therapy than would be considered for MMP of other sites.

Coded Elsewhere: Chronic cicatrizing conjunctivitis, ocular cicatricial pemphigoid (9A60.2)

9A6Y Other specified disorders of conjunctiva

9A6Z Disorders of conjunctiva, unspecified

Disorders of the cornea (9A70‑9A7Z)

This refers to disorders of the transparent front part of the eye that covers the iris, pupil, and anterior chamber. The cornea, with the anterior chamber and lens, refracts light, with the cornea accounting for approximately two-thirds of the eye's total optical power.

Coded Elsewhere: Neoplasms of the cornea

9A70 Hereditary corneal dystrophies

The term corneal dystrophy embraces a heterogeneous group of bilateral genetically determined non-inflammatory corneal diseases that are usually restricted to the cornea. The designation is imprecise but remains in vogue because of its clinical value.

Coded Elsewhere: X-linked ichthyosis (EC20.01)

Cornea plana (LA11.1)

Megalocornea (LA11.1)

Microcornea (LA11.1)

9A70.0 Endothelial corneal dystrophy

9A70.Y Other specified hereditary corneal dystrophies

9A70.Z Hereditary corneal dystrophies, unspecified

9A71 Infectious keratitis

#DRAFT# This is a condition in which the eye's cornea, the front part of the eye, becomes inflamed. The condition is often marked by moderate to intense pain and usually involves impaired eyesight. May cause feelings of scratching each time individual blinks eye.

Coded Elsewhere: Herpes simplex keratitis (1F00.10)

9A72 Traumatic keratitis

#DRAFT# This is a traumatic condition in which the eye's cornea, the front part of the eye, becomes inflamed. The condition is often marked by moderate to intense pain and usually involves impaired eyesight. May cause feelings of scratching each time individual blinks eye.

Exclusions: Foreign body in cornea (ND70.0)

9A73 Exposure keratitis

This is an exposure condition in which the eye's cornea, the front part of the eye, becomes inflamed. The condition is often marked by moderate to intense pain and usually involves impaired eyesight. May cause feelings of scratching each time individual blinks eye.

9A74 Neurotrophic keratitis

Coding Note: Code also the causing condition

9A75 Autoimmune keratitis

#DRAFT# This is an autoimmune condition in which the eye's cornea, the front part of the eye, becomes inflamed. The condition is often marked by moderate to intense pain and usually involves impaired eyesight. May cause feelings of scratching each time individual blinks eye.

9A76 Corneal ulcer

Loss of epithelial tissue from the surface of the cornea due to progressive erosion and necrosis of the tissue. It is often caused by bacterial, fungal, or viral infection.

9A77 Corneal scars or opacities

Corneal opacity occurs when the cornea is scarred by a variety of infectious and inflammatory eye diseases. These scars stop light from passing through the cornea to the retina and may cause the cornea which is normally transparent to appear white or clouded over.

Coded Elsewhere: Anterior corneal pigmentations (9A78.1)

Posterior corneal pigmentations (9A78.1)

Stromal corneal pigmentations (9A78.1)

9A77.0 Contact lens-associated corneal infiltrates

9A77.1 Adherent leukoma

This is a white tumour of the cornea enclosing a prolapsed adherent iris.

9A77.Y Other specified corneal scars or opacities

9A77.Z Corneal scars or opacities, unspecified

9A78 Certain specified disorders of cornea

Coded Elsewhere: Injury of conjunctiva or corneal abrasion without mention of foreign body (NA06.4)

Ocular laceration or rupture with prolapse or loss of intraocular tissue, unilateral (NA06.87)

Ocular laceration without prolapse or loss of intraocular tissue, unilateral (NA06.8D)

Ocular laceration or rupture with prolapse or loss of intraocular tissue, bilateral (NA06.88)

Ocular laceration without prolapse or loss of intraocular tissue, bilateral (NA06.8E)

Foreign body in cornea (ND70.0)

Chemical burn of cornea or conjunctival sac (NE00)

9A78.0 Corneal neovascularization

9A78.1 Corneal pigmentations or deposits

#DRAFT# This is accumulation of melanin pigments generally due to chronic irritation and deposition of other materials due to various conditions in the cornea.

9A78.2 Corneal oedema

9A78.20 Bullous keratopathy

This is the maximum stage of corneal oedema.

It is a pathological condition in which small vesicles, or bullae, are formed in the cornea due to endothelial dysfunction. In a healthy cornea, endothelial cells keep the tissue from excess fluid absorption, pumping it back into the aqueous humour. When affected by some reason, such as Fuchs' dystrophy or a trauma during cataract removal, endothelial cells suffer mortality or damage. The corneal endothelial cells normally do not undergo mitotic cell division, and cell loss results in permanent loss of function.

9A78.21 Secondary corneal oedema

9A78.2Y Other specified corneal oedema

9A78.2Z Corneal oedema, unspecified

9A78.3 Changes in corneal membranes

9A78.4 Corneal degeneration

#DRAFT# This is nonhereditary, secondary, progressive change in the cornea associated with age and ocular and systemic diseases.

Exclusions: Mooren ulcer (9A76)

Coded Elsewhere: Vitamin A deficiency with corneal xerosis (5B55.3)

Vitamin A deficiency with corneal ulceration or keratomalacia (5B55.4)

Vitamin A deficiency with xerophthalmic scars of cornea or blindness (5B55.5)

9A78.5 Corneal deformities

Coded Elsewhere: Structural developmental anomalies of cornea (LA11.1)

9A78.50 Keratoconus

Keratoconus is a noninflammatory, often bilateral, corneal dystrophy characterised by progressive cone-shaped bulging and thinning of the cornea.

Coding Note: Code also the causing condition

9A78.51 Corneal staphyloma

#DRAFT# This is an abnormal protrusion of the uveal tissue through a weak point in the eyeball. The protrusion is generally black in colour, due to the inner layers of the eye. It occurs due to weakening of outer layer of eye (cornea or sclera) by an inflammatory or degenerative condition. It may be of 5 types, depending on the location on the eye ball (bulbus oculi).

9A78.5Y Other specified corneal deformities

9A78.5Z Corneal deformities, unspecified

9A78.6 Anaesthesia of cornea

This is the condition of having sensation (including the feeling of pain) blocked or temporarily taken away, of the transparent front part of the eye that covers the iris, pupil, and anterior chamber.

9A78.7 Hypoesthesia of cornea

This refers to a reduced sense of touch or sensation, or a partial loss of sensitivity to sensory stimuli, of the transparent front part of the eye that covers the iris, pupil, and anterior chamber.

9A78.8 Recurrent erosion of cornea

#DRAFT# This is a disorder of the eyes characterised by the failure of the cornea's outermost layer of epithelial cells to attach to the underlying basement membrane (Bowman's layer). The condition is excruciatingly painful because the loss of these cells results in the exposure of sensitive corneal nerves.

9A78.9 Corneal abscess

#DRAFT# This is a collection of pus (neutrophils) that has accumulated within a tissue because of an inflammatory process in response to either an infectious process (usually caused by bacteria or parasites) or other foreign materials of the transparent front part of the eye that covers the iris, pupil, and anterior chamber.

9A78.A Sclerosing keratitis

9A78.Z Certain specified disorders of cornea, unspecified

9A79 Keratoconjunctivitis sicca

9A7Y Other specified disorders of the cornea

9A7Z Disorders of the cornea, unspecified

Disorders of the anterior chamber (9A80‑9A8Z)

Coded Elsewhere: Retained foreign body in anterior chamber of eye (NA06.2)

9A80 Hyphaema

Exclusions: traumatic hyphaema (NA06.9)

9A81 Parasites in the anterior chamber of the eye

Coding Note: Code also the causing condition

9A82 Cyst in the anterior chamber of the eye

9A83 Flat anterior chamber hypotony of eye

9A8Y Other specified disorders of the anterior chamber

9A8Z Disorders of the anterior chamber, unspecified

Disorders of the anterior uvea (9A90‑9A9Z)

Coded Elsewhere: Congenital malformations of the uvea

Neoplasms of the iris

Neoplasms of the ciliary body

Corectopia (LA11.Y)

Polycoria (LA11.Y)

Atresia iridis (LA11.Y)

9A90 Degeneration of iris or ciliary body

#DRAFT# This is gradual deterioration of the iris and the ciliary body with impairment or loss of function, caused by injury, disease, or aging.

9A90.0 Disorders of chamber angle

This refers to the change of tissue to a lower or less functionally active form, of the fluid-filled space inside the eye between the iris and the cornea's innermost surface, the endothelium.

9A90.1 Degeneration of iris

This refers to the change of tissue to a lower or less functionally active form, of the thin, circular structure in the eye, responsible for controlling the diameter and size of the pupil and thus the amount of light reaching the retina. The color of the iris is often referred to as "eye color."

9A90.2 Iris atrophy

9A90.Y Other specified degeneration of iris or ciliary body

9A90.Z Degeneration of iris or ciliary body, unspecified

9A91 Cyst of iris or ciliary body

#DRAFT# This is a closed sac, associated with iris and ciliary body that may contain air, fluids, or semi-solid material, having a distinct membrane and division compared to the nearby tissue.

9A92 Persistent pupillary membranes

#DRAFT# This is a condition of the eye involving remnants of a fetal membrane that persist as strands of tissue crossing the pupil. It normally atrophies from the time of birth to the age of four to eight weeks. PPM occurs when this atrophy is incomplete.

9A93 Adhesions or disruptions of iris or ciliary body

This refers to adhesions and disruptions of the thin, circular structure in the eye, responsible for controlling the diameter and size of the pupil and thus the amount of light reaching the retina. The colour of the iris is often referred to as "eye colour." It is also of the circumferential tissue inside the eye composed of the ciliary muscle and ciliary processes. It is triangular in horizontal section and is coated by a double layer, the ciliary epithelium.

Exclusions: Corectopia (LA11)

9A94 Certain specified disorders of iris or ciliary body

#DRAFT# This is a group of conditions associated with iris and the ciliary body, that is the circumferential tissue inside the eye composed of the ciliary muscle and ciliary processes, which are not classified elsewhere.

9A94.0 Rubeosis of iris

9A94.1 Floppy iris syndrome

This is a complication that may occur during cataract extraction in certain patients. This syndrome is characterised by a flaccid iris which billows in response to ordinary intraocular fluid currents, a propensity for this floppy iris to prolapse towards the area of cataract extraction during surgery, and progressive intraoperative pupil constriction despite standard procedures to prevent this.

9A94.2 Plateau iris syndrome

9A94.Y Other disorders of iris and ciliary body

9A96 Anterior uveitis

#DRAFT# This is an inflammation of the iris and the anterior chamber, which is the fluid-filled space inside the eye between the iris and the cornea's innermost surface.

Coding Note: Code also the causing condition

9A96.0 Anterior uveitis not associated with systemic conditions

9A96.1 Anterior uveitis associated with systemic conditions

Coding Note: Code also the causing condition

Coded Elsewhere: Sarcoid associated anterior uveitis (4B20.4)

9A96.2 Infection-associated anterior uveitis

Coding Note: Code also the causing condition

Coded Elsewhere: Gonococcal anterior uveitis (1A72.4)

Zoster anterior uveitis (1E91.1)

Secondary syphilitic anterior uveitis (1A61.4)

Tuberculous anterior uveitis (1B12.1)

Chronic tuberculous iridocyclitis (1B12.1)

Syphilitic uveitis (1A62.20)

9A96.3 Primary anterior uveitis

This refers to primary inflammation of the uvea. The uvea consists of the middle, pigmented, vascular structures of the eye and includes the iris, ciliary body, and choroid.

9A96.Y Other specified anterior uveitis

Coding Note: Code also the causing condition

9A96.Z Anterior uveitis, unspecified

Coding Note: Code also the causing condition

9A9Y Other specified disorders of the anterior uvea

9A9Z Disorders of the anterior uvea, unspecified

Functional disorders of the pupil (9B00‑9B0Z)

9B00 Disorders of the afferent pupillary system

9B00.0 Relative afferent pupillary defects

9B00.1 Amaurotic pupillary reaction

9B00.2 Paradoxical pupillary reaction to light or darkness

9B00.3 Wernicke pupils

9B00.Y Other specified disorders of the afferent pupillary system

9B00.Z Disorders of the afferent pupillary system, unspecified

9B01 Disorders of the efferent pupillary system

Coded Elsewhere: Horner syndrome (8D8A.1)

Horner syndrome, acquired (8D8A.1)

Horner syndrome, congenital (8D8A.1)

9B01.0 Physiologic anisocoria

#DRAFT# This is when human pupils differ in size. It is generally considered to be benign, though it must be distinguished from Congenital Horner's syndrome, pharmacological dilatation or other conditions connected to the sympathetic nervous system. The prevalence of physiological anisocoria has not been found to be influenced by the sex, age, or iris colour of the subject.

9B01.1 Parasympathoparetic pupils

Damage to the parasympathetic outflow to the iris sphincter muscle

Coded Elsewhere: Third nerve palsy (9C81.0)

9B01.2 Pharmacologic inhibition of the parasympathetic pathway

9B01.3 Iris sphincter disorders

This refers to disorders of the muscle in the part of the eye called the iris. It encircles the pupil of the iris, appropriate to its function as a constrictor of the pupil.

9B01.4 Pharmacologic parasympathicotonic pupils

Pharmacologic stimulation of the parasympathetic pathway

9B01.5 Pharmacologic sympathoparetic pupils

9B01.6 Sympathotonic pupils

9B01.7 Episodic unilateral mydriasis

9B01.Y Other specified disorders of the efferent pupillary system

9B01.Z Disorders of the efferent pupillary system, unspecified

9B02 Light-near dissociations

#DRAFT# This is when the pupil does not react to light, but it does react to accommodation. Other causes of light-near dissociation involve damage to the brainstem, where a tonic pupil is not produced. Brainstem causes of light-near dissociation include Argyll Robertson pupil and Parinaud syndrome.

9B02.0 Argyll Robertson pupil

These are bilateral small pupils that constrict when the patient focuses on a near object but do not constrict when exposed to bright light (they do not “react” to light).

Coding Note: Code also the causing condition

Coded Elsewhere: Syphilitic Argyll Robertson pupil (1A62.01)

9B02.1 Pregeniculate light-near dissociations

9B02.2 Mesencephalic light-near dissociations

9B02.Y Other specified light-near dissociations

9B02.Z Light-near dissociations, unspecified

9B0Y Other specified functional disorders of the pupil

9B0Z Functional disorders of the pupil, unspecified

Disorders of lens (9B10‑9B1Z)

#DRAFT# This is a group of conditions associated with the lens, a transparent, biconvex structure in the eye that, along with the cornea, helps to refract light to be focused on the retina.

Coded Elsewhere: Structural developmental anomalies of lens or zonula (LA12)

Presence of intraocular lens (QB51.2)

9B10 Cataract

#DRAFT# This is a clouding of the lens inside the eye which leads to a decrease in vision. It is the most common cause of blindness and is conventionally treated with surgery. Visual loss occurs because opacification of the lens obstructs light from passing and being focused on to the retina at the back of the eye.

9B10.0 Age-related cataract

A senile cataract is a clouding of the lens of the eye, which impedes the passage of light, related to ageing, and that occurs usually starting from the age of 40.

Exclusions: capsular glaucoma with pseudoexfoliation of lens (9C61.0)

9B10.00 Coronary age-related cataract

9B10.01 Punctate age-related cataract

9B10.02 Mature age-related cataract

This is a mature age-related clouding of the lens inside the eye which leads to a decrease in vision. It is the most common cause of blindness and is conventionally treated with surgery. Visual loss occurs because opacification of the lens obstructs light from passing and being focused on to the retina at the back of the eye.

9B10.0Y Other specified age-related cataract

9B10.0Z Age-related cataract, unspecified

9B10.1 Infantile or juvenile cataract

A cataract is clouding of the lens of the eye, which impedes the passage of light.

Exclusions: Congenital cataract (LA12.1)

9B10.10 Combined forms of infantile and juvenile cataract

9B10.1Y Other specified infantile or juvenile cataract

9B10.1Z Infantile or juvenile cataract, unspecified

9B10.2 Certain specified cataracts

A cataract is clouding of the lens of the eye, which impedes the passage of light.

Coding Note: Code also the causing condition

Exclusions: Congenital cataract (LA12.1)

Coded Elsewhere: Myotonic cataract (9B10.2Y)

Undernutrition-dehydration cataract (9B10.2Y)

9B10.20 Traumatic cataract

Partial or complete opacity on or in the lens or capsule of one or both eyes, impairing vision or causing blindness. The many kinds of cataract are classified by their morphology (size, shape, location) or etiology (cause and time of occurrence) resulting from or following injury.

9B10.21 Diabetic cataract

This refers to an unspecified group of metabolic diseases in which a person has high blood sugar, either because the pancreas does not produce enough insulin, or because cells do not respond to the insulin that is produced. This diagnosis is with diabetic cataract.

Coding Note: Always assign an additional code for diabetes mellitus.

9B10.22 After-cataract

An after-cataract is the most common complication of modern cataract surgery, occurring in about 20 to 25% of cases. It is also known as posterior capsule opacification.

Inclusions: Secondary cataract

Soemmerring ring

9B10.23 Subcapsular glaucomatous flecks

Coding Note: Code also the causing condition

9B10.2Y Other specified cataracts

Coding Note: Code also the causing condition

9B10.Z Cataract, unspecified

9B11 Certain specified disorders of lens

#DRAFT# This is a group of conditions associated with the lens, a transparent, biconvex structure in the eye that, along with the cornea, helps to refract light to be focused on the retina, which are not classified elsewhere.

Exclusions: congenital lens malformations (LA12)

Cataract lens fragments in eye following cataract surgery (9D21)

Coded Elsewhere: Presence of intraocular lens (QB51.2)

9B11.0 Aphakia

#DRAFT# This is the absence of the lens of the eye, due to surgical removal, a perforating wound or ulcer, or congenital anomaly. It causes a loss of accommodation, far sightedness (hyperopia), and a deep anterior chamber. Complications include detachment of the vitreous or retina, and glaucoma.

9B11.1 Dislocation of lens

#DRAFT# This is abnormal position of the crystalline lens of the eye due to abnormality of or injury to the suspensory ligaments (zonular fibres) that anchor the lens to the ciliary muscle.

9B11.Y Other disorders of lens

9B1Z Disorders of lens, unspecified

9B3Y Other specified disorders of the eyeball - anterior segment

9B3Z Disorders of the eyeball - anterior segment, unspecified

Disorders of the eyeball - posterior segment (9B50‑9C0Z)

This refers to disorders of the back two-thirds of the eye that includes the anterior hyaloid membrane and all of the optical structures behind it: the vitreous humour, retina, choroid, and optic nerve.

Disorders of sclera (9B50‑9B5Z)

Coded Elsewhere: Blue sclera (LA11.0)

9B50 Episcleritis

Episcleritis is a benign, self-limiting inflammatory disease affecting part of the eye called the episclera. The episclera is a thin layer of tissue that lies between the conjunctiva and the connective tissue layer that forms the white of the eye (sclera). Episcleritis is a common condition, and is characterised by the abrupt onset of mild eye pain and redness.

Coded Elsewhere: Tuberculous episcleritis (1B12.1)

Late syphilitic episcleritis (1A62.20)

9B51 Scleritis

Inflammation of the white, opaque, fibrous, outer tunic of the eyeball. Can be associated with uveitis.

Coded Elsewhere: Zoster scleritis (1E91.1)

9B52 Scleral staphyloma

Exclusions: degenerative myopia (9B76)

9B5Y Other specified disorders of sclera

9B5Z Disorders of sclera, unspecified

Disorders of the choroid (9B60‑9B6Z)

Inclusions: Disorders of posterior uvea

Coded Elsewhere: Neoplasms of choroid

Congenital malformations of choroid (LA13.6)

9B60 Choroidal degeneration

#DRAFT# This is gradual deterioration of the choroid, the vascular layer of the eye, with impairment or loss of function, caused by injury, disease, or aging.

Exclusions: angioid streaks (9B78.3)

9B61 Choroidal dystrophy

#DRAFT# This is a group of progressive, hereditary disorders that are characterised by clinically apparent retinal pigment epithelial (RPE) and choroidal atrophy.

Exclusions: ornithinaemia (5C50.9)

9B62 Chorioretinal scars

#DRAFT# This is an area of pigmentary change or fibrosis that is located on the inside surface of the eye.

9B63 Choroidal haemorrhage or rupture

Coded Elsewhere: Choroidal rupture (NA06.61)

9B64 Choroidal detachment

#DRAFT# This is the separation of the leaves of choroid, the vascular layer of the eye, as a result of collection of serous fluid or blood in the potential suprachoroidal space.

9B65 Choroiditis

Inclusions: Posterior uveitis

9B65.0 Noninfectious posterior choroiditis

Coded Elsewhere: Ocular Behçet disease (4A62)

9B65.1 Infectious posterior choroiditis

Coding Note: Code also the causing condition

Coded Elsewhere: Late syphilitic posterior uveitis (1A62.20)

Toxoplasma posterior uveitis (1F57.3)

Tuberculous posterior uveitis (1B12.1)

9B65.2 Chorioretinal inflammation

Coded Elsewhere: Toxoplasma chorioretinitis (1F57.3)

Tuberculous chorioretinitis (1B12.1)

Late congenital syphilitic chorioretinitis (1A60.2)

9B65.Z Choroiditis, unspecified

9B66 Intermediate choroiditis

This is a form of uveitis localised to the vitreous and peripheral retina. Primary sites of inflammation include the vitreous of which other such entities as pars planitis, posterior cyclitis, and hyalitis are encompassed. Intermediate uveitis may either be an isolated eye disease or associated with the development of a systemic disease such as multiple sclerosis or sarcoidosis.

9B66.0 Noninfectious intermediate choroiditis

This is a non-infectious form of uveitis localised to the vitreous and peripheral retina. Primary sites of inflammation include the vitreous of which other such entities as pars planitis, posterior cyclitis, and hyalitis are encompassed. Intermediate uveitis may either be an isolated eye disease or associated with the development of a systemic disease such as multiple sclerosis or sarcoidosis.

9B66.1 Infectious intermediate choroiditis

This is a infectious form of uveitis localised to the vitreous and peripheral retina. Primary sites of inflammation include the vitreous of which other such entities as pars planitis, posterior cyclitis, and hyalitis are encompassed. Intermediate uveitis may either be an isolated eye disease or associated with the development of a systemic disease such as multiple sclerosis or sarcoidosis.

9B66.Z Intermediate choroiditis, unspecified

9B6Y Other specified disorders of the choroid

9B6Z Disorders of the choroid, unspecified

Disorders of the retina (9B70‑9B7Z)

Coded Elsewhere: Certain congenital malformations of posterior segment of eye (LA13.8)

Neoplasms of retina

Traumatic injuries of the retina (NA06.6)

Renal retinitis in chronic kidney disease, stage 5 (GB61.5)

Presence of retina Implant (QB51.Y)

Coats disease (LD21.Y)

9B70 Inherited retinal dystrophies

Coded Elsewhere: Sjögren-Larsson syndrome (5C52.03)

Usher syndrome (LD2H.4)

Asphyxiating thoracic dystrophy (LD24.B1)

9B71 Retinopathy

Coding Note: Code also the causing condition

9B71.0 Diabetic retinopathy

A condition characterised as a disease of the retina (retinopathy) involving damage to the small blood vessels in the retina which is due to chronically high blood glucose levels in people with diabetes.

Coding Note: Always assign an additional code for diabetes mellitus.

9B71.00 Nonproliferative diabetic retinopathy

#DRAFT# This is nonproliferative retinopathy (damage to the retina) caused by complications of diabetes, which can eventually lead to blindness. It is an ocular manifestation of diabetes, a systemic disease, which affects up to 80 percent of all patients who have had diabetes for 10 years or more.

Always assign an additional code for the type of diabetes mellitus.

Coding Note: Code also the causing condition

9B71.01 Proliferative diabetic retinopathy

This is proliferative retinopathy (damage to the retina) caused by complications of diabetes, which can eventually lead to blindness. It is an ocular manifestation of diabetes, a systemic disease, which affects up to 80 percent of all patients who have had diabetes for 10 years or more.

Always assign an additional code for the type of diabetes mellitus.

Coding Note: Code also the causing condition

9B71.02 Diabetic macular oedema

Coding Note: Code also the causing condition

9B71.0Z Diabetic retinopathy, unspecified

Coding Note: Always assign an additional code for diabetes mellitus.

9B71.1 Hypertensive retinopathy

Coding Note: Code also the causing condition

9B71.2 Radiation retinopathy

Radiation retinopathy is damage to retina due to exposure to ionizing radiation. Radiation retinopathy has a delayed onset, typically after months or years of radiation, and is slowly progressive. In general, radiation retinopathy is seen around 18 months after treatment with external-beam radiation and with brachytherapy.

9B71.3 Retinopathy of prematurity

Retinopathy of prematurity is a vasoproliferative disorder that affects extremely premature infants potentially leading to severe visual impairment or blindness. Exposure of newborn premature infants to hyperoxia down regulates retinal vascular endothelial growth factor. Blood vessels constrict and can become obliterated, resulting in delays of normal retinal vascular development. Low birth weight, young gestational age, and severity of illness (e.g. respiratory distress syndrome, bronchopulmonary dysplasia, sepsis) are associated factors. It primarily occurs in extremely low birth weight infants because of the cessation of normal retinal vascular maturation.

Coding Note: Code also the causing condition

Inclusions: Retrolental fibroplasia

9B71.4 Paraneoplastic retinopathy

Paraneoplastic retinopathies result from a targeted attack on the retina due to a tumour immune response initiated by onco-neural antigens derived from systemic cancer. Patients usually present after cancer diagnosis with progressive visual dimming and photopsias but dysfunction of rods (impaired dark adaption and peripheral vision loss) and cones (decreased visual acuity, colour dysfunction, photosensitivity and glare) may also occur. Symptoms are often worse than clinical signs. Other causes of retinopathy should be excluded. Multiple anti-retinal autoantibodies (e.g. anti-recoverin antibodies) are described although their significance is uncertain. Two major subsets are recognised: cancer-associated retinopathy (most commonly small-cell lung cancer) and melanoma-associated retinopathy.

Associated neural autoantibodies include:

CRMP5 (anti-CV2) (collapsin response mediator protein 5 - anti CV2); anti-recoverin autoantibodies; and alpha-enolase autoantibodies.

Coding Note: Code also the causing condition

9B71.40 Melanoma associated retinopathy

9B71.4Y Other specified paraneoplastic retinopathy

Coding Note: Code also the causing condition

9B71.4Z Paraneoplastic retinopathy, unspecified

Coding Note: Code also the causing condition

9B71.5 Autoimmune retinopathy

Autoimmune retinopathies are immune-mediated inflammatory disorders of the retina that differ from paraneoplastic retinopathies in the lack of association with cancer. Patients present with progressive visual loss and dysfunction of rods (impaired dark adaption and peripheral vision problems) and cones (visual acuity, colour dysfunction, photosensitivity and glare) may occur. The symptoms are often worse than the clinical signs on fundoscopy. Multiple anti-retinal autoantibodies (e.g. anti-recoverin antibodies) are described although their significance is uncertain. Autoimmune retinopathy is a diagnosis of exclusion and other causes of retinopathy need to be ruled out, while the potential role of immunotherapy remains uncertain.

Associated neural autoantibodies include:

anti-recoverin autoantibodies; alpha-enolase autoantibodies; anti-transducin autoantibodies.

Coding Note: Code also the causing condition

9B71.Y Other specified retinopathy

Coding Note: Code also the causing condition

9B71.Z Retinopathy, unspecified

Coding Note: Code also the causing condition

9B72 Inflammatory diseases of the retina

This refers to inflammatory diseases of light-sensitive layer of tissue, lining the inner surface of the eye. The optics of the eye create an image of the visual world on the retina, which serves much the same function as the film in a camera.

Coded Elsewhere: Retinal vasculitis (9B78.12)

9B72.0 Viral retinitis

9B72.00 Cytomegaloviral retinitis

This is an inflammation of the eye's retina that can lead to blindness. This is a DNA virus in the family Herpesviridae known for producing large cells with nuclear and cytoplasmic inclusions. Such inclusions are called an "owl's eye" effect.

9B72.01 HIV retinitis

9B72.0Y Other specified viral retinitis

9B72.0Z Viral retinitis, unspecified

9B72.Y Other specified inflammatory diseases of the retina

9B72.Z Inflammatory diseases of the retina, unspecified

9B73 Retinal detachments or breaks

Retinal breaks are full thickness openings in the neurosensory retina that can be in the form of a hole, a tear or a retinal dialysis. Retinal detachment is a condition in which the retina peels away from its underlying layer of support tissue.

Exclusions: detachment of retinal pigment epithelium (9B78.6)

9B73.0 Retinal detachment with retinal break

#DRAFT# This is the separation of retina layer from its underlying support tissue with a retinal break, which is a full thickness opening in the neurosensory retina that can be in the form of a hole, a tear or a retinal dialysis.

Inclusions: Rhegmatogenous retinal detachment

9B73.1 Retinoschisis

Retinoschisis is an eye disease characterised by the abnormal splitting of the retina's neurosensory layers.

9B73.10 Adult retinoschisis

9B73.11 Juvenile retinoschisis

X-linked retinoschisis is a genetic ocular disease that is characterised by reduced visual acuity in males due to juvenile macular degeneration.

9B73.1Y Other specified retinoschisis

9B73.1Z Retinoschisis, unspecified

9B73.2 Retinal cysts

A retinal cyst is a closed sac, having a distinct membrane and division compared to the nearby tissue in retina that can either be congenital or acquired.

Exclusions: congenital retinoschisis (LA13.3)

Microcystoid degeneration of retina (9B78.4)

9B73.3 Serous retinal detachment

This occurs due to inflammation, injury or vascular abnormalities that results in fluid accumulating underneath the retina without the presence of a hole, tear, or break.

Exclusions: Central serous chorioretinopathy (9B75.2)

9B73.4 Retinal breaks without detachment

#DRAFT# This is a full thickness opening in the neurosensory retina that can be in the form of a hole, a tear or a retinal dialysis without the separation of retina layer from its underlying support tissue.

Exclusions: Chorioretinal scars after surgery for detachment (9D22)

peripheral retinal degeneration without break (9B78.4)

9B73.Y Other specified retinal detachments or breaks

9B73.Z Retinal detachments or breaks, unspecified

9B74 Retinal vascular occlusions

These are obstruction or closure of retinal vascular structures.

Exclusions: amaurosis fugax (9D51)

9B74.0 Retinal artery occlusions

#DRAFT# This is a blockage in one of the small arteries that carry blood to the retina.

9B74.1 Retinal venous occlusions

#DRAFT# This is the venous equivalent of the central retinal artery and, like that blood vessel, it can suffer from occlusion, similar to that seen in ocular ischemic syndrome. Since the central retinal artery and vein are the sole source of blood supply and drainage for the retina, such occlusion can lead to severe damage to the retina and blindness, due to ischemia (restriction in blood supply) and oedema (swelling).

9B74.2 Combined retinal arterial and vein occlusion

9B74.Y Other specified retinal vascular occlusions

9B74.Z Retinal vascular occlusions, unspecified

9B75 Macular disorders

9B75.0 Age-related macular degeneration

Age-related macular degeneration (ARMD) is defined as an ocular disease leading to loss of central vision in the elderly, and characterised by primary and secondary damage of macular retinal pigment epithelial (RPE) cells, resulting in formation of drusen (deposits lying beneath the RPE), choroidal neovascularization (CNV), and atrophy of photoreceptors and choriocapillaris layer of the choroidea.

Coded Elsewhere: Small drusen of the macula (MC20.1)

9B75.00 Early age-related macular degeneration

consists of a combination of multiple small drusen, few intermediate drusen (63 to 124 microns in diameter), or RPE abnormalities.

9B75.01 Intermediate age-related macular degeneration

consists of extensive intermediate drusen, at least one large druse (>=125 microns in diameter), or geographic atrophy not involving the centre of the fovea

9B75.03 Atrophic late-stage age-related macular degeneration

9B75.04 Neovascular late-stage age-related macular degeneration

9B75.0Y Other specified age-related macular degeneration

9B75.0Z Age-related macular degeneration, unspecified

9B75.1 Non-traumatic macular hole

9B75.2 Central serous chorioretinopathy

This is an eye disease which causes visual impairment, often temporary, usually in one eye. When the disorder is active it is characterised by leakage of fluid under the retina that has a propensity to accumulate under the central macula.

9B75.3 Macular telangiectasia

#DRAFT# This is a condition of the retina about which may result in blindness. It is a form of pathologically dilated blood vessels (telangiectasia) at the region of highest visual acuity, the yellow spot in the human eye (macula). The tissue deteriorates and the retinal structure becomes scarred due to the development of liquid-filled cysts, which impairs nutrition of the photoreceptor cells and destroys vision permanently.

9B75.Y Other specified macular disorders

9B75.Z Macular disorders, unspecified

9B76 Degenerative high myopia

Macular lesions occurring in people with myopia, usually high myopia, causing a decrease of the best corrected visual acuity and comprising myopic chorioretinal atrophy, myopic choroidal neovascularization and myopic retinoschisis

9B77 Eales disease

Eales disease is a retinal vasculopathy that presents as an inflammatory stage with retinal periphlebitis affecting especially peripheral retina, then an ischemic stage with sclerosis of retinal veins, and finally a proliferative stage characterised by neovascularization, haemorrhage and retinal detachment.

9B78 Certain specified retinal disorders

Coded Elsewhere: Double heterozygous sickling disorders with retinopathy (3A51.3)

Retinal dystrophy in GM2 gangliosidosis (5C56.00)

9B78.0 Retinal vasculopathy and cerebral leukodystrophy

Retinal vasculopathy and cerebral leukodystrophy is an inherited group of small vessel diseases comprised of cerebroretinal vasculopathy, hereditary vascular retinopathy and hereditary endotheliopathy with retinopathy, nephropathy and stroke (HERNS); all exhibiting progressive visual impairment as well as variable cerebral dysfunction.

Coded Elsewhere: HERNS syndrome (LD2F.1Y)

9B78.1 Background retinopathy and retinal vascular changes

Background retinopathy is the earliest visible change to the retina in diabetes, characterised by some retinal vascular changes, e.g. the capillaries in the retina may become blocked, they may bulge slightly (microaneurysm) and may leak blood or fluid.

9B78.10 Changes in retinal vascular appearance

9B78.11 Exudative retinopathy

9B78.12 Retinal vasculitis

#DRAFT# This is inflammation of the vascular branches of the retinal artery, caused either by primary ocular disease processes, or as a specific presentation of any systemic form of vasculitis such as Behçet's disease, sarcoidosis, multiple sclerosis, or any form of systemic necrotizing vasculitis such as temporal arteritis, polyarteritis nodosa, and Wegener's granulomatosis, or due to lupus erythematosus, or rheumatoid arthritis.

9B78.13 Retinal telangiectasis

#DRAFT# This is a very rare congenital, nonhereditary eye disorder, causing full or partial blindness, characterised by abnormal development of blood vessels behind the retina.

9B78.1Y Other specified background retinopathy and retinal vascular changes

9B78.1Z Background retinopathy and retinal vascular changes, unspecified

9B78.2 Other proliferative retinopathy

Exclusions: proliferative vitreo-retinopathy with retinal detachment (9B73)

Proliferative diabetic retinopathy (9B71.01)

9B78.3 Degeneration of macula or posterior pole

Exclusions: Age-related macular degeneration (9B75.0)

9B78.30 Reticular pseudodrusen

Histologically located above the retinal pigment epithelium, this finding is often associated with other retinal disease.

9B78.3Y Other specified degeneration of macula or posterior pole

9B78.3Z Degeneration of macula or posterior pole, unspecified

9B78.4 Peripheral retinal degeneration

Exclusions: with retinal break (9B73.4)

9B78.5 Retinal haemorrhage

#DRAFT# This is a disorder of the eye in which bleeding occurs into the retensitive tissue on the back wall of the eye. A retinal haemorrhage can be caused by hypertension, retinal vein occlusion (a blockage of a retinal vein), or diabetes mellitus (which causes small fragile blood vessels to form, which are easily damaged).

Exclusions: Traumatic retinal haemorrhage (NA06.7)

9B78.6 Separation of retinal layers

Inclusions: Detachment of retinal pigment epithelium

9B78.60 Serous detachment of retinal pigment epithelium

This refers to the serous detachment of the pigmented cell layer just outside the neurosensory retina that nourishes retinal visual cells, and is firmly attached to the underlying choroid and overlying retinal visual cells.

9B78.61 Haemorrhagic detachment of retinal pigment epithelium

This refers to the haemorrhagic detachment of the pigmented cell layer just outside the neurosensory retina that nourishes retinal visual cells, and is firmly attached to the underlying choroid and overlying retinal visual cells.

9B78.6Y Other specified separation of retinal layers

9B78.6Z Separation of retinal layers, unspecified

9B78.7 Retinal oedema

9B78.8 Retinal ischaemia

#DRAFT# This is the constellation of ocular signs and symptoms secondary to severe, chronic arterial hypoperfusion to the eye. This leads to rapid death of retinal cells, thereby resulting in severe loss of vision.

Coding Note: Code also the causing condition

9B78.9 Retinal atrophy

This is a group of genetic diseases and is characterised by the bilateral degeneration of the retina, causing progressive vision loss culminating in blindness.

9B7Y Other specified disorders of the retina

9B7Z Disorders of the retina, unspecified

Disorders of the vitreous body (9B80‑9B8Z)

Any condition of the transparent, semigelatinous substance that fills the cavity behind the crystalline lens of the eye and in front of the retina.

Coded Elsewhere: Congenital anomalies of the vitreous (LA13.0)

9B80 Inherited vitreoretinal disorders

Coded Elsewhere: Stickler syndrome (LD2F.1Y)

9B81 Posterior vitreous detachment

9B82 Vitreous prolapse

Exclusions: vitreous syndrome following cataract surgery (9D20)

9B83 Vitreous haemorrhage

#DRAFT# This is the extravasation, or leakage, of blood into the areas in and around the vitreous humour of the eye. The vitreous humour is the clear gel that fills the space between the lens and the retina of the eye. A variety of conditions can result in blood leaking into the vitreous humour, which can cause impaired vision, floaters, and photopsia

9B84 Vitreous opacities, membranes or strands

9B8Y Other specified disorders of the vitreous body

9B8Z Disorders of the vitreous body, unspecified

9C0Y Other specified disorders of the eyeball - posterior segment

9C0Z Disorders of the eyeball - posterior segment, unspecified

Disorders of the eyeball affecting both anterior and posterior segments (9C20‑9C2Z)

9C20 Panuveitis

9C20.0 Noninfectious panuveitis

Coded Elsewhere: Multifocal choroiditis (9B65.0)

9C20.1 Infectious panuveitis

Coded Elsewhere: Tuberculous panuveitis (1B12.1)

Infectious panuveitis in Lyme disease (1C1G.12)

9C20.2 Purulent endophthalmitis

Suppurative inflammation of the tissues of the internal structures of the eye; often caused by fungi, necrosis of intraocular tumours, or retained intraocular foreign bodies. Other aetiology can be any infectious uveitis.

9C20.Y Other specified panuveitis

9C20.Z Panuveitis, unspecified

9C21 Endophthalmitis

Coded Elsewhere: Purulent endophthalmitis (9C20.2)

9C21.0 Sympathetic uveitis

#DRAFT# This is a bilateral diffuse granulomatous uveitis (a kind of inflammation) of both eyes following trauma to one eye. It can leave the patient completely blind. Symptoms may develop from days to several years after a penetrating eye injury.

9C21.Y Other specified endophthalmitis

9C21.Z Endophthalmitis, unspecified

9C22 Eyeball deformity

Coded Elsewhere: Microphthalmos (LA10.0)

Clinical anophthalmos (LA10.1)

Microphthalmos associated with syndromes (LD21.0)

9C22.0 Atrophia bulbi

9C22.1 Phthisis bulbi

#DRAFT# This is a shrunken, non-functional eye. It may result from severe eye disease, inflammation, injury, or it may represent a complication of eye surgery.

9C22.Y Other specified eyeball deformity

9C22.Z Eyeball deformity, unspecified

9C2Y Other specified disorders of the eyeball affecting both anterior and posterior segments

9C2Z Disorders of the eyeball affecting both anterior and posterior segments, unspecified

Disorders of the visual pathways or centres (9C40‑9C4Z)

This refers to disorders part of the central nervous system which gives organisms the ability to process visual detail, as well as enabling the formation of several non-image photo response functions.

9C40 Disorder of the optic nerve

Coded Elsewhere: Congenital malformation of optic disc (LA13.7)

Injury of optic nerve, unilateral (NA04.10)

Malignant neoplasm of the optic nerve (2A02.12)

9C40.0 Infectious optic neuropathy

Coded Elsewhere: Late syphilitic retrobulbar neuritis (1A62.20)

9C40.1 Optic neuritis

Optic neuritis is a condition related to immune mediated inflammation of the optic nerve. It is commoner in women and can be the first presenting symptom of MS. The symptoms are those of blurred vision, pain on moving the eye and in the vast majority it is self limiting.

Coded Elsewhere: Neuromyelitis optica (8A43)

9C40.10 Retrobulbar neuritis

9C40.1Y Other specified optic neuritis

9C40.1Z Optic neuritis, unspecified

9C40.2 Neuroretinitis

9C40.3 Perineuritis of optic nerve

Inflammation of the optic nerve sheath without inflammation of the nerve itself

9C40.4 Ischaemic optic neuropathy

Optic nerve disorders caused by an ischaemic process of the optic nerve

9C40.40 Anterior ischemic optic neuropathy

This refers to anterior ischemic damage to the optic nerve due to any cause. Damage and death of these nerve cells, or neurons, leads to characteristic features of optic neuropathy.

9C40.41 Posterior ischemic optic neuropathy

This refers to posterior ischemic damage to the optic nerve due to any cause. Damage and death of these nerve cells, or neurons, leads to characteristic features of optic neuropathy.

9C40.4Y Other specified ischaemic optic neuropathy

9C40.4Z Ischaemic optic neuropathy, unspecified

9C40.5 Compressive optic neuropathy

Optic nerve disorders caused by the compression of the optic nerve

9C40.6 Infiltrative optic neuropathy

Optic nerve disorders caused by an infiltrative process of the optic nerve

9C40.7 Traumatic optic neuropathy

Optic nerve disorders due to trauma to the optic nerve

9C40.8 Hereditary optic neuropathy

Optic nerve disorders caused by genetic abnormalities

Coded Elsewhere: Leber hereditary optic neuropathy (8C73.Y)

9C40.9 Glaucomatous optic neuropathy

Inclusions: Glaucomatous optic atrophy

9C40.A Optic disc swelling

This refers to swelling in the location where ganglion cell axons exit the eye to form the optic nerve. There are no light sensitive rods or cones to respond to a light stimulus at this point.

9C40.A0 Papilloedema

Optic disc swelling that results from increased intracranial pressure

Inclusions: Optic disc swelling that results from increased intracranial pressure

9C40.A1 Optic disc swelling associated with uveitis

9C40.AY Other specified optic disc swelling

9C40.AZ Optic disc swelling, unspecified

9C40.B Optic atrophy

Optic atrophies (OA) refer to a specific group of hereditary optic neuropathies in which the cause of the optic nerve dysfunction is inherited either in an autosomal dominant or autosomal recessive pattern. Autosomal dominant optic atrophy (ADOA), type Kjer, is the most common OA, whereas autosomal recessive optic atrophy (AROA) is a rare form.

Coded Elsewhere: Leber hereditary optic neuropathy (8C73.Y)

9C40.B0 Congenital optic atrophy

9C40.B1 Acquired optic atrophy

Coding Note: Code also the causing condition

9C40.BZ Optic atrophy, unspecified

9C40.Y Other specified disorder of the optic nerve

9C40.Z Disorder of the optic nerve, unspecified

9C41 Disorder of optic chiasm

This is a group of conditions associated with the optic chiasm, the part of the brain where the optic nerves (CN II) partially cross.

Coding Note: Use additional code, if desired, to identify underlying condition.

9C42 Disorder of post chiasmal visual pathways

Coding Note: Use additional code, if desired, to identify underlying condition.

Inclusions: Disorders of optic tracts, geniculate nuclei and optic radiations

9C43 Disorder of visual cortex

#DRAFT# This is a group of conditions associated with the visual cortex, the part of the cerebral cortex responsible for processing visual information.

Coding Note: Use additional code, if desired, to identify underlying condition.

9C44 Disorder of higher visual centres

Coding Note: Use additional code, if desired, to identify underlying condition.

9C4Y Other specified disorders of the visual pathways or centres

9C4Z Disorders of the visual pathways or centres, unspecified

Glaucoma or glaucoma suspect (9C60‑9C6Z)

9C60 Glaucoma suspect

9C61 Glaucoma

Exclusions: Traumatic glaucoma due to birth injury (KA41)

Coded Elsewhere: Glaucomatous optic neuropathy (9C40.9)

9C61.0 Primary open-angle glaucoma

Primary open-angle glaucoma is a chronic progressive optic neuropathy with characteristic morphological changes at the optic nerve head and retinal nerve fibre layer in the absence of other ocular disease or congenital anomalies. Progressive retinal ganglion cell death and visual field loss are associated with these changes. Anterior chamber angle appearance is normal and major risk factors include level of intraocular pressure and older age.

9C61.00 Normal tension glaucoma

Normal tension glaucoma is a condition considered to be within the continuum of primary open-angle glaucoma; the term is used when intraocular pressure is within the statistically normal range (10-21 mmHg).

9C61.01 Ocular hypertension

Ocular hypertension is a condition of elevated intraocular pressure in the absence of optic nerve, nerve fibre layer or visual field abnormalities.

9C61.0Y Other specified primary open-angle glaucoma

9C61.0Z Primary open-angle glaucoma, unspecified

9C61.1 Primary angle closure and angle closure glaucoma

Primary angle closure glaucoma is a condition described as angle closure or/and peripheral anterior synechiae with elevated intraocular pressure and evidence of optic nerve damage.

9C61.10 Primary angle closure suspect or anatomical narrow angle

Primary angle closure glaucoma suspect is a condition of narrow anterior chamber angle, suspicious for future closure, with no signs of trabecular meshwork or optic nerve damage.

9C61.11 Primary angle-closure

Primary angle closure is a condition defined by the presence of iridotrabecular contact with elevated intraocular pressure or peripheral anterior synechiae but no signs of optic nerve damage.

9C61.12 Primary angle closure glaucoma

Primary angle closure glaucoma is a condition described as angle closure or/and peripheral anterior synechiae with elevated intraocular pressure and evidence of optic nerve damage.

9C61.13 Primary angle closure without pupillary block

Primary angle closure without pupillary block is a condition described as anatomical variation in the iris root in which narrowing of the anterior chamber angle occurs independent of pupillary block causing angle closure.

9C61.14 Acute angle closure with pupillary block

Acute Angle Closure (AAC) with pupillary block is a condition described as circumferential iris apposition to the trabecular meshwork with rapid and excessive increase in intraocular pressure that does not resolve spontaneously.

9C61.15 Intermittent angle-closure

Intermittent Angle Closure is a milder clinical manifestation of acute angle closure that resolves spontaneously.

9C61.16 Chronic angle-closure

Chronic angle closure is a condition when intraocular pressure elevation is due to variable portions of anterior chamber angle being permanently closed by peripheral anterior synechiae.

9C61.17 Condition after acute angle-closure glaucoma attack

Condition after acute angle closure glaucoma attack refers to a condition after a previous episode of acute angle-closure attack, usually with secondary alterations of the iris (sphincter lesions) and lens (“Glaukomflecken”, cataract).

9C61.1Y Other specified primary angle closure and angle closure glaucoma

9C61.1Z Primary angle closure and angle closure glaucoma, unspecified

9C61.2 Secondary open-angle glaucoma

Coding Note: Code also the causing condition

Coded Elsewhere: Glaucoma due to ocular surgery or laser (9D25)

9C61.20 Pseudoexfoliative open-angle glaucoma

Pseudoexfoliative Open-Angle glaucoma is a condition where fibrillar pseudoexfoliative material is produced by various ocular tissues and is deposited on the trabecular meshwork, lens, and other structures of the anterior segment leading to intraocular pressure elevation and subsequent optic nerve damage.

9C61.21 Pigmentary open-angle glaucoma

Pigmentary open-angle glaucoma is a condition where pigment is liberated due to rubbing of the zonules against the posterior iris sheath that leads to obstruction of the trabecular meshwork causing intraocular pressure elevation and subsequent optic nerve damage.

9C61.22 Lens-induced secondary open-angle glaucoma

9C61.23 Glaucoma associated with intraocular haemorrhage

Ghost cell glaucoma is a condition where bleeding into the vitreous body or anterior chamber can lead to intraocular pressure elevation when stiffer red blood cells that have lost their haemoglobin obstruct the trabecular meshwork.

Inclusions: ghost cell glaucoma

9C61.24 Glaucoma due to eye inflammation

Coding Note: Code also the causing condition

9C61.25 Glaucomato-cyclitic crisis

A glaucomato-cyclitic crisis presents with mild keratic precipitates and aqueous flare, acute intraocular pressure elevation and optic nerve damage when repeated attacks occur.

9C61.26 Secondary open-angle glaucoma due to parasitic eye disease

Coding Note: Code also the causing condition

9C61.27 Glaucoma due to intraocular tumours

Coding Note: Code also the causing condition

9C61.28 Glaucoma associated with retinal detachment

Coding Note: Code also the causing condition

9C61.29 Glaucoma due to eye trauma

Coding Note: Code also the causing condition

9C61.2A Glaucoma due to drugs

9C61.2B Glaucoma caused by increased episcleral venous pressure

Coding Note: Code also the causing condition

9C61.2C Secondary glaucoma due to extra-ocular mass

Coding Note: Code also the causing condition

9C61.2Y Other specified secondary open-angle glaucoma

Coding Note: Code also the causing condition

9C61.2Z Secondary open-angle glaucoma, unspecified

Coding Note: Code also the causing condition

9C61.3 Secondary angle closure glaucoma

9C61.30 Secondary angle closure glaucoma with pupillary block

Secondary angle closure glaucoma with pupillary block is a condition where an anteriorly subluxated lens occludes the pupil causing acute secondary angle closure and intraocular pressure elevation.

Coding Note: Code also the causing condition

9C61.31 Secondary angle closure glaucoma without pupillary block

9C61.32 Neovascular secondary angle closure glaucoma

Neovascular secondary angle-closure glaucoma is a frequent condition where neovascular membranes occlude and close the chamber angle by fibrovascular contraction leading to intraocular pressure elevation and subsequent optic nerve damage. Neovascularization can be due to retinal venous occlusion, diabetic retinopathy, ocular ischemia, long-standing retinal detachment and other ischemic conditions of the eye.

Coding Note: Code also the causing condition

9C61.33 Secondary angle closure glaucoma due to endothelial overgrowth

Secondary angle-closure glaucoma due to endothelial overgrowth is a condition where corneal endothelial cells overgrow the trabecular meshwork and iris, closing the angle by tissue contraction leading to intraocular pressure elevation and subsequent optic nerve damage.

9C61.34 Secondary angle closure glaucoma due to epithelial ingrowth

Epithelial ingrowth is a condition after open globe trauma or surgery where conjunctival or corneal epithelial cells get access to the anterior chamber and overgrow the trabecular meshwork with subsequent intraocular pressure elevation and optic nerve damage.

9C61.35 Ciliary block glaucoma

Ciliary block glaucoma is a condition where aqueous misdirection into the vitreous cavity displaces the lens-iris diaphragm anteriorly thus causing angle closure with subsequent intraocular pressure elevation and optic nerve damage.

9C61.36 Secondary angle closure glaucoma due to other anterior displacement of the lens-iris diaphragm

Iris and ciliary body cysts, intraocular tumours, posterior scleritis, uveal effusion, or Silicon Oil or gas in the vitreous cavity can cause IOP elevation by angle closure.

9C61.3Y Other specified secondary angle closure glaucoma

9C61.3Z Secondary angle closure glaucoma, unspecified

9C61.4 Developmental glaucoma

Inclusions: Glaucoma of newborn

Hydrophthalmos

9C61.40 Primary congenital glaucoma

Primary Congenital Glaucoma is a condition during early infancy where delayed development and malformation of the trabecular meshwork blocks the outflow routes leading to elevated intraocular pressure that causes enlargement of the eyeball (Buphthalmus), corneal oedema, Descemet tears, myopia, and damage to the optic nerve, often resulting in severe visual impairment or blindness

9C61.41 Primary infantile glaucoma

Primary infantile glaucoma is a condition after 2 years of age where malformation of the trabecular meshwork causes elevated intraocular pressure without enlargement of the eyeball but damage to the optic nerve similar to congenital glaucoma.

9C61.42 Secondary childhood glaucoma

Coding Note: Code also the causing condition

Coded Elsewhere: Aniridia (LA11.3)

Marfan syndrome (LD28.01)

Rubella (1F02)

Oculocerebrorenal syndrome (5C60.0)

Neurofibromatoses (LD2D.1)

9C61.4Y Other specified developmental glaucoma

9C61.4Z Developmental glaucoma, unspecified

9C61.Z Glaucoma, unspecified

9C6Y Other specified glaucoma or glaucoma suspect

9C6Z Glaucoma or glaucoma suspect, unspecified

Strabismus or ocular motility disorders (9C80‑9C8Z)

Disorder due to abnormalities of extraocular muscles or ocular motor abnormalities.

Coded Elsewhere: Diseases of neuromuscular junction or muscle (8C60-8D0Z)

9C80 Non paralytic strabismus

Non-paralytic strabismus is an abnormal binocular alignment in which one of the eyes is deviated. There are full ocular movements in each eye. The condition can alternate between eyes or only involve one eye. Strabismus may be intermittent or constant. The abnormal alignment may be present at distance fixation, near fixation or both.

9C80.0 Esotropia

Esotropia is an abnormal binocular alignment in which one of the eyes has an inward deviation. Fixation can be alternating or monocular. Esotropia is present in all distances. Squint angles can vary with distances.

9C80.1 Exotropia

Exotropia is an abnormal binocular alignment in which one of the eyes has an outward deviation. Fixation can be alternatiing or monocular. Exotropia is present in all distances.

9C80.2 Vertical or torsional strabismus

An abnormal binocular alignment which may be constant or intermittent, that is not horizontal, but vertical or torsional (rotational) around the pupillary axis.

9C80.3 Intermittent strabismus

An abnormal binocular alignment which is present intermittently, with normal alignment at other times with binocular single vision.

9C80.30 Intermittent divergent exotropia

9C80.31 Intermittent convergent esotropia

9C80.3Y Other specified intermittent strabismus

9C80.3Z Intermittent strabismus, unspecified

9C80.4 Heterophoria

A temporary deviation of the eyes from normal binocular alignment when there is disruption of the visual input from one eye. The alignment is normal when there is binocular visual input.

9C80.5 Mechanical strabismus

An abnormal binocular alignment caused by abnormalities of ocular movement in one or both eyes caused by damage to the extraocular muscles and/or other orbital structures. Mechanical strabismus is characterised by limitation of movements in one or more directions and variable strabismus.

9C80.Y Other specified non paralytic strabismus

9C80.Z Non paralytic strabismus, unspecified

9C81 Ocular motor nerve palsies

#DRAFT# Paralytic strabismus is a binocular misalignment due to decreased function of the oculomotor nerve, trochlear nerve or abducens nerve. Typically the deviation is incomitant, the degree of misalignment varies with direction of gaze.

Exclusions: Internuclear ophthalmoplegia (9C83.5)

Internal ophthalmoplegia (9D01.0)

ophthalmoplegia progressive supranuclear (8A00.10)

9C81.0 Third nerve palsy

Inclusions: isolated oculomotor nerve palsy

9C81.00 External bilateral paralysis of oculomotor nerve

9C81.0Y Other specified third nerve palsy

9C81.0Z Third nerve palsy, unspecified

9C81.1 Fourth nerve palsy

Inclusions: isolated trochlear nerve palsy

9C81.2 Sixth nerve palsy

Inclusions: isolated abducent nerve palsy

9C81.3 Total external ophthalmoplegia

9C81.4 Cavernous sinus syndromes

9C81.Y Palsy of other specified ocular motor nerve

9C81.Z Palsy of unspecified ocular motor nerve

9C82 Disorders of extraocular muscles

Coded Elsewhere: Certain paralytic strabismus (9C81.Y)

9C82.0 Progressive external ophthalmoplegia

Chronic ophthalmoplegia is characterised by progressive weakness of ocular muscles and levator muscle of the upper eyelid. The condition is mainly manifested in adults. It may be totally and permanently isolated, however in a minority of cases it is associated with skeletal myopathy, which causes abnormal fatigability and even permanent muscle weakness. In this case the affection is still termed isolated progressive external ophthalmoplegia. A large proportion of chronic ophthalmoplegias presents with multisystemic pattern of signs: neurological signs (hearing loss, retinopathy, cerebellar disorders, peripheral neuropathy, etc.), endocrine (diabetes, hypogonadism, hypoparathyroidism, etc.), kidney (kidney failure, tubulopathy, etc.), and heart disorders (conduction disorders, myocardiopathy, etc.).

9C82.1 Muscular dystrophy affecting extraocular muscle

Non-specific term that is used to describe a range of primary myopathies that affect the extraocular muscles.

Exclusions: Secondary myopathies (8C80‑8C8Z)

Coded Elsewhere: Congenital fibrosis of extraocular muscles (9C82.2)

9C82.2 Congenital cranial dysinnervation syndrome

#DRAFT# Congenital Disorders of Eye Movements Attributable to Failure of Neurological Embryogenesis

9C82.3 Restrictive ophthalmopathy

Coding Note: Code also the causing condition

9C82.4 Oculomotor apraxia

9C82.Y Other specified disorders of extraocular muscles

9C82.Z Disorders of extraocular muscles, unspecified

9C83 Disorders of binocular movement

Other disorders of binocular movement in which the movement of the two eyes is abnormal.

9C83.0 Palsy of conjugate gaze

A palsy of conjugate gaze is an incomplete or absent movement of the two eyes in a particular direction of gaze.

Coded Elsewhere: Progressive supranuclear palsy (8A00.10)

9C83.00 Horizontal gaze palsy

A palsy of horizontal gaze is an incomplete or absent movement of the two eyes in a horizontal direction of gaze. May be in one or both directions

9C83.01 Vertical gaze palsy

A palsy of vertical gaze is an incomplete or absent movement of the two eyes in the vertical direction of gaze.

9C83.02 Monocular elevator palsy

Monocular elevator palsy is an incomplete or absent movement of one eye in upgaze. May be due to pathology in the orbit, as well as infranuclear, internuclear, or supranuclear in origin.

9C83.0Y Other specified palsy of conjugate gaze

9C83.0Z Palsy of conjugate gaze, unspecified

9C83.1 Spasm of conjugate gaze

9C83.10 Horizontal conjugate gaze deviation

9C83.11 Upward gaze deviation

9C83.12 Downward gaze deviation

9C83.13 Oculogyric crisis

Episodic spells of tonic upward and sometimes lateral deviation of the eyes, rarely downward.

9C83.1Y Other specified spasm of conjugate gaze

9C83.1Z Spasm of conjugate gaze, unspecified

9C83.2 Convergence insufficiency

9C83.3 Convergence excess

9C83.4 Spasm of the near reflex

9C83.5 Internuclear ophthalmoplegia

This is a disorder of conjugate lateral gaze in which the affected eye shows impairment of adduction.

9C83.6 Anomalies of divergence or deviation of eye movement

9C83.60 Divergence insufficiency

9C83.61 Divergence paralysis

9C83.62 Divergence excess

9C83.63 Synergistic divergence

Anomalous innervation of muscle normally supplied by the oculomotor nerve.

In congenital unilateral adduction palsy, when adduction is attempted, the affected eye abducts rather than adducts.

9C83.64 Skew deviation

a vertical misalignment of the visual axes caused by a disturbance of prenuclear inputs

9C83.65 Ocular tilt reaction

skew deviation associated with ocular torsion (cyclodeviation) and a head tilt (ear to shoulder)

9C83.66 Alternating skew deviation

9C83.67 Dissociative vertical divergence

9C83.6Y Other specified anomalies of divergence or deviation of eye movement

9C83.6Z Anomalies of divergence or deviation of eye movement, unspecified

9C83.Y Other specified disorders of binocular movement

9C83.Z Disorders of binocular movement, unspecified

9C84 Nystagmus

9C84.0 Physiological nystagmus

9C84.1 Congenital forms of nystagmus

9C84.2 Vestibular nystagmus

9C84.20 Downbeat nystagmus

9C84.21 Upbeat nystagmus

9C84.22 Torsional nystagmus

9C84.23 Perverted nystagmus

9C84.2Y Other specified vestibular nystagmus

9C84.2Z Vestibular nystagmus, unspecified

9C84.3 Seesaw nystagmus

9C84.4 Gaze-evoked nystagmus

9C84.5 Nystagmus occurring in visual system disorders

Coding Note: Code also the causing condition

Coded Elsewhere: Spasmus nutans (8A04.Y)

9C84.50 Visual deprivation nystagmus

9C84.51 Divergence nystagmus

9C84.52 Convergence-retraction nystagmus

9C84.5Y Other specified nystagmus occurring in visual system disorders

Coding Note: Code also the causing condition

9C84.5Z Nystagmus occurring in visual system disorders, unspecified

Coding Note: Code also the causing condition

9C84.6 Eyelid nystagmus

9C84.Y Other specified nystagmus

9C84.Z Nystagmus, unspecified

9C85 Certain specified irregular eye movements

9C85.0 Anomalies of saccadic eye movements

9C85.00 Disorders of the saccadic pulse

9C85.01 Disorders of the saccadic step

Coded Elsewhere: Gaze-evoked nystagmus (9C84.4)

9C85.02 Inappropriate saccades

Inclusions: Saccadic intrusions and oscillations

9C85.0Y Other specified anomalies of saccadic eye movements

9C85.0Z Anomalies of saccadic eye movements, unspecified

9C85.1 Anomalies of smooth pursuit movements

9C85.2 Nonorganic eye movement disorders

9C85.Y Other specified irregular eye movements

9C85.Z Irregular eye movements, unspecified

9C8Y Other specified strabismus or ocular motility disorders

9C8Z Strabismus or ocular motility disorders, unspecified

Disorders of refraction or accommodation (9D00‑9D0Z)

9D00 Disorders of refraction

9D00.0 Myopia

A refractive error in which rays of light entering the eye parallel to the optic axis are brought to a focus in front of the retina when ocular accommodation is relaxed. This usually results from the eyeball being too long from front to back, but can be caused by an overly curved cornea, a lens with increased optical power, or both. It is also called nearsightedness.

Exclusions: degenerative myopia (9B76)

9D00.1 Hypermetropia

A refractive error in which rays of light entering the eye parallel to the optic axis are brought to a focus behind the retina, as a result of the eyeball being too short from front to back. It is also called farsightedness because the near point is more distant than it is in emmetropia with an equal amplitude of accommodation.

9D00.2 Astigmatism

Unequal curvature of the refractive surfaces of the eye. Thus a point source of light cannot be brought to a point focus on the retina but is spread over a more or less diffuse area. This results from the radius of curvature in one plane being longer or shorter than the radius at right angles to it.

9D00.3 Presbyopia

The normal decreasing elasticity of the crystalline lens that leads to loss of accommodation.

9D00.4 Anisometropia

9D00.5 Aniseikonia

9D00.6 Transient refractive change

9D00.Y Other specified disorders of refraction

9D00.Z Disorders of refraction, unspecified

9D01 Disorders of accommodation

#DRAFT# This is a group of conditions associated with the eyes' ability to focus on an object as its distance varies.

9D01.0 Internal ophthalmoplegia

9D01.1 Paresis of accommodation

9D01.2 Spasm of accommodation

9D01.Y Other specified disorders of accommodation

9D01.Z Disorders of accommodation, unspecified

9D0Y Other specified disorders of refraction or accommodation

9D0Z Disorders of refraction or accommodation, unspecified

Postprocedural disorders of eye or ocular adnexa (9D20‑9D25)

Exclusions: pseudophakia (QB51.2)

Coded Elsewhere: Haemorrhage and haematoma of eye or ocular adnexa complicating a procedure (NE81.01)

Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

9D20 Bullous aphakic keratopathy following cataract surgery

Inclusions: Vitreal corneal syndrome

9D21 Cataract lens fragments in eye following cataract surgery

9D22 Chorioretinal scars after surgery for detachment

9D23 Conjunctival blebitis after glaucoma surgery

9D24 Complications with glaucoma drainage devices

9D25 Glaucoma due to ocular surgery or laser

Impairment of visual functions (9D41‑9D7Z)

Coded Elsewhere: Impairment of electrophysiological functions (MC21)

Polyopia (9D53)

9D41 Impairment of visual field

Ranges of visual field impairment refer to the extent of peripheral vision outside fixation. The extent should be measured for each eye separately.

9D42 Patterns of visual field impairment

Patterns of visual field impairment are often indicative for certain disease conditions.

9D42.0 Visual field loss, pattern not specified

9D42.2 Peripheral field deficit

9D42.20 Enlarged blind spot

Inclusions: Scotoma of blind spot area

9D42.21 Arcuate scotoma

A Bjerrum or arcuate scotoma follows the pattern of the retinal nerve fibres. It is typical for glaucomatous defects and can also be caused by juxta-papillary lesions.

9D42.22 Nasal step

A nasal step is a discontinuity of the nasal field limit at the horizontal meridian. It is typical for glaucoma.

9D42.23 Ring scotoma

A ring scotoma is a scotoma that surrounds the central field. Initially, it may consist of several smaller scotomas that gradually coalesce.

9D42.24 Isolated peripheral scotoma

Isolated scotomas may be the result of scarring from infections or surgery.

9D42.2Y Other specified peripheral field deficit

9D42.2Z Peripheral field deficit, unspecified

9D42.3 Hemianopic or quadrantic loss

Defects that cover a hemi-field or a quadrant in one eye may be the result of optic nerve involvement.

9D42.4 Central scotoma

A central scotoma is a defect that covers the fovea. It therefore causes visual acuity loss and may necessitate eccentric fixation.

9D42.5 Para-central scotoma

A para-central scotoma is a scotoma adjacent to the fovea. Both may minimally affect letter chart acuity, but may interfere significantly with reading and other activities.

9D42.6 Homonymous hemianopia or quadrant anopia

Homonymous, binocular field defects present the same or similar patterns in both eyes. They are caused by lesions of the retro-chiasmal pathways.

9D42.60 Right hemi-field homonymous hemianopia or quadrant anopia

9D42.61 Left hemi-field homonymous hemianopia or quadrant anopia

9D42.6Y Other specified homonymous hemianopia or quadrant anopia

9D42.6Z Homonymous hemianopia or quadrant anopia, unspecified

9D42.7 Heteronymous hemianopia or quadrant anopia

Heteronymous field defects present opposite patterns in the two eyes. They may be caused by chiasmal lesions.

9D42.70 Bi-nasal defects heteronymous hemianopia or quadrant anopia

9D42.71 Bi-temporal defects heteronymous hemianopia or quadrant anopia

9D42.7Y Other specified heteronymous hemianopia or quadrant anopia

9D42.7Z Heteronymous hemianopia or quadrant anopia, unspecified

9D42.8 Visual field loss, other specified forms

9D42.Y Other specified patterns of visual field impairment

9D42.Z Patterns of visual field impairment, unspecified

9D43 Impairment of contrast vision

Contrast sensitivity refers to the ability to distinguish small differences in brightness between adjacent surfaces.

Peak Contrast sensitivity refers to the smallest differences that are discernible for large stimuli.

For smaller objects, such as those involved in many Activities of Daily Living, contrast sensitivity interacts with visual acuity and visual field. Better contrast makes smaller details visible. The visual field is larger for stronger stimuli.

9D44 Impairment of colour vision

Colour vision refers to the ability to distinguish colour differences. True colour “blindness” is extremely rare. Most colour vision deficiencies are minor, and congenital, with X-linked recessive inheritance (more prevalent among men). Some drugs and optic neuritis may also cause colour vision deficiencies.

Inclusions: achromatopsia

acquired colour vision deficiency

colour blindness

9D45 Impairment of light sensitivity

Coded Elsewhere: Vitamin A deficiency with night blindness (5B55.0)

9D46 Impairment of binocular functions

Subjective visual experiences (9D50‑9D5Z)

Subjective Visual Experiences are experiences reported by patients, whose presence or absence cannot be verified objectively.

9D50 Visual discomfort

Inclusions: Asthenopia

9D51 Transient visual loss

Coded Elsewhere: Amaurosis fugax (8B10.0)

9D52 Hemifield losses

9D53 Entoptic phenomena

Entoptic phenomena are visual phenomena caused by changes within the eye.

Coded Elsewhere: Visual floaters (MC1A)

9D54 Visual illusions

Visual illusions refer to percepts based on an erroneous interpretation of visual input.

9D55 Nonorganic visual loss

9D56 Visual release hallucinations

Visual release hallucinations, also called Charles Bonnet syndrome, refer to the experience of complex visual hallucinations in a person who has experienced partial or complete loss of vision. Hallucinations are exclusively visual, usually temporary, and unrelated to mental and behavioural disorders.

Exclusions: Schizophrenia or other primary psychotic disorders (6A20‑6A2Z)

9D5Y Other specified subjective visual experiences

9D5Z Subjective visual experiences, unspecified

9D7Y Other specified impairment of visual functions

9D7Z Impairment of visual functions, unspecified

Vision impairment (9D90‑9D9Z)

A vision impairment results when an eye condition affects the visual system and one or more of its vision functions. Typically, population-based surveys measure visual impairment using exclusively visual acuity, with severity categorized as mild, moderate or severe distance vision impairment or blindness, and near vision impairment. However, in the clinical setting, other visual functions are also often assessed, such as a person’s field of vision, contrast sensitivity and colour vision.

9D90 Vision impairment including blindness

The table below gives a classification of severity of vision impairment based on visual acuity.  For epidemiological studies, it is recommended to collect the following information on visual acuity for each eye, for both eyes open and for distance and near.

1. Uncorrected visual acuity
2. Presenting visual acuity
3. Best corrected visual acuity

Blindness is also categorized according to the degree of constriction of the central visual field in the better eye to less than 10 degrees.

For capturing and coding of “No vision impairment”, use QA00.62 (QA00.6 Examination of eyes or vision).

| **Category** | **Visual acuity \*1** |  |
| --- | --- | --- |
|  | **Worse than:** | **Equal to or better than:** |
| No vision impairment |  | * 6/12 * 5/10 (0.5) * 20/40 * 0.3 |
| 1 Mild vision impairment | * 6/12 * 5/10 (0.5) * 20/40 * 0.3 | * 6/18 * 3/10 (0.3) * 20/70 * 0.5 |
| 2 Moderate vision impairment | * 6/18 * 3/10 (0.3) * 20/70 * 0.5 | * 6/60 * 1/10 (0.1) * 20/200 * 1.0 |
| 3 Severe vision impairment | * 6/60 * 1/10 (0.1) * 20/200 * 1.0 | * 3/60 * 1/20 (0.05) * 20/400 * 1.3 |
| 4 Blindness | * 3/60 * 1/20 (0.05) * 20/400 * 1.3 | * 1/60 or counts fingers (CF) * at 1 metre * 1/50 (0.02) * 20/1200 or counts fingers (CF) * at 1 metre * 1.8 |
| 5 Blindness | * 1/60 * 1/50 (0.02) * 5/300 (20/1200) * 1.8 | Light perception |
| 6 Blindness | No light perception |  |
| 9 | Undetermined or unspecified |  |
| Near vision impairment | N6 or M 0.8 at 40cms |  |

\*1 Presented in metres, decimals, feet and logMar

Coded Elsewhere: No vision impairment (QA00.62)

9D90.1 Mild vision impairment

9D90.2 Moderate vision impairment

Inclusions: visual impairment category 2, in both eyes

9D90.3 Severe vision impairment

Inclusions: visual impairment category 3 in one eye, with categories 1 or 2 in the other eye

9D90.6 Blindness

The numerical definition used for WHO statistics refers to profound, near-total or total loss. The functional definition refers to individuals who have little or no residual vision and who have to rely predominantly on vision substitution skills, i.e. on using senses other than vision (Braille or talking books for reading, a long cane or guide dog for mobility, or touch for manipulation).

Inclusions: visual impairment category 5

visual impairment categories 4, 5, 6 in both eyes

visual impairment categories 4, 5, 6 in one eye and categories 1, 2, 3 or 9 in the other eye

visual impairment categories 4, 5, 6 in one eye [normal vision in other eye]

9D90.7 Near vision impairment

Near vision refers to the ability to perform tasks that require detailed vision at a close distance. It should be measured with both eyes open at the subject’s preferred viewing distance and with the subject’s habitual near vision correction (if any). Near vision impairment is characterised by a presenting near visual acuity worse than N6.

9D92 Specific vision dysfunctions

Specific visual dysfunctions refer to functional deficits in higher cerebral centres. Such dysfunctions may exist with or without visual impairment of the eyes and the lower visual system.

9D93 Complex vision-related dysfunctions

Complex Vision-Related Dysfunctions involve interactions with other sensory and motor systems. They reflect the combined effects at all stages of processing.

9D94 Impairment of presenting visual acuity

9D95 Impairment of best corrected visual acuity

9D96 Impairment of uncorrected visual acuity

9D9Y Other specified vision impairment

9D9Z Vision impairment, unspecified

9E1Y Other specified diseases of the visual system

9E1Z Diseases of the visual system, unspecified

CHAPTER 10

Diseases of the ear or mastoid process

This chapter has 78 four-character categories.

Code range starts with AA00

This chapter contains diseases of the ear and diseases of the mastoid process.

Exclusions: Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Certain infectious or parasitic diseases (Chapter 01)

Certain conditions originating in the perinatal period (Chapter 19)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Neoplasms (Chapter 02)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Coded Elsewhere: Structural developmental anomalies of the ear (LA20-LA2Z)

Symptoms, signs or clinical findings of ear or mastoid process (MC40-MC6Y)

This chapter contains the following top level blocks:

* Diseases of external ear
* Diseases of middle ear or mastoid
* Diseases of inner ear
* Disorders with hearing impairment
* Disorders of ear, not elsewhere classified
* Postprocedural disorders of ear or mastoid process

Diseases of external ear (AA00‑AA6Z)

Coded Elsewhere: Inflammatory disorders of the external ear (EG40-EG4Z)

Infectious diseases of external ear (AA00‑AA0Z)

Coded Elsewhere: Erysipelas of external ear (1B70.01)

Candida otomycosis (1F23.16)

Herpes simplex infection of external ear (1F00.0Y)

Otitis externa due to zoster (1E91.Y)

AA00 Abscess of external ear

A fluctuant collection of purulent exudate and necrotic tissue located in the external auditory canal or in the soft tissues of the pinna, most commonly due to Staphylococcus aureus.

AA01 Cellulitis of external ear

A diffuse subacute bacterial infection of the soft tissues of the external ear, most commonly due to beta-haemolytic streptococci. It may arise within an apparently healthy external ear but may complicate both inflammatory and infective forms of otitis externa.

Exclusions: Erysipelas of external ear (1B70.01)

Staphylococcal cellulitis of skin (1B70.2)

Streptococcal cellulitis of skin (1B70.1)

AA02 Malignant otitis externa

Malignant otitis externa is a rare life-threatening infective complication of otitis externa. It is due in the majority of cases to Pseudomonas aeruginosa. Organisms penetrate from the external ear canal into the surrounding deeper tissues resulting in osteomyelitis of the temporal bone and risks of damage to adjacent cranial nerves and septic thrombo-emboli to the brain. Advanced age, uncontrolled diabetes mellitus and immunosuppression are risk factors.

AA03 Otomycosis

Fungal infection of the ear. Otomycosis is due to Aspergillus spp., especially A. niger, in 75% or more of cases and Candida in most of the remainder.

Coded Elsewhere: Aspergillus otomycosis (1F20.10)

Candida otomycosis (1F23.16)

AA04 Perichondritis of external ear

Perichondritis is an infection of the tissue surrounding the cartilage of the outer ear, the perichondrium. It usually results from injury to the ear from ear surgery, ear piercing (especially piercing of the cartilage), or trauma from contact sports. The most common bacterium causing perichondritis is Pseudomonas aeruginosa. Presenting features include pain, redness and swelling of the auricle, and fever.

AA0Y Other specified infectious diseases of external ear

AA0Z Infectious diseases of external ear, unspecified

Otitis externa (AA10‑AA3Z)

Inflammation of the outer ear including the external ear canal, cartilages of the auricle, and the tympanic membrane.

Noninfectious inflammation of external ear (AA10‑AA1Z)

Coded Elsewhere: Contact dermatitis of external ear (EG40)

Juvenile spring eruption (EJ30.0)

AA10 Seborrhoeic otitis externa

Seborrhoeic dermatitis affecting the skin of the external ear. It is usually accompanied by evidence of seborrhoeic dermatitis at other sites. In mild cases it may be asymptomatic but it can present acutely with severe pain, oedema and exudation. Longstanding cases may be complicated by chronic lymphoedema and occlusion of the external auditory canal.

Exclusions: Seborrhoea (ED91.2)

AA11 Acute noninfectious otitis externa

Rapid onset of eczematous inflammation of the outer ear the cause of which cannot be more precisely classified.

Exclusions: Acute seborrhoeic otitis externa (AA10)

Allergic contact dermatitis of external ear (EG40.0)

Irritant contact dermatitis of external ear (EK02.10)

AA12 Chondrodermatitis nodularis

A common pressure-induced painful nodule or ulcer affecting the external ear. It results from ischaemia of skin and underlying cartilage from a focal point of high pressure from the weight of the recumbent head. The site of involvement is dependent on the shape of the pinna (most commonly the helix is involved but in some individuals it is the antihelix which is more prominent) and whether the sufferer is limited to sleeping on one side and is thus unable to spare the ear from constant pressure when lying in bed.

AA13 Chronic otitis externa

#DRAFT# This is a chronic inflammatory dermatosis of the outer ear and ear canal.

AA1Y Other specified noninfectious inflammation of external ear

AA1Z Noninfectious inflammation of external ear, unspecified

AA3Y Other specified otitis externa

Coding Note: Code also the causing condition

AA3Z Otitis externa, unspecified

Coding Note: Code also the causing condition

Noninflammatory disorders of the external ear (AA40‑AA4Z)

Miscellaneous noninflammatory disorders involving the external ear.

Coded Elsewhere: Ear-lobe keloid (EE60.00)

Acanthoma fissuratum (EH92.Y)

AA40 Acquired deformity of external auditory canal

AA40.0 Exostosis of external auditory canal

AA40.1 Acquired stenosis of external auditory canal

Acquired stenosis of external auditory canal was described as resulting from a number of different causes. Since then, histology and imaging studies of this disease have shown that a common cascade of inflammatory changes resulting from these different causes is the primary pathogenesis leading to medial canal fibrosis. Once there is complete obstruction of the external auditory canal, surgery is the primary treatment.

AA40.2 Cholesteatoma of external auditory canal

#DRAFT# This is a destructive and expanding growth consisting of an accumulation of keratinous debris within a cyst‐like penetration of the bony portion of the external auditory canal wall. There is localised ulceration of the skin of the floor of the canal, with underlying osteitis and sometimes necrosis of bone.

AA40.Y Other specified acquired deformity of external auditory canal

AA41 Acquired deformity of pinna

Acquired deformities involving the external ear.

Inclusions: Acquired deformity of auricle

AA41.0 Cauliflower ear

Cauliflower ear is the end result of fibrosis of the skin and soft tissues of the pinna following a traumatic subperichondrial haematoma, usually due to trauma. It manifests as permanent swelling and deformity of the ear, described as resembling a cauliflower. It is found most commonly amongst men involved in contact sports such as boxing, wrestling, martial arts and rugby football.

AA41.Y Other specified acquired deformity of pinna

AA42 Impacted cerumen

Impacted cerumen is the presence of occlusive aural wax in the external ear canal. Wax may cause tinnitus or otalgia and removal may be required to allow adequate otoscopic examination and/or alleviate symptoms.

AA4Y Other specified noninflammatory disorders of the external ear

AA4Z Noninflammatory disorders of the external ear, unspecified

AA6Z Diseases of external ear, unspecified

Diseases of middle ear or mastoid (AA80‑AB1Z)

Middle ear, derived from the first pharyngeal (branchial) pouch; has the malleus and incus and stapes and includes the spaces of the epitympanum and mesotympanum and hypotympanum. The mastoid; normally contains "air"; the lateral boundary of the mesotympanum is where the tympanic membrane is, or normally would be located.

Coded Elsewhere: Congenital conductive hearing loss (AB50.0)

Otosclerosis (AB33)

Congenital mixed conductive and sensorineural hearing loss (AB50.2)

Otitis media (AA80‑AB0Z)

Nonsuppurative otitis media (AA80‑AA8Z)

#DRAFT# This is inflammation of the middle ear, or middle ear infection. It occurs in the area between the tympanic membrane and the inner ear, including a duct known as the eustachian tube.

AA80 Acute serous or mucoid otitis media

Acute serous or mucoid otitis media is a collection of non-infected fluid in the middle ear that has developed as a result of a upper respiratory infection.

AA81 Acute nonserous nonsuppurative otitis media

#DRAFT# This is most often purely viral and self-limited, as it usually accompanies viral URI (upper respiratory infection). There is congestion of the ears and perhaps mild discomfort and popping, but the symptoms resolve with the underlying URI.

Exclusions: Otitic barotrauma (NF04.0)

AA82 Chronic serous or mucoid otitis media

Chronic serous or mucoid otitis media is probably the most common form of sub-acute middle ear disease found in the developed world. It typically lingers following otitis media, when the fluid in the ear, formed by the infection, does not clear spontaneously. The tympanic membrane is intact but the middle ear is liquid- fluid filled. This presumably puts the middle ear at risk for further infection and often worsens hearing by about 30 dB. This is most frequently found in children and can interfere with language acquisition and learning.

AA83 Noninfected otitis media with effusion

AA8Z Nonsuppurative otitis media, unspecified

Suppurative otitis media (AA90‑AA9Z)

This involves a perforation (hole) in the tympanic membrane and active bacterial infection within the middle ear space for several weeks or more. There may be enough pus that it drains to the outside of the ear (otorrhea), or the purulence may be minimal enough to only be seen on examination using a binocular microscope, unspecified.

AA90 Acute suppurative otitis media

Acute suppurative otitis media is defined as an inflammation of the middle ear which erupts suddenly and passes quickly. It is characteristic to have a middle-ear infection behind a reddened eardrum.

AA91 Chronic suppurative otitis media

AA91.0 Chronic tubotympanic suppurative otitis media

Having a tympanic membrane perforation for at least three months, chronic suppurative otitis media has traditionally been classified into safe and unsafe type. Chronic tubotympanic suppurative otitis media is considered "safe" (meaning it is unlikely to become a worse problem for the patient) if it involves a central perforation of the pars tensa with the inflammatory process affecting the mucosa of the middle ear cleft.

Inclusions: Benign chronic suppurative otitis media

Chronic tubotympanic disease

AA91.1 Chronic atticoantral suppurative otitis media

Chronic suppurative otitis media has traditionally been classified into safe and unsafe type. Chronic atticoantral suppurative otitis media which is unsafe type is typified by a marginal perforation of the posterosuperior pars tensa or pars flaccida.

Inclusions: Chronic atticoantral disease

AA91.2 Other chronic suppurative otitis media

This involves a perforation (hole) in the tympanic membrane and active bacterial infection within the middle ear space for several weeks or more. There may be enough pus that it drains to the outside of the ear (otorrhea), or the purulence may be minimal enough to only be seen on examination using a binocular microscope.

AA91.Z Chronic suppurative otitis media, unspecified

AA9Z Suppurative otitis media, unspecified whether acute or chronic

AB00 Acute otitis media

Coded Elsewhere: Acute nonserous nonsuppurative otitis media (AA81)

Acute suppurative otitis media (AA90)

AB01 Chronic otitis media

Coded Elsewhere: Chronic serous or mucoid otitis media (AA82)

Chronic suppurative otitis media (AA91)

AB0Y Other specified otitis media

Coding Note: Code also the causing condition

AB0Z Otitis media, unspecified

Coding Note: Code also the causing condition

AB10 Disorders of Eustachian tube

AB10.0 Diverticulum of Eustachian tube

AB10.1 Patulous Eustachian tube

#DRAFT# This is the name of a rare physical disorder where the Eustachian tube, which is normally closed, instead stays intermittently open. When this occurs, the patient experiences autophony, the hearing of self-generated sounds.

AB10.2 Eustachian salpingitis

AB10.3 Obstruction of Eustachian tube

Inclusions: Compression of Eustachian tube

Stricture of Eustachian tube

AB10.Y Other specified disorders of Eustachian tube

AB10.Z Disorders of Eustachian tube, unspecified

AB11 Mastoiditis or related conditions

#DRAFT# This is the result of an infection that extends to the air cells of the skull behind the ear. Specifically, it is an inflammation of the mucosal lining of the mastoid antrum and mastoid air cell system inside the mastoid process, that portion of the temporal bone of the skull that is behind the ear and which contains open, air-containing spaces, and related conditions.

AB11.0 Acute mastoiditis

Rapid onset inflammation of the mastoid bone, located in the skull just behind the ear. It is often a complication of otitis media.

AB11.1 Chronic mastoiditis

Persistent or recurrent inflammation of the space in the mastoid bone. It is often a complication of otitis media.

AB11.2 Petrositis

AB11.3 Mastoiditis, not elsewhere classified

AB11.Y Other specified mastoiditis or related conditions

AB12 Cholesteatoma of middle ear

Exclusions: Recurrent cholesteatoma of postmastoidectomy cavity (AB90)

Cholesteatoma of external auditory canal (AA40.2)

AB13 Perforation of tympanic membrane

Exclusions: Traumatic rupture of ear drum (NA0A.2)

AB13.0 Central perforation of tympanic membrane

A temporary or persistent opening in the central portion of the tympanic membrane. Clinical signs depend on the size, location, and associated pathological condition.

AB13.1 Attic perforation of tympanic membrane

#DRAFT# This is a rupture or perforation (hole) of the eardrum which can occur as a result of otitis media (ear infection), trauma (e.g. by trying to clean the ear with sharp instruments), explosion, loud noise or surgery (accidental creation of a rupture).

Inclusions: Perforation of pars flaccida

AB13.2 Other marginal perforations of tympanic membrane

#DRAFT# This is a rupture or perforation (hole) of the eardrum which can occur as a result of otitis media (ear infection), trauma (e.g. by trying to clean the ear with sharp instruments), explosion, loud noise or surgery (accidental creation of a rupture), and other marginal perforations.

AB13.Y Other specified perforation of tympanic membrane

AB13.Z Perforation of tympanic membrane, unspecified

AB14 Acute myringitis

Myringitis is the inflammation of the tympanic membrane, often involving painful blisters on the tympanic membrane. It can develop as self-maintained primary disease of the TM (primary myringitis) or as an effect of an inflammatory process of adjacent tissues of the external or middle ear (secondary myringitis). Myringitis may be accompanied by hearing impairment and a sensation of congestion and earache. It is generally a viral or bacterial infection and may occur with otitis media. After 3 weeks, acute myringitis becomes subacute and, within 3 months, chronic.

Inclusions: Acute tympanitis

Exclusions: Acute myringitis with otitis media (AB00)

AB15 Chronic myringitis

Persistent or recurrent inflammation of the tympanic membrane.

Inclusions: Chronic tympanitis

Exclusions: Chronic myringitis with otitis media (AB01)

AB16 Tympanosclerosis

Tympanosclerosis is a scarring process with a remarkable variability in its localization within the middle ear. It can lead to conductive hearing loss.

AB17 Adhesive middle ear disease

Inclusions: Adhesive otitis

Exclusions: glue ear (AA82)

AB18 Discontinuity or dislocation of ear ossicles

AB19 Acquired abnormalities of ear ossicles not related to discontinuity or dislocation

AB1A Polyp of middle ear

AB1A.0 Aural polyp

AB1A.Y Other specified polyp of middle ear

AB1A.Z Polyp of middle ear, unspecified

AB1B Middle ear cicatrix

AB1Y Other specified diseases of middle ear or mastoid

AB1Z Diseases of middle ear or mastoid, unspecified

Diseases of inner ear (AB30‑AB3Z)

Coded Elsewhere: Congenital mixed conductive and sensorineural hearing loss (AB50.2)

Congenital sensorineural hearing loss (AB50.1)

AB30 Acute vestibular syndrome

A clinical syndrome of acute-onset, continuous vertigo, dizziness, or unsteadiness lasting days to weeks, and generally including features suggestive of new, ongoing vestibular system dysfunction (e.g., vomiting, nystagmus, severe postural instability). There may also be symptoms or signs suggesting cochlear or central nervous system dysfunction. Acute vestibular syndrome usually connotes a single, monophasic event, often caused by a one-time disorder, but it may instead punctuate a relapsing-and-remitting or stepwise, progressive illness course. Disorders typically presenting this syndrome include vestibular neuritis, acute labyrinthitis, traumatic vestibulopathy, demyelinating disease with vestibular involvement, and strokes affecting central or peripheral vestibular structures.

Coding Note: Code also the causing condition

AB30.0 Vestibular neuritis

Vestibular neuritis (also known as vestibular neuronitis) may be described as acute, sustained dysfunction of the peripheral vestibular system with secondary nausea, vomiting, and vertigo. Important negative features include aural fullness and hearing loss.

AB30.1 Labyrinthitis

Labyrinthitis is an inflammatory disorder of the inner ear (labyrinth) producing disturbances of balance and hearing to varying degrees. It can be caused by bacterial or viral infections and autoimmune processes.

AB30.Y Other specified acute vestibular syndrome

Coding Note: Code also the causing condition

AB30.Z Acute vestibular syndrome, unspecified

Coding Note: Code also the causing condition

AB31 Episodic vestibular syndrome

A clinical syndrome of transient vertigo, dizziness, or unsteadiness lasting seconds to hours, occasionally days, and generally including features suggestive of temporary, short-lived vestibular system dysfunction (e.g., nausea, nystagmus, sudden falls). There may also be symptoms or signs suggesting cochlear or central nervous system dysfunction. Episodic vestibular syndrome usually connotes multiple, recurrent events caused by an episodic disorder with repeated spells (triggered or spontaneous), but may initially present after the first event.

Coded Elsewhere: Benign paroxysmal vertigo of childhood (8A80.Y)

AB31.0 Meniere disease

Meniere Disease (MD) is a chronic progressive inner ear disease, with endolymphatic hydrops. It is characterised by recurrent attacks of debilitating spontaneous vertigo lasting from 20 minutes to up to 12 hours, accompanied by a sense of fullness and tinnitus in the affected ear, and ipsilateral fluctuating sensorineural hearing loss (SNHL) in the low or low and middle frequencies. There may be nystagmus during attacks and falls are frequent. When known, etiology should be added.

Inclusions: Labyrinthine hydrops

AB31.1 Vestibular migraine

Recurrent attacks of moderate to severe vestibular symptoms lasting from 5 minutes to 72 hours in patients with a past or ongoing history of migraine headaches. Vestibular symptoms are usually spontaneous and positional vertigo, head motion-induced and visual vertigo as well as head motion-induced dizziness with nausea. Attacks of vestibular symptoms may occur together or independently of migraine symptoms like headache, photophobia, phonophobia or visual aura.

AB31.2 Benign positional paroxysmal vertigo

Benign paroxysmal positional vertigo is defined as an abnormal sensation of motion that is elicited by certain critical provocative physical positions of the patient (e.g. becoming dorsal recumbent). The provocative positions usually trigger specific eye movements (e.g. nystagmus). The character and direction of the nystagmus is specific to the part of the inner ear affected and the underlying pathophysiology.

AB31.3 Superior canal dehiscence syndrome

Superior canal dehiscence syndrome (SCDS) occurs when thin or dehiscent bone over the superior semicircular canal, best demonstrated on CT, allows pressure transmission between the canal and the intracranial space. Vertigo and nystagmus may occur when the canal is stimulated by loud sounds or changes in middle ear or intracranial pressure. Hyperacusis to bone-conducted sounds can cause conductive hearing loss, pulsatile tinnitus, or autophony (hearing one’s own body sounds as loud or distorted). While the bony defect may be congenital, head trauma can be the final step that opens a functionally mobile labyrinthine window.

AB31.4 Disembarkment syndrome

Disembarkment syndrome, or Mal de debarquement (MdD) occurs when habituation to unfamiliar motion patterns like traveling on a boat, train, or airplane, becomes resistant to re-adaption on return to stable conditions. It results in an illusion of self motion typically described as rocking, bobbing, or swaying. Brief periods of MdD (hours) are common in healthy individuals, this otherwise natural phenomenon can become persistent in some individuals.

AB31.5 Autoimmune inner ear disease

Autoimmune inner ear disease (AIED) is a clinical syndrome of bilateral sensorineural hearing loss (SNHL) >30dB at one or more frequencies progressing over a period of 3-90 days. Progression of SNLH >15dB at one frequency or >10dB in two frequencies in at least one ear should be demonstrated. Vestibular symptoms may be present in 50% of patients and systemic autoimmune disease (SAD) coexists in 30% of patients.

AB31.6 Vestibular paroxysmia

Vestibular paroxysmia (VP) is characterised by recurrent spells of vertigo or dizziness, lasting seconds to minutes, often many times a day. Attacks usually occur spontaneously but may occasionally be induced by changes of head position (which then needs to be distinguished from benign paroxysmal positioning vertigo). Possible accompanying symptoms are short attacks of tinnitus or changes in hearing. In the attack-free interval mild to moderate impairments of vestibular or audiological function may be found. Neurovascular cross-compression of the eighth nerve is the assumed mechanism.

AB31.7 Vertiginous syndromes

AB31.Y Other specified episodic vestibular syndrome

AB31.Z Episodic vestibular syndrome, unspecified

AB32 Chronic vestibular syndrome

A clinical syndrome of chronic vertigo, dizziness, or unsteadiness lasting months to years and generally including features suggestive of persistent vestibular system dysfunction (e.g., oscillopsia, nystagmus, gait unsteadiness). There may also be symptoms or signs suggesting cochlear or central nervous system dysfunction. Chronic vestibular syndrome often connotes a progressive, deteriorating course, but sometimes instead reflects a stable, incomplete recovery after an acute vestibular event, or persistent, lingering symptoms between episodic vestibular events.

AB32.0 Persistent Postural-Perceptual Dizziness

Persistent non-vertiginous dizziness, unsteadiness, or both lasting three months or more. Symptoms are present most days, often increasing throughout the day, but may wax and wane. Momentary flares may occur spontaneously or with sudden movement. Affected individuals feel worst when upright, exposed to moving or complex visual stimuli, and during active or passive head motion. These situations may not be equally provocative. Typically, the disorder follows occurrences of acute or episodic vestibular or balance-related problems. Symptoms may begin intermittently, and then consolidate. Gradual onset is uncommon.

AB32.1 Chronic unilateral idiopathic vestibulopathy

AB32.2 Persistent unilateral vestibulopathy after vestibular neuronitis

AB32.3 Unilateral vestibulopathy due to schwannoma

AB32.4 Unilateral vestibulopathy after medical intervention

AB32.5 Chronic bilateral vestibulopathy

Bilateral vestibulopathy (BVP) results from impaired vestibular function of both inner ears. It is clinically characterised by postural imbalance and unsteadiness of gait that worsens in darkness and on uneven ground, head or body movement-induced oscillopsia. If known, the etiology should be added to the diagnosis.

AB32.Y Other specified chronic vestibular syndrome

AB32.Z Chronic vestibular syndrome, unspecified

AB33 Otosclerosis

Otosclerosis is a genetically mediated metabolic bone disease that affects the otic capsule and stapes. It is an autosomal dominant disorder with varying penetrance and expressivity. Usually symptomatic hearing loss from otosclerosis develops early in the third decade of life, although onset in the teenage years does occur.

Inclusions: otospongiosis

AB34 Disorders of vestibular function

Exclusions: vertigo: NOS (MB48.0)

vertigo: epidemic (1C80‑1C8Z)

AB34.0 Idiopathic bilateral vestibulopathy

This results as the culmination of damage done to both inner ears and causes problems in vision, hearing and motor coordination.

AB34.1 Other peripheral vertigo

#DRAFT# This is a subtype of dizziness in which a patient inappropriately experiences the perception of motion (usually a spinning motion) due to dysfunction of the vestibular system, in the peripheral.

AB34.Y Other specified disorders of vestibular function

AB34.Z Disorders of vestibular function, unspecified

AB35 Labyrinthine fistula

Labyrinthine fistula is a condition in which an abnormal communication is present between the perilymphatic space of the inner ear and the middle ear (usually at or adjacent to the round or oval window). The manifestations of this disease vary in severity and complexity, commonly ranging from very mild to incapacitating.

AB36 Labyrinthine dysfunction

AB37 Noise effects on inner ear

Noise toxicity can cause hearing loss, either transient or permanent, and impairment. Noise-induced hearing loss typically begins in the high-pitched frequency range of human voices communication.

Inclusions: Noise-induced hearing loss

AB3Y Other specified diseases of inner ear

AB3Z Diseases of inner ear, unspecified

Disorders with hearing impairment (AB50‑AB5Z)

Exclusions: Otosclerosis (AB33)

AB50 Congenital hearing impairment

Both dominant and recessive genes exist which can cause mild to profound impairment. If a family has a dominant gene for deafness it will persist across generations because it will manifest itself in the offspring even if it is inherited from only one parent. If a family had genetic hearing impairment caused by a recessive gene it will not always be apparent as it will have to be passed onto offspring from both parents. Hearing impairment is sustained before the acquisition of language, which occurs due to a congenital condition.

AB50.0 Congenital conductive hearing loss

AB50.1 Congenital sensorineural hearing loss

AB50.2 Congenital mixed conductive and sensorineural hearing loss

AB50.Y Other specified congenital hearing impairment

AB50.Z Congenital hearing impairment, unspecified

AB51 Acquired hearing impairment

Loss of hearing that occurs sometime the course of life and is not present at birth. The hearing impairment is sustained after the acquisition of language, which can occur due to disease, trauma, or as a side-effect of a medicine. Conductive hearing loss may occur as a result of a problem in the outer or middle ear such as an obstruction (cerumen, foreign body), damage to the ossicles, middle ear infections, and/or perforation of the tympanic membrane. Sensorineural hearing loss is a type of hearing loss in which the root cause lies in the vestibulocochlear nerve (Cranial nerve VIII), the inner ear, or central processing centres of the brain. Mixed conductive and sensorineural hearing loss refers to a mix of both conductive and sensorineural hearing loss.

Exclusions: noise-induced hearing loss (AB37)

Ototoxic hearing loss (AB53)

Sudden idiopathic hearing loss (AB55)

deafness NOS (AB52)

Deaf mutism, not elsewhere classified (AB50‑AB5Z)

AB51.0 Acquired conductive hearing loss

Conductive hearing loss occurs when there is a problem conducting sound waves anywhere along the route through the outer ear, tympanic membrane (eardrum), or middle ear (ossicles), bilateral.

AB51.1 Acquired sensorineural hearing loss

Sensorineural hearing loss is a type of hearing loss in which the root cause lies in the vestibulocochlear nerve (Cranial nerve VIII), the inner ear, or central processing centres of the brain.

AB51.2 Acquired mixed conductive and sensorineural hearing loss

Conductive hearing loss occurs when there is a problem conducting sound waves anywhere along the route through the outer ear, tympanic membrane (eardrum), or middle ear (ossicles). Sensorineural hearing loss is a type of hearing loss in which the root cause lies in the vestibulocochlear nerve (Cranial nerve VIII), the inner ear, or central processing centres of the brain. This diagnosis refers to a mix of both conductive and sensorineural hearing loss.

AB51.Y Other specified acquired hearing impairment

AB51.Z Acquired hearing impairment, unspecified

AB52 Deafness not otherwise specified

AB53 Ototoxic hearing loss

AB54 Presbycusis

The term presbycusis refers to sensorineural hearing impairment in elderly individuals. Characteristically, presbycusis involves bilateral high-frequency hearing loss associated with difficulty in speech discrimination and central auditory processing of information.

Inclusions: Presbyacusia

AB55 Sudden idiopathic hearing loss

AB56 Hereditary hearing loss

Exclusions: Congenital hearing impairment (AB50)

Acquired hearing impairment (AB51)

AB57 Auditory synaptopathy or neuropathy

Normal outer hair cell function but lacking synchrony of neural transmission of auditory information due to damage of inner hair cells or their synapses or of the spiral ganglion cells or of the auditory nerve

AB5Y Other specified disorders with hearing impairment

AB5Z Disorders with hearing impairment, unspecified

Disorders of ear, not elsewhere classified (AB70‑AB7Y)

Exclusions: Tinnitus (MC41)

AB70 Otalgia or effusion of ear

Exclusions: Otitis media (AA80‑AB0Z)

Chronic primary orofacial pain (MG30.03)

Chronic secondary headache or orofacial pain (MG30.6)

AB70.0 Otorrhoea

Exclusions: leakage of cerebrospinal fluid through ear (8D63)

Otorrhagia (AB70.1)

AB70.1 Otorrhagia

Exclusions: traumatic otorrhagia - code by type of injury (Chapter 22)

AB70.2 Otalgia

Pain in one or both ears.

Exclusions: Chronic primary orofacial pain (MG30.03)

Chronic secondary headache or orofacial pain (MG30.6)

AB71 Degenerative or vascular disorders of ear

Exclusions: Presbycusis (AB54)

AB72 Disorders of acoustic nerve

Inclusions: Disorder of 8th cranial nerve

AB72.0 Acoustic neuritis

Coding Note: Code also the causing condition

AB72.Y Other specified disorders of acoustic nerve

AB72.Z Disorders of acoustic nerve, unspecified

AB73 Atrophy ear

AB7Y Other specified disorders of ear, not elsewhere classified

Postprocedural disorders of ear or mastoid process (AB90‑AB93)

AB90 Recurrent cholesteatoma of postmastoidectomy cavity

AB91 Mucosal cyst of postmastoidectomy cavity

AB92 Granulation of postmastoidectomy cavity

AB93 Chronic inflammation of postmastoidectomy cavity

AC0Y Other specified diseases of the ear or mastoid process

AC0Z Diseases of the ear or mastoid process, unspecified

CHAPTER 11

Diseases of the circulatory system

This chapter has 161 four-character categories.

Code range starts with BA00

This refers to diseases of the organ system that passes nutrients (such as amino acids, electrolytes and lymph), gases, hormones, blood cells, etc. to and from cells in the body to help fight diseases, stabilize body temperature and pH, and to maintain homeostasis.

Exclusions: Certain infectious or parasitic diseases (Chapter 01)

Certain conditions originating in the perinatal period (Chapter 19)

Congenital malformations, deformations and chromosomal abnormalities (Chapter 20)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Coded Elsewhere: Neoplasms of the circulatory system

Developmental anomalies of the circulatory system

Infections of the circulatory system

Symptoms, signs or clinical findings of the circulatory system (MC80-MC9Y)

Cerebrovascular diseases (8B00-8B2Z)

Functional vascular disorders of the skin (EG00-EG02)

Diseases of the circulatory system complicating pregnancy, childbirth or the puerperium (JB64.4)

This chapter contains the following top level blocks:

* Hypertensive diseases
* Hypotension
* Ischaemic heart diseases
* Diseases of coronary artery
* Pulmonary heart disease or diseases of pulmonary circulation
* Pericarditis
* Acute or subacute endocarditis
* Heart valve diseases
* Diseases of the myocardium or cardiac chambers
* Cardiac arrhythmia
* Heart failure
* Diseases of arteries or arterioles
* Diseases of veins
* Disorders of lymphatic vessels or lymph nodes
* Postprocedural disorders of circulatory system
* Neoplasms of the circulatory system
* Developmental anomalies of the circulatory system
* Infections of the circulatory system

Hypertensive diseases (BA00‑BA04.Z)

Although a continuous association exists between higher BP and increased cardiovascular disease risk, it is useful to categorize BP levels for clinical and public health decision making. Recent guidelines categorise systemic hypertension into 4 levels on the basis of average BP measured in a healthcare setting (office pressures):

• Normal: systolic BP < 120 mmHg and diastolic BP < 80 mmHg

• Elevated: systolic BP 120-129 mmHg and diastolic BP < 80 mmHg

• Stage 1 hypertension: systolic BP 130-139 mmHg or diastolic BP 80-89 mmHg

• Stage 2 hypertension: systolic BP 140 mmHg or more, diastolic BP 90 mmHg or more

In children, systemic hypertension is defined as an average systolic or diastolic blood pressure equal or higher than the 95th percentile appropriate for the sex, age and height of the child.

The complications of uncontrolled or prolonged hypertension include damage to the blood vessels, heart, kidneys and brain.

Exclusions: Pulmonary hypertension (BB01)

involving coronary vessels (BA40‑BA6Z)

Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium (JA20‑JA2Z)

White coat hypertension (MC80.00)

Coded Elsewhere: Neonatal hypertension (KB45)

BA00 Essential hypertension

Essential (primary) hypertension, accounting for 95% of all cases of hypertension, is defined as high blood pressure for which a secondary cause cannot be found.

Inclusions: high blood pressure

Exclusions: Cerebrovascular diseases (8B00‑8B2Z)

Background retinopathy and retinal vascular changes (9B78.1)

Coded Elsewhere: Pre-existing essential hypertension complicating pregnancy, childbirth or the puerperium (JA20.0)

BA00.0 Combined diastolic and systolic hypertension

BA00.1 Isolated diastolic hypertension

BA00.2 Isolated systolic hypertension

BA00.Y Other specified essential hypertension

BA00.Z Essential hypertension, unspecified

BA01 Hypertensive heart disease

Uncontrolled and prolonged hypertension can lead to a variety of changes in the myocardial structure, coronary vasculature, and conduction system of the heart. Hypertensive heart disease is a term applied generally to heart diseases, such as left ventricular hypertrophy, coronary artery disease, cardiac arrhythmias, and congestive heart failure, that are caused by direct or indirect effects hypertension.

Coded Elsewhere: Pre-existing hypertensive heart disease complicating pregnancy, childbirth or the puerperium (JA20.1)

Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth or the puerperium (JA20.3)

BA02 Hypertensive renal disease

Hypertensive renal disease is a medical condition referring to damage to the kidney due to chronic high blood pressure.

Inclusions: hypertensive nephropathy

Exclusions: Secondary hypertension (BA04)

Coded Elsewhere: Pre-existing hypertensive renal disease complicating pregnancy, childbirth or the puerperium (JA20.2)

Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth or the puerperium (JA20.3)

BA03 Hypertensive crisis

#DRAFT# This is severe hypertension (high blood pressure) with acute impairment of one or more organ systems (especially the central nervous system, cardiovascular system and/or the renal system) that can result in irreversible organ damage.

Coding Note: Code also the causing condition

BA04 Secondary hypertension

Defined through the measurement of the blood pressure using cuff method with a sitting systolic blood pressure above 140 mmHg or a sitting diastolic blood pressure above 90 mmHg in three consequent measurements with an identifiable cause.

Coding Note: Code also the causing condition

Exclusions: involving vessels of brain (8B00‑8B2Z)

involving vessels of eye (9B78.1)

Coded Elsewhere: Congenital renal artery stenosis (LA90.40)

Hyperaldosteronism (5A72)

Pre-existing secondary hypertension complicating pregnancy, childbirth or the puerperium (JA20.4)

BA04.0 Combined diastolic and systolic secondary hypertension

BA04.1 Isolated diastolic secondary hypertension

BA04.2 Isolated systolic secondary hypertension

BA04.Y Other specified secondary hypertension

Coding Note: Code also the causing condition

BA04.Z Secondary hypertension, unspecified

Coding Note: Code also the causing condition

Hypotension (BA20‑BA2Z)

Exclusions: cardiovascular collapse (MG40)

Nonspecific low blood-pressure reading (MC80.1)

Maternal hypotension syndrome (JA65.6)

Coded Elsewhere: Intracranial hypotension (8D61)

Neonatal hypotension (KB46)

BA20 Idiopathic hypotension

BA21 Orthostatic hypotension

Exclusions: Shy-Drager syndrome (8D87.0)

BA2Y Other specified hypotension

BA2Z Hypotension, unspecified

Ischaemic heart diseases (BA40‑BA6Z)

#DRAFT# This is most commonly caused by obstruction of coronary arteries by atheromatous plaque, but the obstruction may also be a nonatherosclerosis cause. A sudden cessation of perfusion leads to the aerobic metabolism, depletion of creatine phosphate, and onset of anaerobic glycolysis. Transient coronary occlusion resulting from coronary vasospasm or transient thrombosis is called supply-induced ischaemia. An inability to increase flow in response to increases in myocardial oxygen consumption is called demand-induced ischemia. Chest discomfort is usually the predominant symptom in stable angina, unstable angina, variant angina, microvascular angina and acute myocardial infarction. However, presentations of this disease also occurred without chest discomfort.

Acute ischaemic heart disease (BA40‑BA4Z)

Inclusions: acute coronary syndrome

BA40 Angina pectoris

#DRAFT# This is a discomfort in the chest or adjacent areas caused by myocardial ischemia. It is usually brought on by exertion and is associated with a disturbance in myocardial function. The typical episode of this disease usually begins gradually and reaches its maximum intensity over a period minutes before dissipating. The discomfort is relieved within minutes by rest or the use of nitroglycerin.

Inclusions: Anginal syndrome

Ischaemic chest pain

Angina NOS

Exclusions: Otocephaly (LA23)

Coded Elsewhere: Microvascular angina (BA86)

BA40.0 Unstable angina

#DRAFT# This is defined as angina pectoris with at least one of three features: (1) occurring at rest or minimum exertion and usually lasting over 20 minutes (if not interrupted by the administration of a nitrate or an analgesic); (2) being severe and usually described as frank pain; or (3) occurring with a crescendo pattern.

Inclusions: Preinfarction syndrome

worsening effort angina

BA40.1 Stable angina

#DRAFT# This is a discomfort in the chest or adjacent areas and usually brought on by exertion and is associated with a disturbance in myocardial function. The typical episode of this disease usually begins gradually and reaches its maximum intensity over a period minutes before dissipating. The discomfort is relieved within minutes by rest or the use of nitroglycerin.

BA40.Y Other specified angina pectoris

BA40.Z Angina pectoris, unspecified

BA41 Acute myocardial infarction

The term acute myocardial infarction (MI) should be used when there is evidence of myocardial necrosis in a clinical setting consistent with acute myocardial ischemia. Under these conditions any one of the following criteria meets the diagnosis for MI;

Detection of a rise and/or fall of cardiac biomarker values with at least one value above the 99th percentile upper reference limit and with at least one of the following;

a. Symptoms of ischaemia.

b. New or presumed new significant ST-segment-T wave (ST-T) changes or new left bundle branch block (LBBB)in the electrocardiogram (ECG).

c. Development of pathologic Q waves in the electrocardiogram (ECG).

d. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

e. Identification of an intracoronary thrombus by angiography or autopsy.

Infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction (WHO)

Exclusions: postmyocardial infarction syndrome (BA60.0)

Subsequent myocardial infarction (BA42)

Certain current complications following acute myocardial infarction (BA60)

Old myocardial infarction (BA50)

BA41.0 Acute ST elevation myocardial infarction

STEMI is an acute myocardial infarction with developing ST elevation in two contiguous leads. The criteria of ST elevation are as follows: New ST elevation at the J point in two contiguous leads where these cut points apply: 0.2mV in men > 40 years, > 0.25mV in men < 40 years, and > 0.15 mV in women.

BA41.1 Acute non-ST elevation myocardial infarction

BA41.Z Acute myocardial infarction, unspecified

BA42 Subsequent myocardial infarction

Infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction

Inclusions: extension of myocardial infarction

recurrent myocardial infarction

Exclusions: specified as chronic or with a stated duration of more than 4 weeks (more than 28 days) from onset (BA50)

BA42.0 Subsequent myocardial infarction, ST elevation myocardial infarction

Extension or recurrent myocardial infarction. This category should be assigned for infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction. This most commonly results from total occlusion of the culprit coronary artery.

BA42.1 Subsequent myocardial infarction, non-ST elevation myocardial infarction

Extension or recurrent myocardial infarction. For morbidity coding, this category should be assigned for infarction of any myocardial site, occurring within 4 weeks (28 days) from onset of a previous infarction. This most commonly results from severe obstruction, but not total occlusion, of the culprit coronary artery.

BA42.Z Subsequent myocardial infarction, unspecified

BA43 Coronary thrombosis not resulting in myocardial infarction

Superimposed thrombus associated with plaque rupture or erosion which does not obstruct the coronary flow to cause myocardial infarction.

Inclusions: Occlusion of coronary artery or vein not resulting in myocardial infarction

Embolism of coronary artery or vein not resulting in myocardial infarction

Thromboembolism of coronary artery or vein not resulting in myocardial infarction

BA4Z Acute ischaemic heart disease, unspecified

Chronic ischaemic heart disease (BA50‑BA5Z)

Chronic heart disease is seen due to the atherosclerosis of coronary arteries. It is characterised by angina pectoris and unstable angina.

BA50 Old myocardial infarction

Past myocardial infarction diagnosed by electrocardiogram (ECG) or other special investigation, but currently presenting no symptoms.

Inclusions: healed myocardial infarction

BA51 Ischaemic cardiomyopathy

Ischaemic cardiomyopathy has been defined as left ventricular systolic dysfunction with one or more of the following: a history of prior myocardial revascularisation or myocardial infarction, more than 75% stenosis in the left main stem or left anterior descending artery, or two vessels or more with a greater than 75% stenosis. It consists of a spectrum of pathophysiological states that relate to perfusion contraction matching and mismatching, including myocardial infarction, stunning, hibernation and scarring.

BA51.0 Dilated cardiomyopathy due to congenital anomaly of coronary artery

Dilated cardiomyopathy due to a congenital anomaly of one or more coronary arteries, such as anomalous left coronary artery from pulmonary artery (ALCAPA), coronary ostial stenosis or atresia, right ventricular dependent coronary circulation in pulmonary atresia with an intact ventricular septum. It is a form of ischaemic cardiomyopathy causing systolic ventricular dysfunction that relates to a spectrum of perfusion contraction matching and mismatching, including myocardial infarction, stunning, hibernation and scarring.

BA51.Y Other specified ischaemic cardiomyopathy

BA51.Z Ischaemic cardiomyopathy, unspecified

BA52 Coronary atherosclerosis

Atherosclerosis is the build up inside the coronary arteries of cholesterol, fatty acids, calcium, fibrous connective tissue and cells (mostly macrophages), referred to as plaque. The effect of this is to reduce the blood flow through the coronary arteries to heart muscle and when marked results in heart damage often with symptoms such as chest pain.

Inclusions: coronary artery atherosclerosis

coronary artery atheroma

coronary artery sclerosis

coronary artery ostial stenosis due to atherosclerosis

BA52.0 Coronary atherosclerosis of native coronary artery

Atherosclerotic lesions, or atherosclerotic plaques of native coronary artery.

Inclusions: Coronary atherosclerosis without significant ischaemia of native coronary artery

BA52.1 Coronary atherosclerosis of autologous bypass graft

Atherosclerotic lesions, or atherosclerotic plaques of autologous bypass graft.

Inclusions: Coronary atherosclerosis of autologous bypass graft without significant ischaemia

BA52.10 Coronary atherosclerosis of arterial autologous bypass graft

BA52.11 Coronary atherosclerosis of venous autologous bypass graft

BA52.1Z Coronary atherosclerosis of unspecified autologous bypass graft

BA52.2 Coronary atherosclerosis of non-autologous bypass graft

Atherosclerotic lesions, or atherosclerotic plaques of non-autologous bypass graft.

Inclusions: Coronary atherosclerosis without significant ischaemia of non-autologous bypass graft

BA52.Z Coronary atherosclerosis, unspecified site

BA5Y Other specified chronic ischaemic heart disease

BA5Z Chronic ischaemic heart disease, unspecified

BA60 Certain current complications following acute myocardial infarction

Secondary conditions which may occur in the course after the heart attack. They include pericarditis, arrhythmia, cardiogenic shock, heart failure, ventricular rupture, ventricular aneurysm (with thrombus) and recurrent infarction.

Exclusions: the listed conditions, when: not specified as current complications following acute myocardial infarction (Chapter 11)

the listed conditions, when: concurrent with acute myocardial infarction (BA41)

BA60.0 Dressler syndrome

A condition of postmyocardial infarction (1 to 8 weeks), characterised by a set of associated symptom, including malaise, fever, pericardial discomfort, leukocytosis, an elevated sedimentation rate, and a pericardial effusion. Patients with this syndrome usually demonstrate localised fibrous pericarditis containing polymorphonuclear leukocytes.

Inclusions: Postmyocardial infarction syndrome

BA60.1 Other pericarditis as current complication following acute myocardial infarction

An inflammation of the pericardium that can produce chest pain, which occurs as early as the first day and as late as 6 weeks after acute myocardial infarction. The pain of pericarditis radiates to either trapezius ridge. Transmural myocardial infarction is responsible for local pericardial inflammation. Transient pericardial friction rubs are relatively common in patients with transmural infarction within the first 48 hours. An acute fibrinous pericarditis occurs commonly after transmural infarction, whereas the risk of haemorrhagic pericarditis is increased by anticoagulation.

BA60.2 Ventricular aneurysm as current complication following acute myocardial infarction

A discrete dyskinetic area of the left ventricular wall with a broad neck after acute myocardial infarction. The wall of the true aneurysm is thinner than the rest of the left ventricle; it is usually composed of fibrous tissue and necrotic muscle, occasionally mixed with viable myocardium. In contrast, pseudoaneurysms are composed of organised hematoma and pericardium and lack any elements of the original myocardial wall.

BA60.3 Ventricular septal defect as current complication following acute myocardial infarction

A mechanical rupture of the interventricular septum after ST elevation myocardial infarction resulting in the left-to-right shunt to deteriorate hemodynamic, which confers a high 30-day mortality. Rupture of the septum with an anterior infarction tends to be apical in location, whereas inferior infarctions are associated with perforation of the basal septum.

BA60.4 Cardiac rupture as current complication following acute myocardial infarction

A tearing of acutely infarcted tissue after acute myocardial infarction, which may involve the papillary muscles, interventricular septum, or free wall of either ventricle.

BA60.5 Pulmonary embolism as current complication following acute myocardial infarction

A pulmonary embolism that resulted from thrombi in the veins of the lower extremities (e.g. after prolonged periods of bed rest) or mural thrombi overlying an area of right ventricular infarction after acute myocardial infarction.

Exclusions: Mural thrombus as current complication following acute myocardial infarction (BA60.7)

BA60.6 Rupture of papillary muscle or chordae tendineae as current complication following acute myocardial infarction

#DRAFT# Rupture of the myocardium after acute myocardial infarction that involves the papillary muscle or chordae tendineae. These manifest a new systolic murmur and acute left ventricular failure due to massive regurgitation of mitral valves.

BA60.7 Mural thrombus as current complication following acute myocardial infarction

A blood clot formed on the endoventricle or endoatirium, usually overlying dyskinetic or akinetic area of the ventricular infarction after acute myocardial infarction.

Exclusions: Pulmonary embolism as current complication following acute myocardial infarction (BA60.5)

BA60.8 Arrhythmia as current complication following acute myocardial infarction

A large and heterogeneous group of conditions in which the heart beats with an irregular or abnormal rhythm that can complicate the course of patients with acute myocardial infarction.

BA60.9 Cardiogenic shock, unrelated to mechanical complications, as current complication following acute myocardial infarction

The most severe clinical expression of left ventricular failure and is associated with extensive damage to the left ventricular myocardium after acute myocardial infarction, unrelated to a mechanical defect such as ventricular septal or papillary muscle rupture. Shock is defined as systolic blood pressure (BP) < 90 mmHg and organ hypoperfusion.

BA60.Y Other specified current complications following acute myocardial infarction

BA60.Z Certain current complications following acute myocardial infarction, unspecified

BA6Z Ischaemic heart diseases, unspecified

Diseases of coronary artery (BA81‑BA8Z)

Conditions affecting the blood perfusion of the heart.

Coded Elsewhere: Coronary atherosclerosis (BA52)

Cardiac transplant associated coronary allograft vasculopathy (BE1A)

BA81 Coronary artery aneurysm

Coronary dilatation which exceeds the diameter of normal adjacent segments or the diameter of the patient's largest coronary vessel by 1.5 times.

Exclusions: Congenital coronary arterial aneurysm (LA8C)

Mucocutaneous lymph node syndrome (4A44.5)

BA81.0 Coronary artery aneurysm with perforation

BA81.1 Coronary artery aneurysm with rupture

BA81.2 Coronary artery aneurysm without mention of perforation or rupture

BA82 Coronary artery dissection

Coronary artery dissection results from a tear in the inner layer of the coronary artery, the tunica intima. This allows blood to penetrate and cause an intramural hematoma in the central layer, the tunica media, and restriction in the size of lumen.

Inclusions: spontaneous coronary artery dissection

Exclusions: Injury or harm arising from a procedure, not elsewhere classified (NE81)

Injury of blood vessels of thorax (NB30)

BA83 Coronary artery fistula, acquired

Abnormal communication between a coronary artery and a cardiac chamber or major vessels, acquired after coronary or heart surgery, coronary angioplasty, rupture or coronary artery aneurysm or injury to the heart.

BA84 Chronic total occlusion of coronary artery

A chronic total occlusion of coronary artery is defined as the complete obstruction of a coronary artery or coronary arteries, exhibiting a TIMI flow score of zero or one, with an occlusion duration of greater than 3 months.

Coding Note: Code also the causing condition

Exclusions: Acute myocardial infarction (BA41)

BA85 Coronary vasospastic disease

The term coronary vasospastic disease refers to a sudden, intense vasoconstriction of an epicardial coronary artery that causes vessel occlusion or near occlusion. Although it may be involved in other coronary syndromes, it represents the usual cause of variant angina.

BA85.0 Silent coronary vasospastic disease

The feature of this is the frequency of asymptomatic ischemic episodes in coronary vasospastic disease.

BA85.Y Other specified coronary vasospastic disease

BA85.Z Coronary vasospastic disease, unspecified

BA86 Coronary microvascular disease

BA8Y Other specified diseases of coronary artery

BA8Z Diseases of coronary artery, unspecified

Pulmonary heart disease or diseases of pulmonary circulation (BB00‑BB0Z)

#DRAFT# This is enlargement of the right ventricle of the heart as a response to increased resistance or high blood pressure in the lungs (pulmonary hypertension), and diseases of pulmonary circulation.

BB00 Pulmonary thromboembolism

#DRAFT# This is a blockage of the main artery of the lung or one of its branches by a substance that has travelled from elsewhere in the body through the bloodstream (embolism).

Exclusions: Complications following abortion, ectopic or molar pregnancy (JA05)

Diseases of the circulatory system complicating pregnancy, childbirth or the puerperium (JB64.4)

BB00.0 Acute pulmonary thromboembolism

Acute pulmonary thromboembolism is defined as a partial or complete occlusion of a pulmonary arterial branch with the abrupt onset of related symptoms, such as dyspnoea, tachypnoea, chest pain, cough and blood-tinged sputum. However, acute pulmonary embolism may also occur in the absence of any symptoms.

BB00.1 Chronic pulmonary thromboembolism

Chronic pulmonary thromboembolism is defined as a partial or complete occlusion of at least one major pulmonary arterial branch in the presence of a mean pulmonary artery pressure 25mmHg at rest, and normal left ventricular filling pressures, despite effective coagulation over at least three months.

Coded Elsewhere: Chronic thromboembolic pulmonary hypertension (BB01.3)

BB00.Z Pulmonary thromboembolism, unspecified

BB01 Pulmonary hypertension

Pulmonary hypertension (PH) is a haemodynamic and pathophysiological condition defined as an increase in mean pulmonary arterial pressure (PAP) 25 mmHg at rest as assessed by right heart catheterization. PH can be found in multiple clinical conditions.

Coded Elsewhere: Persistent pulmonary hypertension of the newborn (KB42)

BB01.0 Pulmonary arterial hypertension

Pulmonary arterial hypertension is a clinical condition characterised by the presence of pre-capillary pulmonary hypertension in the absence of other causes of pre-capillary pulmonary hypertension, such as due to lung diseases, chronic thromboembolic pulmonary hypertension, or other rare diseases. It includes different forms that share a similar clinical picture and virtually identical pathological changes of the lung microcirculation.

Inclusions: primary pulmonary hypertension

BB01.1 Pulmonary hypertension due to left heart disease

#DRAFT# This is an increase of blood pressure in the pulmonary artery, pulmonary vein, or pulmonary capillaries, together known as the lung vasculature, leading to shortness of breath, dizziness, fainting, and other symptoms, all of which are exacerbated by exertion, due to left heart disease.

BB01.2 Pulmonary hypertension due to lung disease or hypoxia

#DRAFT# This is an increase of blood pressure in the pulmonary artery, pulmonary vein, or pulmonary capillaries, together known as the lung vasculature, leading to shortness of breath, dizziness, fainting, and other symptoms, all of which are exacerbated by exertion, due to lung disease and/or hypoxia.

BB01.3 Chronic thromboembolic pulmonary hypertension

Chronic thromboembolic pulmonary hypertension (CTEPH) is characterised by the persistence of thromboemboli in the form of organised tissue obstructing the pulmonary arteries. The consequence is an increase in pulmonary vascular resistance (PVR) resulting in pulmonary hypertension (PH) and progressive right heart failure.

BB01.4 Pulmonary hypertension with multifactorial mechanism

#DRAFT# This is an increase of blood pressure in the pulmonary artery, pulmonary vein, or pulmonary capillaries, together known as the lung vasculature, leading to shortness of breath, dizziness, fainting, and other symptoms, all of which are exacerbated by exertion, with unclear and/or multifactorial mechanism.

Coding Note: Code also the causing condition

BB01.5 Cor pulmonale

Cor pulmonale refers to the altered structure and/or impaired function of the right ventricle that results from pulmonary hypertension associated with diseases of the lung, upper airway, or chest wall.

Coding Note: Code also the causing condition

BB01.Z Pulmonary hypertension, unspecified

BB02 Certain specified diseases of pulmonary vessels

This definition includes Arteriovenous fistula of pulmonary vessels, Aneurysm of pulmonary artery and Other specified diseases of pulmonary vessels.

BB02.0 Arteriovenous fistula of pulmonary vessels

#DRAFT# This is defined as direct communications between the pulmonary arteries and pulmonary veins without an intervening pulmonary bed. As a result, blood passes through the lungs without receiving enough oxygen.

BB02.1 Aneurysm of pulmonary artery

Aneurysm of pulmonary artery is an abnormal dilatation of part of the pulmonary artery

BB02.10 Aneurysm of pulmonary artery with perforation

BB02.11 Aneurysm of pulmonary artery with rupture

BB02.12 Aneurysm of pulmonary artery without mention of perforation or rupture

BB02.1Y Other specified aneurysm of pulmonary artery

BB02.1Z Aneurysm of pulmonary artery, unspecified

BB02.2 Rupture of pulmonary vessels

This is defined as the tearing apart of the pulmonary vessels allowing blood to escape outside.

BB02.3 Acquired pulmonary arterial tree abnormality

A postnatal pathological change in form or function of the pulmonary arterial tree.

Coded Elsewhere: Postprocedural pulmonary trunk stenosis (BE15.0)

Postprocedural right pulmonary artery stenosis (BE15.1)

Postprocedural pulmonary arterial tree disorder (BE15)

BB03 Acquired pulmonary venous abnormality

A postnatal pathological change in form or function of one or more pulmonary veins.

Coded Elsewhere: Postprocedural pulmonary venous disorder (BE16)

BB03.0 Acquired pulmonary venous obstruction

A postnatal pathologic condition of one or more pulmonary vein(s) in which flow is impeded or blocked due to narrowing or atresia.

BB03.Y Other specified acquired pulmonary venous abnormality

BB03.Z Acquired pulmonary venous abnormality, unspecified

BB0Y Other specified pulmonary heart disease or diseases of pulmonary circulation

BB0Z Pulmonary heart disease or diseases of pulmonary circulation, unspecified

Pericarditis (BB20‑BB2Z)

Coded Elsewhere: Pneumopericardium originating in the perinatal period (KB27.3)

Acute rheumatic pericarditis (1B41.0)

BB20 Acute pericarditis

Acute pericarditis is defined as pericardial inflammation of no more than 1 to 2 weeks duration.

Coding Note: Code also the causing condition

Inclusions: acute pericardial effusion

Exclusions: Acute rheumatic pericarditis (1B41.0)

BB20.0 Infectious pericarditis

A disease of the pericardium, caused by a secondary infection with a bacterial, viral, or fungal source. This disease is characterised by fever, odynophagia, cough, fatigue, or chest pain. Confirmation is by identification of the bacterial, viral, or fungal agent in a blood sample.

Coding Note: Code also the causing condition

Inclusions: Pyopericarditis

BB20.1 Neoplastic pericarditis

#DRAFT# This is a type of pericarditis (an inflammation of the sac surrounding the heart, the pericardium), due to neoplastic disease. Primary: mesothelioma, fibrosarcoma, lipoma, and so on, Secondary: breast and lung carcinoma, lymphomas, leukemias, and so on.

Coding Note: Code also the causing condition

BB20.2 Myopericarditis

#DRAFT# This is a combination of both myocarditis and pericarditis appearing in a single individual. Concomitant myopericarditis may develop in patients with pericarditis, probably owing to direct extension of the inflammatory process.

Inclusions: Perimyocarditis

BB20.Y Other specified acute pericarditis

Coding Note: Code also the causing condition

BB20.Z Acute pericarditis, unspecified

Coding Note: Code also the causing condition

BB21 Chronic rheumatic pericarditis

Inflammation of the pericardium and of the surrounding mediastinal cellular tissue resulted from rheumatic etiology.

BB22 Constrictive pericarditis

Chronic fibrous pericarditis due to the presence of dense fibrous tissue between the parietal and visceral layers of pericardium and neighbouring structures.

Inclusions: concretio cordis

BB23 Cardiac tamponade

Cardiac tamponade is a clinical syndrome caused by the accumulation of fluid in the pericardial space, resulting in reduced ventricular filling and subsequent hemodynamic compromise. Cardiac tamponade is a medical emergency, the complications of which include shock, and death.

BB24 Haemopericardium

This is hemopericardium caused by diseases not elsewhere classified. Hemopericardium generally refers to blood in the pericardial sac of the heart. It is clinically similar to a pericardial effusion, and, depending on the volume and rapidity with which it develops, may cause cardiac tamponade.

BB25 Pericardial effusion

Pericardial effusion is an abnormal accumulation of fluid in the pericardial sac. Noninflammatory diseases such as chronic renal failure, circulatory congestion, hypothyroidism and amyroidosis can cause pericardial effusion.

BB2Y Other specified pericarditis

Coding Note: Code also the causing condition

BB2Z Pericarditis, unspecified

Coding Note: Code also the causing condition

Acute or subacute endocarditis (BB40‑BB4Z)

A condition characterised by inflammation of endocardium

Coded Elsewhere: Acute rheumatic endocarditis (1B41.1)

Systemic lupus erythematosus with cardiac involvement (4A40.0Y)

Typhoid fever with heart involvement (1A07.Y)

BB40 Acute or subacute infectious endocarditis

Coding Note: Code also the causing condition

Exclusions: Infectious myocarditis (BC42.1)

Coded Elsewhere: Endocardial fibroelastosis (BC43.3)

Syphilitic endocarditis (1A62.1)

Tuberculosis of endocardium (1B12.0)

BB41 Myoendocarditis

Exclusions: Infectious myocarditis (BC42.1)

BB42 Periendocarditis

BB4Y Other specified acute or subacute endocarditis

Coding Note: Code also the causing condition

BB4Z Acute or subacute endocarditis, unspecified

Coding Note: Code also the causing condition

Heart valve diseases (BB60‑BC0Z)

#DRAFT# This is any disease process involving one or more of the valves of the heart (the aortic and mitral valves on the left and the pulmonary and tricuspid valves on the right).

Exclusions: Congenital anomaly of a ventriculo-arterial valve or adjacent regions (LA8A)

Atypical truncal valve (LA85.4)

Acute rheumatic fever (1B40‑1B42)

Structural developmental anomalies of the circulatory system (LA80‑LA9Z)

Mitral valve disease (BB60‑BB6Z)

This is a disorder of the heart in which the mitral valve does not close properly when the heart pumps out blood. It is the abnormal leaking of blood from the left ventricle through the mitral valve into the left atrium when the left ventricle contracts. Simply put, there is regurgitation of blood back into the left atrium.

Exclusions: Congenital anomaly of mitral valve (LA87.1)

Coded Elsewhere: Injury to mitral valve (NB31.40)

BB60 Mitral valve stenosis

Exclusions: Mitral valve stenosis with insufficiency (BB63)

Coded Elsewhere: Postprocedural mitral valve stenosis (BE12.0)

BB60.0 Rheumatic mitral valve stenosis

Mitral stenosis refers to narrowing of the mitral valve orifice, resulting in impedance of filling of the left ventricle in diastole. It is usually caused by rheumatic heart disease.

BB60.1 Nonrheumatic mitral valve stenosis

Mitral stenosis is narrowing of the passage through the mitral valve due to fibrosis, and calcinosis in the leaflets and chordal areas.

The most common reason of mitral stenosis is rheumatic fever. Except rheumatic fever; SLE, Malignant Sarcoid, Active Infective Endocarditis, Gout Whipple's Disease, Massive Annular calcification cause to the mitral stenosis.

Exclusions: Postprocedural mitral valve stenosis (BE12.0)

BB60.Z Mitral valve stenosis, unspecified

BB61 Mitral valve insufficiency

Mitral insufficiency is a clinical condition which mitral valve can't close properly. It is the antidromic leaking of blood from the left ventricle through the mitral valve, and into the left atrium.

Exclusions: Mitral valve stenosis with insufficiency (BB63)

Coded Elsewhere: Postprocedural mitral valve insufficiency (BE12.1)

Mitral valve insufficiency due to acute myocardial infarction (BA60.6)

BB61.0 Rheumatic mitral valve insufficiency

Mitral insufficiency can be caused by conditions such as rheumatic fever.

Mitral insufficiency is leakage of blood from the left ventricle into the left atrium during systole.

Exclusions: Active or acute endocarditis of mitral valve (1B41.1)

BB61.Y Other specified mitral valve insufficiency

BB61.Z Mitral valve insufficiency, unspecified

BB62 Mitral valve prolapse

Inclusions: floppy mitral valve syndrome

Exclusions: Marfan syndrome (LD28.01)

BB62.0 Rheumatic mitral valve prolapse

This is a rheumatic valvular heart disease characterised by the displacement of an abnormally thickened mitral valve leaflet into the left atrium during systole.

BB62.1 Degenerative mitral valve prolapse

This is a degenerative valvular heart disease characterised by the displacement of an abnormally thickened mitral valve leaflet into the left atrium during systole.

BB62.Y Other specified nonrheumatic mitral valve prolapse

BB62.Z Mitral valve prolapse, unspecified

BB63 Mitral valve stenosis with insufficiency

This is a valvular heart disease characterised by the narrowing of the orifice of the mitral valve of the heart, with regurgitation.

BB63.0 Rheumatic mitral stenosis with insufficiency

Mitral stenosis and mitral insufficiency occur in patients with rheumatic heart disease.

BB63.1 Nonrheumatic mitral stenosis with insufficiency

This is a non-rheumatic valvular heart disease characterised by the narrowing of the orifice of the mitral valve of the heart, with regurgitation.

BB63.Z Mitral valve stenosis with insufficiency, unspecified

BB64 Mitral valvar abscess

BB65 Mitral valve rupture

Exclusions: Rupture of papillary muscle or chordae tendineae as current complication following acute myocardial infarction (BA60.6)

BB6Y Other specified mitral valve disease

BB6Z Mitral valve disease, unspecified

Aortic valve disease (BB70‑BB7Z)

Exclusions: Congenital anomaly of aortic valve (LA8A.2)

Coded Elsewhere: Traumatic injury to aortic valve (NB31.4Y)

Dysplasia of aortic valve (LA8A.2Y)

BB70 Aortic valve stenosis

Aortic valve stenosis is abnormal narrowing of the aortic valve. This decreases the blood flow from heart to organs.

Exclusions: Congenital supravalvar aortic stenosis (LA8A.3)

Congenital subaortic stenosis (LA8A.5)

Coded Elsewhere: Postprocedural aortic valve stenosis (BE12.2)

BB70.0 Rheumatic aortic valve stenosis

Aortic stenosis caused by scarring of the aortic valve due to rheumatic fever as a child or young adult. In aortic stenosis, the aortic valve does not open fully. This decreases blood flow from the heart.

BB70.1 Nonrheumatic aortic valve stenosis

Exclusions: Postprocedural aortic valve stenosis (BE12.2)

Coded Elsewhere: Stenosis of the neoaortic valve of pulmonary origin (BC02.30)

BB70.Y Other specified aortic valve stenosis

BB70.Z Aortic valve stenosis, unspecified

BB71 Aortic valve insufficiency

Aortic valve insufficiency results from leakage and backflow of blood that is ejected from the left ventricle into the ascending aorta back into the left ventricle.

Coding Note: Code also the causing condition

Coded Elsewhere: Postprocedural aortic valve insufficiency (BE12.3)

Insufficiency of the neoaortic valve of pulmonary origin (BC02.31)

BB71.0 Rheumatic aortic valve insufficiency

Aortic insufficiency is the leaking of the aortic valve of the heart that causes blood to flow in the reverse direction during ventricular diastole, from the aorta into the left ventricle. Rheumatic fever causes the valve cusps to retract.

Inclusions: rheumatic aortic incompetence

rheumatic aortic regurgitation

Exclusions: Active or acute rheumatic endocarditis of aortic valve (1B41.1)

BB71.Y Other specified nonrheumatic aortic valve insufficiency

Coding Note: Code also the causing condition

BB71.Z Aortic valve insufficiency, unspecified

Coding Note: Code also the causing condition

BB72 Aortic valve stenosis with insufficiency

BB72.0 Rheumatic aortic stenosis with insufficiency

Aortic stenosis from chronic rheumatic heart disease is typically associated with aortic insufficiency. The valve commissures and cuspis become adherent and fused, and the valve orifice becomes small. Upon auscultation, S2 may be single because the aortic leaflets are immobile and do not produce an aortic closure sound

BB72.1 Nonrheumatic aortic valve stenosis with insufficiency

This is a non-rheumatic disease of the heart valves in which the opening of the aortic valve is narrowed, with regurgitation.

BB72.Z Aortic valve stenosis with insufficiency, unspecified

BB73 Aortic valvar abscess

BB74 Aortic valvar prolapse

A congenital cardiovascular malformation of the aortic valve in which part or all of one or more of the aortic valve leaflets is on the ventricular side of the plane of the inferior aspect of the attachments of the aortic valve leaflets.

BB7Y Other specified aortic valve disease

BB7Z Aortic valve disease, unspecified

Tricuspid valve disease (BB80‑BB8Z)

Exclusions: Congenital anomaly of tricuspid valve (LA87.0)

Coded Elsewhere: Traumatic injury to tricuspid valve (NB31.4Y)

BB80 Tricuspid valve stenosis

This is a valvular heart disease which results in the narrowing of the orifice of the tricuspid valve of the heart. It is a relatively rare condition that causes stenosis- increased resistance to blood flow through the valve.

Coded Elsewhere: Postprocedural tricuspid valve stenosis (BE12.4)

BB80.0 Rheumatic tricuspid valve stenosis

Tricuspid stenosis is almost always rheumatic in origin. Tricuspid stenosis results in the narrowing of the orifice of the tricuspid valve of the heart.

BB80.Y Other specified nonrheumatic tricuspid valve stenosis

BB80.Z Tricuspid valve stenosis, unspecified

BB81 Tricuspid valve insufficiency

This refers to the failure of the heart's tricuspid valve to close properly during systole. As a result, with each heart beat some blood passes from the right ventricle to the right atrium, the opposite of the normal direction.

Coded Elsewhere: Postprocedural tricuspid valve insufficiency (BE12.5)

BB81.0 Rheumatic tricuspid valve insufficiency

BB81.Y Other specified nonrheumatic tricuspid valve insufficiency

BB81.Z Tricuspid valve insufficiency, unspecified

BB82 Tricuspid valve stenosis with insufficiency

This is a valvular heart disease which results in the narrowing of the orifice of the tricuspid valve of the heart. It is a relatively rare condition that causes stenosis- increased resistance to blood flow through the valve, with regurgitation.

BB82.0 Rheumatic tricuspid valve stenosis with insufficiency

Tricuspid valve insufficiency due to leaflet abnormalities may be secondary to rheumatic heart disease. When due to the latter, it generally occurs in combination with tricuspid stenosis

BB82.Y Other specified nonrheumatic tricuspid valve stenosis with insufficiency

BB82.Z Tricuspid valve stenosis with insufficiency, unspecified

BB83 Tricuspid valvular abscess

BB84 Tricuspid valve rupture

BB8Y Other specified tricuspid valve disease

BB8Z Tricuspid valve disease, unspecified

Pulmonary valve disease (BB90‑BB9Z)

Exclusions: Congenital anomaly of pulmonary valve (LA8A.0)

Coded Elsewhere: Traumatic injury to pulmonary valve (NB31.4Y)

BB90 Pulmonary valve stenosis

Pulmonary valve stenosis is an obstruction at the level of pulmonary valve which impedes the outflow of blood from right ventricle to pulmonary artery.

Coded Elsewhere: Postprocedural pulmonary valve stenosis (BE12.6)

BB90.0 Rheumatic pulmonary valve stenosis

This is a rheumatic heart valve disorder in which outflow of blood from the right ventricle of the heart is obstructed at the level of the pulmonic valve.

BB90.Y Other specified nonrheumatic pulmonary valve stenosis

BB90.Z Pulmonary valve stenosis, unspecified

BB91 Pulmonary valve insufficiency

Pulmonary valve insufficiency which is an incomplete closure of the pulmonary valve allows blood to return from pulmonary artery into the right ventricle.

Coded Elsewhere: Postprocedural pulmonary valve insufficiency (BE12.7)

Neopulmonary valve regurgitation (BE14.41)

BB91.0 Rheumatic pulmonary valve insufficiency

This is a rheumatic condition where the pulmonary valve is not strong enough to prevent backflow to the right ventricle.

BB91.Y Other specified nonrheumatic pulmonary valve insufficiency

BB91.Z Pulmonary valve insufficiency, unspecified

BB92 Pulmonary valve stenosis with insufficiency

This is a clinical condition in which pulmonary valve stenosis and pulmonary insufficiency are seen together.

BB92.0 Rheumatic pulmonary valve stenosis with insufficiency

This is a rheumatic heart valve disorder in which outflow of blood from the right ventricle of the heart is obstructed at the level of the pulmonic valve, with regurgitation.

BB92.1 Nonrheumatic pulmonary valve stenosis with insufficiency

This is a non-rheumatic heart valve disorder in which outflow of blood from the right ventricle of the heart is obstructed at the level of the pulmonic valve, with regurgitation.

BB92.Z Pulmonary valve stenosis with insufficiency, unspecified

BB93 Pulmonary valvar abscess

BB9Y Other specified pulmonary valve disease

BB9Z Pulmonary valve disease, unspecified

BC00 Multiple valve disease

Coding Note: When specific type of valve disease is known, assign codes for the specific conditions.

BC01 Prosthetic valve disease

Coding Note: When specific type of valve disease is known, assign codes for the specific conditions.

Coded Elsewhere: Infection or inflammatory reaction of heart valve prosthesis NOS (NE83.1)

BC02 Acquired abnormality of congenitally malformed valve

A postnatal pathological change in form or function of a congenitally malformed valve.

Exclusions: Congenital anomaly of aortic valve (LA8A.2)

Congenital anomaly of mitral valve (LA87.1)

Congenital anomaly of pulmonary valve (LA8A.0)

Congenital anomaly of tricuspid valve (LA87.0)

Coded Elsewhere: Endocarditis of common atrioventricular valve (BB40)

Endocarditis of right atrioventricular valve (BB40)

Endocarditis of left atrioventricular valve (BB40)

Endocarditis of the neoaortic valve of pulmonary origin (BB40)

Endocarditis of neopulmonary valve (BB40)

BC02.0 Acquired common atrioventricular valvar abnormality in biventricular connections

A postnatal pathological change in form or function of the common atrioventricular valve in the presence of biventricular atrioventricular connections.

BC02.1 Acquired truncal valvar abnormality

A postnatal pathological change in form or function of the truncal valve when the truncal valve supplies both the systemic and pulmonary circulations.

Coded Elsewhere: Endocarditis of truncal valve or neo-aortic valve of truncal origin (BB40)

BC02.2 Acquired common atrioventricular valvar abnormality in double inlet ventricle

Coded Elsewhere: Postprocedural common atrioventricular valvar abnormality in double-inlet ventricle (BE14.7)

Postprocedural right-sided atrioventricular valvar abnormality in double-inlet ventricle (BE14.5)

Postprocedural left-sided atrioventricular valvar abnormality in double-inlet ventricle (BE14.6)

BC02.3 Acquired abnormality of neoaortic valve of pulmonary origin

BC02.30 Stenosis of the neoaortic valve of pulmonary origin

Acquired obstruction to flow through the neo-aortic valve of pulmonary origin, that is, the native pulmonary valve that has become the functional neo-aortic valve.

Examples of hearts in which a neo-aortic valve has been created include the aortopulmonary anastomosis (Damus-Kaye-Stansel, Norwood procedures), pulmonary valve autograft (Ross procedure), and arterial switch operation

BC02.31 Insufficiency of the neoaortic valve of pulmonary origin

Acquired backward flow through the neo-aortic valve of pulmonary origin, that is, the native pulmonary valve that has become the functional neo-aortic valve.

Examples of hearts in which a neo-aortic valve has been created include the aortopulmonary anastomosis (Damus-Kaye-Stansel, Norwood procedures), pulmonary valve autograft (Ross procedure), and arterial switch operation.

BC02.3Y Other specified acquired abnormality of neoaortic valve of pulmonary origin

BC02.3Z Acquired abnormality of neoaortic valve of pulmonary origin, unspecified

BC02.4 Acquired abnormality of the neoaortic valve of truncal origin

A postnatal pathological change in form or function of the neo-aortic valve that results from biventricular repair of common arterial trunk (truncus arteriosus)

BC02.40 Acquired stenosis of the neoaortic valve of truncal origin

Acquired obstruction to flow through the neo-aortic valve, when the neo-aortic valve results from biventricular repair of common arterial trunk (truncus arteriosus)

BC02.41 Acquired regurgitation of the neoaortic valve of truncal origin

Acquired backward flow through the neo-aortic valve, when the neo-aortic valve results from biventricular repair of common arterial trunk (truncus arteriosus)

BC02.4Y Other specified acquired abnormality of the neoaortic valve of truncal origin

BC02.4Z Acquired abnormality of the neoaortic valve of truncal origin, unspecified

BC02.Y Other specified acquired abnormality of congenitally malformed valve

BC02.Z Acquired abnormality of congenitally malformed valve, unspecified

BC0Z Heart valve diseases, unspecified

BC20 Chronic rheumatic heart diseases, not elsewhere classified

Coded Elsewhere: Acute rheumatic fever with heart involvement (1B41)

Rheumatic mitral valve stenosis (BB60.0)

Rheumatic mitral valve insufficiency (BB61.0)

Rheumatic mitral valve prolapse (BB62.0)

Rheumatic mitral stenosis with insufficiency (BB63.0)

Rheumatic aortic valve stenosis (BB70.0)

Rheumatic aortic valve insufficiency (BB71.0)

Rheumatic aortic stenosis with insufficiency (BB72.0)

Rheumatic tricuspid valve stenosis (BB80.0)

Rheumatic tricuspid valve insufficiency (BB81.0)

Rheumatic tricuspid valve stenosis with insufficiency (BB82.0)

Rheumatic pulmonary valve stenosis (BB90.0)

Rheumatic pulmonary valve insufficiency (BB91.0)

Rheumatic pulmonary valve stenosis with insufficiency (BB92.0)

BC20.0 Rheumatic diseases of endocardium, valve unspecified

Endocardium and valves are affected to varying degrees due to rheumatic process.

BC20.1 Rheumatic heart disease, unspecified

#DRAFT# This is an inflammatory disease that occurs following a Streptococcus pyogenes infection, such as streptococcal pharyngitis or scarlet fever. Believed to be caused by antibody cross-reactivity that can involve the heart, joints, skin, and brain, the illness typically develops two to three weeks after a streptococcal infection, unspecified.

BC20.Y Other specified chronic rheumatic heart disease

BC20.Z Chronic rheumatic heart disease, unspecified

Diseases of the myocardium or cardiac chambers (BC40‑BC4Z)

This refers to diseases of a type of involuntary striated muscle found in the walls and histological foundation of the heart, with specific reference to the atrial and ventricular chambers, as well as the myocardium itself.

BC40 Acquired atrial abnormality

A postnatal pathological change in form or function of one or both atriums.

Coded Elsewhere: Postprocedural residual or recurrent interatrial communication (BE17)

Postprocedural right atrial complication (BE1E)

Postprocedural left atrial complication (BE1F)

BC40.0 Acquired interatrial communication

A postnatal pathological hole or pathway between the atrial chambers.

BC40.Y Other specified acquired atrial abnormality

BC40.Z Acquired atrial abnormality, unspecified

BC41 Acquired ventricular abnormality

A postnatal pathological change in form or function of a ventricle.

Coded Elsewhere: Postprocedural ventricular septal defect disorder (BE14.8)

BC41.0 Acquired interventricular communication

Hole or pathway between the ventricular chambers not present at birth.

Coded Elsewhere: Ventricular septal defect as current complication following acute myocardial infarction (BA60.3)

BC41.Y Other specified acquired ventricular abnormality

BC41.Z Acquired ventricular abnormality, unspecified

BC42 Myocarditis

Myocarditis (inflammatory cardiomyopathy) is inflammation of the heart muscle generally in the presence of a dilated cardiomyopathy that results from exposure to either discrete infectious external antigens such as viruses, bacteria, fungal or parasites; non-infectious external antigens such as hypersensitivity to drugs; or internal non-infectious triggers such as autoimmune or hypersensitive activation against self-antigens.

Coding Note: Code also the causing condition

Coded Elsewhere: Acute rheumatic myocarditis (1B41.2)

Sarcoid myocarditis (4B20.Y)

Loeffler endocarditis (BC43.20)

BC42.0 Giant cell myocarditis

Giant cell myocarditis is a form of dilated cardiomyopathy secondary to myocardial inflammation that is characterised by widespread infiltration of giant cells (abnormal masses produced by the fusion of macrophages) associated with other inflammatory cells and heart muscle cell destruction.

BC42.1 Infectious myocarditis

Infectious myocarditis (infectious inflammatory cardiomyopathy) is inflammation of the heart muscle generally in the presence of a dilated cardiomyopathy that results from exposure to discrete infectious external antigens such as a virus, bacteria or parasite.

Coding Note: Code also the causing condition

Exclusions: Acute rheumatic myocarditis (1B41.2)

Myoendocarditis (BB41)

Acute or subacute infectious endocarditis (BB40)

BC42.2 Hypersensitivity myocarditis

Hypersensitivity myocarditis is the presence of dilated cardiomyopathy in association with a known related disorder (hypereosinophilic syndrome (usually a restrictive cardiomyopathy), Churg-Strauss syndrome, malignancy, parasite infection, drugs, or vaccines) and findings of interstitial lymphocytic and eosinophilic infiltration, giant cell, and possible myocardial necrosis on biopsy, usually with peripheral eosinophilia.

Inclusions: eosinophilic myocarditis

BC42.3 Rheumatic myocarditis

Rheumatic myocarditis is cardiac inflammation and scarring triggered by an autoimmune reaction to group A streptococci infection resulting acutely in pancarditis involving inflammation of the myocardium, endocardium, and epicardium and chronically by valve fibrosis.

Coding Note: Code also the causing condition

BC42.Y Other specific myocarditis

Coding Note: Code also the causing condition

BC42.Z Myocarditis, unspecified

Coding Note: Code also the causing condition

BC43 Cardiomyopathy

These are myocardial disorders in which the heart muscle is structurally and functionally abnormal, in the absence of coronary artery disease, hypertension, valvular disease and congenital heart disease sufficient to cause the observed myocardial abnormality.

Coding Note: Code also the causing condition

Exclusions: Inflammatory cardiomyopathy (BC42)

Myocarditis (BC42)

Coded Elsewhere: Ischaemic cardiomyopathy (BA51)

Pacing-induced cardiomyopathy (NE82.03)

Cardiomyopathy in the puerperium (JB44.3)

BC43.0 Dilated cardiomyopathy

Dilated cardiomyopathy is a myocardial disorder in which there is systolic dysfunction and chamber dilation of one or both ventricles in the absence of a haemodynamic cause that can produce the existent dilation and dysfunction, including physiological (such as sepsis) or anatomic causes with either abnormal loading conditions (such as coarctation of the aorta) or ischaemia (such as coronary artery disease or anomalies).

Additional information: Physiological and anatomic conditions can affect the dilated cardiomyopathy morphofunctional phenotype. If this morphofunctional phenotype is retained after appropriate intervention, then a dilated cardiomyopathy is established.

Inclusions: Congestive cardiomyopathy

BC43.00 Familial-genetic dilated cardiomyopathy

Familial-genetic dilated cardiomyopathy is the presence of dilated cardiomyopathy that is present in multiple members of a pedigree, or in the presence of a genetic mutation known to be significantly associated with dilated cardiomyopathy.

Additional information: Candidate cytoskeletal and Z disk–encoding genes, most of whom are hypothesized to lead to abnormalities in force transmission, include δ-sarcoglycan, β-sarcoglycan, desmin, lamin A/C, metavinculin, muscle LIM protein, titin, α-actinin-2, nebulette, myopalladin, and ZASP (Z band alternatively spliced PDZ domain protein)

Coded Elsewhere: Dilated cardiomyopathy due to glycogen branching enzyme deficiency (5C51.3)

BC43.01 Nonfamilial dilated cardiomyopathy

Nonfamilial dilated cardiomyopathy is dilated cardiomyopathy secondary to an acquired systemic disorder that is known to be associated with dilated or inflammatory cardiomyopathy such as infectious myocarditis, exposure to toxins such as alcohol or anthracycline therapy, nutritional disorders, autoimmune disease, and many others.

Exclusions: Pacing-induced cardiomyopathy (NE82.03)

BC43.0Z Dilated cardiomyopathy, unspecified

BC43.1 Hypertrophic cardiomyopathy

Hypertrophic cardiomyopathy is the presence of a hypertrophied, non-dilated ventricle in the absence of a hemodynamic cause that is capable of producing the existent magnitude of wall thickening excluding both physiologic hypertrophy secondary to physical activity, and pathologic hypertrophy due to systemic hypertension, aortic valvar stenosis, and coarctation.

Coded Elsewhere: Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)

BC43.10 Familial-genetic hypertrophic cardiomyopathy

Familial isolated hypertrophic cardiomyopathy is the presence of non-syndromic hypertrophic cardiomyopathy in multiple members of a pedigree, or in the presence of a genetic mutation known to be significantly associated with hypertrophic cardiomyopathy.

BC43.11 Non-obstructive hypertrophic cardiomyopathy

Non-obstructive hypertrophic cardiomyopathy is hypertrophic cardiomyopathy that has no fixed or dynamic intraventricular narrowing sufficient to result in a significant pressure gradient between the ventricular apex and the outflow valve (aortic or pulmonary).

BC43.12 Obstructive hypertrophic cardiomyopathy

Obstructive hypertrophic cardiomyopathy is hypertrophic cardiomyopathy that manifests sufficient fixed or dynamic narrowing within one or both ventricles to result in a significant pressure gradient between the ventricular apex and the outflow valve (aortic or pulmonary).

BC43.1Y Other specified hypertrophic cardiomyopathy

BC43.1Z Hypertrophic cardiomyopathy, unspecified

BC43.2 Restrictive cardiomyopathy

Restrictive cardiomyopathy is the presence of impaired ventricular diastolic function related to reduced rate and/or extent of relaxation and/or compliance in the absence of another predominant phenotype of dilated or hypertrophic cardiomyopathy.

BC43.20 Nonfamilial restrictive cardiomyopathy

Nonfamilial restrictive cardiomyopathy is restrictive cardiomyopathy secondary to an acquired systemic disorder that is known to be associated with restrictive cardiomyopathy such as amyloidosis, scleroderma, sarcoidosis, or anthracycline therapy.

BC43.2Y Other specified restrictive cardiomyopathy

BC43.2Z Restrictive cardiomyopathy, unspecified

BC43.3 Endocardial fibroelastosis

Endocardial fibroelastosis is the formation of a marked fibro-elastic thickening of the subendocardium in one or both cardiac ventricles. A disorder of fetuses and infants, secondary causes include congenital left-sided obstructive cardiac lesions, metabolic disorders, autoimmune disease (anti-Ro/anti-La antibodies), and transplacental viral infection such as mumps. Primary endocardial fibroelastosis has been linked to recessive and x-linked inheritance, such as with Barth syndrome.

BC43.4 Cardiomyopathy due to drugs or other external agents

This is one type of cardiomyopathy due to drugs and other external agents. Causing agents are alcohol, cocaine chemotherapeutic agents, psychotherapeutic agents and chemical toxins.

BC43.5 Stress-induced cardiomyopathy

Stress-induced or Takotsubo cardiomyopathy is a disease of the myocardium characterised by episodes of acute onset, reversible left ventricular apical wall motion abnormalities mimicking acute myocardial infarction, but with non-specific electrocardiographic ST elevation and T wave changes, and minimal myocardial enzymatic release, in the absence of coronary stenosis.

Inclusions: Takotsubo cardiomyopathy

BC43.6 Arrhythmogenic ventricular cardiomyopathy

Arrhythmogenic ventricular cardiomyopathy is a cardiomyopathy characterised by myocardial cell loss with partial or total replacement of right ventricular muscle by adipose and fibrous tissue, beginning subepicardially to become transmural in time, sparing the papillary muscles and trabeculae, and often associated with aneurysms particularly of the right ventricular outflow tract. There is progressive systolic impairment with ventricular dilation and marked propensity for ventricular arrhythmias of right, as well as left, ventricular origin. Classically a disease of the right ventricle, more recent evidence suggests left ventricular involvement to a varying extent in up to 75% of cases, as well as isolated left ventricular disease.

BC43.7 Diabetic cardiomyopathy

Diabetic cardiomyopathy is the presence of myocardial dysfunction in the absence of overt clinical coronary artery disease, valvar disease, and other conventional cardiovascular risk factors, such as hypertension and dyslipidemia. It is initially characterised by myocardial fibrosis, dysfunctional remodeling, and diastolic dysfunction, progressing to systolic dysfunction and heart failure.

Additional information. The development and progression of diabetic cardiomyopathy has been linked to impaired cardiac insulin metabolic signaling, increases in oxidative stress, reduced nitric oxide bioavailability, collagen-based cardiomyocyte and extracellular matrix stiffness, impaired mitochondrial and cardiomyocyte calcium handling, inflammation, renin–angiotensin–aldosterone system activation, cardiac autonomic neuropathy, endoplasmic reticulum stress, microvascular dysfunction, and a myriad of cardiac metabolic abnormalities.

Coding Note: Always assign an additional code for diabetes mellitus.

BC43.Y Other specified cardiomyopathy

Coding Note: Code also the causing condition

BC43.Z Cardiomyopathy, unspecified

Coding Note: Code also the causing condition

BC44 Noncompaction cardiomyopathy

Noncompaction cardiomyopathy is a morphologic abnormality of the myocardium predominantly affecting the apex of the ventricle characterised by hypertrabeculation and deep inter-trabecular recesses, usually accompanied by an abnormally thin subepicardial layer of compacted myocardium, that is generally but not always associated with ventricular dysfunction.

Additional information. Noncompaction cardiomyopathy classically involves the left ventricle but can also involve only the right ventricle or both. It can occur as an isolated finding or in association with a dilated, hypertrophic, or mixed cardiomyopathic phenotype. It has been described in association with complex congenital heart disease, coronary artery anomalies and as an isolated finding, with and without musculoskeletal and other system abnormalities.

BC45 Cardiomegaly

BC46 Intracardiac thrombosis

#DRAFT# This is the intracardiac formation of a blood clot, not elsewhere classified.

Exclusions: Acute myocardial infarction, without specification of ST elevation (BA41)

BC4Y Other specified diseases of the myocardium or cardiac chambers

BC4Z Diseases of the myocardium or cardiac chambers, unspecified

Cardiac arrhythmia (BC60‑BC9Z)

This is any of a large and heterogeneous group of conditions in which there is abnormal electrical activity in the heart. The heartbeat may be too fast or too slow, and may be regular or irregular.

Coded Elsewhere: Cardiac arrest (MC82)

Cardiac arrhythmias in the neonate (KB41)

Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

BC60 Atrial premature depolarization

Cardiac electrical depolarization arising from the atria, occurring earlier than the expected sinus beat

BC61 Junctional premature depolarization

Cardiac electrical depolarization arising from the compact atrioventricular node or His bundle occurring earlier than the expected sinus beat.

BC62 Accessory pathway

An additional electrical connection which typically bypasses the AV node, typically inserting directly into atrial and ventricular myocardium, but may also connect to the specialised conduction system (e.g., the bundle of His, right or left bundles, or one of the fascicles).

BC63 Conduction disorders

Any abnormal alteration of atrio-ventricular conduction.

Coded Elsewhere: Congenital heart block (LA8Y)

BC63.0 Atrioventricular block, first degree

Disorder of the atrioventricular conduction system in which the PR interval is greater than the 97th percentile for age or > 200 ms in adults

BC63.1 Atrioventricular block, second degree

Disorder of the atrioventricular conduction system in which some but not all atrial impulses fail to propagate to the ventricles. Electrocardiographically, some P waves are not followed by a QRS complex.

BC63.10 High-grade second degree atrioventricular block

Form of second degree atrioventricular block in which either multiple consecutive P-waves are not conducted or there are transient periods of atrioventricular dissociation

BC63.1Y Other specified atrioventricular block, second degree

BC63.1Z Atrioventricular block, second degree, unspecified

BC63.2 Complete atrioventricular block

Disorder of the atrioventricular conduction system in which there is failure of all atrial impulses to propagate to the ventricle

Inclusions: Third-degree block

BC63.20 Congenital complete atrioventricular block

Third degree atrioventricular block is defined as the absence of atrioventricular node conduction and here it is congenital, that is, it has been present since birth and is not acquired, although it may be first detected later.

Exclusions: Congenital complete heart block (LA80‑LA8Z)

BC63.21 Acquired complete atrioventricular block

Complete atrioventricular block in which the onset of the conduction disorder is recognised after birth

BC63.2Z Complete atrioventricular block, unspecified

BC63.3 Right bundle branch block

Disorder of the atrioventricular conduction system characterised by prolonged QRS duration (greater than or equal to 120 ms in adults, greater than 100 ms in children ages 4 to 16 years, and greater than 90 ms in children less than 4 years of age), rsr, rsR, or rSR in leads V1 or V2, S wave of greater duration than R wave (or greater than 40 ms in leads I and V6 in adults)

BC63.4 Left bundle branch block

Disorder of the atrioventricular conduction system in which the QRS duration is greater than or equal to 120 ms in adults, greater than 100 ms in children 4 to 16 years of age, and greater than 90 ms in children less than 4 years of age; there is a QS or rS pattern in lead V1 and a wide slurred R wave in leads I and V6.

BC63.40 Left anterior fascicular block

Disorder of the atrioventricular conduction system characterised by left axis deviation for age (frontal plane axis between -45° and -90°), qR pattern in lead aVL, R-peak time in lead aVL of 45 ms or more, and a QRS duration that does not meet age dependent criteria for complete bundle branch block (less than 120 ms in adults, less than 100 ms in children 4 to 16 years of age, and less than 90 ms in children less than 4 years of age)

BC63.41 Left posterior fascicular block

Disorder of the atrioventricular conduction system characterised by right axis deviation for age (between 90° and 180° in adults), with a qR pattern in inferior leads, rS pattern in leftward leads (I and aVL), and a QRS duration that does not meet age dependent criteria for complete bundle branch block (less than 120 ms in adults, less than 100 ms in children 4 to 16 years of age, and less than 90 ms in children less than 4 years of age)

BC63.4Z Left bundle branch block, fascicle unspecified

BC63.5 Nonspecific intraventricular conduction delay

Disorder of the atrioventricular conduction system characterised by a prolonged QRS duration (QRS duration greater than 110 ms in adults, greater than 90 ms in children 8 to 16 years of age, and greater than 80 ms in children less than 8 years of age) without criteria for right or left bundle branch block.

BC63.Y Other specified conduction disorders

BC63.Z Conduction disorders, unspecified

BC64 Sudden arrhythmic death syndrome

#DRAFT# This is the sudden death due to cardiac arrest brought on by an arrhythmia in the absence of any structural heart disease on autopsy.

BC65 Cardiac arrhythmia associated with genetic disorder

#DRAFT# This is any of a large and heterogeneous group of conditions in which there is abnormal electrical activity in the heart, associated with a genetic disorder. The heartbeat may be too fast or too slow, and may be regular or irregular.

BC65.0 Long QT syndrome

A congenital disorder of ventricular myocardial repolarization characterised by a prolonged QT interval on the electrocardiogram (ECG) that can lead to symptomatic ventricular arrhythmias and an increased risk of sudden cardiac death.

BC65.1 Brugada syndrome

Clinical manifestations of cardiac syncope, ventricular tachycardia, ventricular fibrillation, or sudden death in conjunction with a genetic mutation associated with Brugada Syndrome and/or a Brugada pattern ECG (spontaneous or provoked).

BC65.2 Short QT syndrome

Familial short QT syndrome is a rare cardiac rhythm disorder that associates a short QT interval (QT and QTc 300 ms) on the surface electrocardiogram (ECG) with a high risk of syncope or sudden death due to malignant ventricular arrhythmia.

BC65.3 Early repolarisation syndrome

Genetic arrhythmia disorder characterised by inferolateral J wave elevation noted on ECG in conjunction with ventricular fibrillation not explained by other causes.

BC65.4 Idiopathic ventricular fibrillation

Genetic arrhythmia disorder characterised by occurrence of ventricular fibrillation in the absence of other underlying causes, including absence of electrocardiogram (ECG) findings of Brugada syndrome, bidirectional ventricular tachycardia, and inferolateral J wave elevation.

BC65.5 Catecholaminergic polymorphic ventricular tachycardia

Catecholaminergic polymorphic ventricular tachycardia (CPVT) is a severe genetic arrhythmogenic disorder of childhood characterised by adrenergically-induced ventricular tachycardia (bidirectional ventricular tachycardia and, less frequently, supraventricular tachycardia and atrial fibrillation) manifesting as syncope and sudden death.

BC65.Y Other specified cardiac arrhythmia associated with genetic disorder

BC65.Z Cardiac arrhythmia associated with genetic disorder, unspecified

Ventricular rhythm disturbance (BC70‑BC7Z)

Any cardiac rhythm anomaly arising from the ventricles.

BC70 Ventricular premature depolarization

Ventricular depolarization occurring earlier than the expected ventricular depolarization initiated by the sinoatrial node or another supraventricular pacemaker.

BC71 Ventricular tachyarrhythmia

Any ventricular rhythm disturbance with a rate faster than the normal age dependent ventricular escape rate.

BC71.0 Ventricular tachycardia

Ventricular tachycardia is a cardiac arrhythmia of three or more consecutive complexes in duration emanating from the ventricles at a rate of greater than 120 bpm in adolescents or adults and a rate greater than 150 bpm in child. Ventricular tachycardia may occur with or without loss of cardiac output.

BC71.00 Right outflow tract ventricular tachycardia

Monomorphic ventricular tachycardia with focal activity originating from the right ventricular outflow tract, having a left bundle branch block (LBBB) morphology and inferior axis.

BC71.01 Polymorphic ventricular tachycardia

Ventricular tachycardia with 2 or more QRS morphologies.

BC71.02 Sustained ventricular tachycardia

Ventricular tachycardia that has a duration of >30 seconds or causes haemodynamic instability.

BC71.03 Non-sustained ventricular tachycardia

Ventricular tachycardia lasting less than or equal to 30 seconds

BC71.0Y Other specified ventricular tachycardia

BC71.0Z Ventricular tachycardia, unspecified

BC71.1 Ventricular fibrillation

Ventricular fibrillation is a rapid grossly irregular ventricular rhythm, usually more than 300 bpm/200 ms (cycle length 180 ms or less), with marked variability in QRS cycle length, morphology, and amplitude, associated with loss of cardiac output, and is usually sustained, requiring intervention to terminate.

BC71.2 Re-entry ventricular arrhythmia

BC71.Y Other specified ventricular tachyarrhythmia

BC71.Z Ventricular tachyarrhythmia, unspecified

BC7Y Other specified ventricular rhythm disturbance

BC7Z Ventricular rhythm disturbance, unspecified

Supraventricular rhythm disturbance (BC80‑BC8Z)

BC80 Supraventricular bradyarrhythmia

Any of a number of possible arrhythmias originating at or above the level of bundle of His in which the heart beats slower than the age-dependent lower limits of normal.

BC80.0 Sinus pause

An interruption in the typical sinus cadence where the p-p interval > sum of 2 previous p-p (excludes sinus arrhythmia).

BC80.1 Sinus bradycardia

Resting sinus rates below the 97% for age (<60 bpm in adults).

BC80.2 Sinus node dysfunction

Non-specific term that refers to abnormalities in sinus node impulse formation and propagation and includes sinus bradycardia, sinus pause/arrest, chronotropic incompetence, and sinoatrial exit block.

BC80.20 Sick sinus syndrome

Sick sinus syndrome may be defined as inappropriate sinus rates (either resting bradycardia or chronotropic incompetence) which may be associated with episodes of atrial tachycardia.

BC80.21 Sinoatrial block

Delay or block of the electrical impulse from the sinus node to the atria

BC80.2Y Other specified sinus node dysfunction

BC80.2Z Sinus node dysfunction, unspecified

BC80.Y Other specified supraventricular bradyarrhythmia

BC80.Z Supraventricular bradyarrhythmia, unspecified

BC81 Supraventricular tachyarrhythmia

Tachycardia originating at or above the atrioventricular (AV) node, usually with a narrow QRS or QRS complex similar to the sinus QRS morphology.

BC81.0 Ectopic atrial tachycardia

Ectopic atrial tachycardia originates from a small area (focus) in the atrium and spreading centrifugally.

BC81.1 Junctional ectopic tachycardia

Narrow or usual complex tachycardia originates from a focus at or near the atrioventricular junction.

BC81.2 Macro reentrant atrial tachycardia

An atrial arrhythmia in which there is intra-atrial reentry or circus movement around a fixed or functional central obstacle. The central obstacle may consist of normal (e.g. valves) or abnormal (e.g. scar) structures.

This form of SVT originates in the atrium; conduction to the ventricles is not necessary for the tachycardia to continue. An organised atrial rhythm with a rate typically between 250 and 350 bpm, including tachycardias using a variety of reentry circuits that often occupy large areas of the atrium ("macro-reentrant"). Here the arrhythmia involves the cavotricuspid isthmus.

BC81.20 Cavotricuspid isthmus dependent macroreentry tachycardia

A macro re-entrant atrial tachycardia that rotates around the tricuspid annulus.

BC81.21 Non-scar, non-isthmus dependent macro reentrant atrial tachycardia

A macro re-entrant atrial tachycardia coursing around a normal cardiac structure (except the cavotricuspid isthmus) such as the mitral valve annulus, or superior caval vein.

BC81.22 Scar mediated macro reentrant atrial tachycardia

A macro re-entrant atrial tachycardia in which the central obstacle and/or the zone of slow conduction sustaining the tachycardia is due to scar. In this context scar generally refers to surgical or ischaemic heart disease mediated scarring rather than the fibrosis that can accompany other disease states or aging.

BC81.2Y Other specified macro reentrant atrial tachycardia

BC81.2Z Macro reentrant atrial tachycardia, unspecified

BC81.3 Atrial fibrillation

An atrial tachyarrhythmia characterised by rapid (usually faster than 300 bpm), irregular and uncoordinated atrial impulse generation, usually manifesting on ECG with indistinct P-waves and an irregularly irregular ventricular response.

BC81.30 Paroxysmal atrial fibrillation

Recurrent AF (>=2 episodes) that terminates spontaneously within 7 days or less (usually within 24 hours).

BC81.31 Persistent atrial fibrillation

Atrial fibrillation (AF) which is sustained beyond seven days, or lasting less than seven days but necessitating pharmacologic or electrical cardioversion to restore normal sinus rhythm.

BC81.32 Permanent atrial fibrillation

A term used to identify individuals with persistent AF where a decision has been made to no longer pursue a rhythm control strategy, or where cardioversion has either failed or not been attempted.

BC81.33 Preexcited atrial fibrillation

Atrial fibrillation that occurs in the setting of a preexcitation syndrome such a Wolff-Parkinson-White syndrome, resulting in an erratic wide-complex rhythm that can degenerate into ventricular fibrillation, and sudden cardiac death.

BC81.3Y Other specified atrial fibrillation

BC81.3Z Atrial fibrillation, unspecified

BC81.4 Wolff-Parkinson-White syndrome

Arrhythmia symptoms, documented supraventricular tachycardia, and/or cardiac arrest due to rapidly conducted atrial fibrillation associated with preexcitation on electrocardiogram. Includes latent preexcitation identified during electrophysiology study.

BC81.5 Sinus node reentrant tachycardia

A reentrant tachycardia within the sinus node/perinodal tissue characterised by abrupt onset/termination, regular cadence, and P-waves consistent with sinus node origin

BC81.6 Inappropriate sinus tachycardia

Heart rate which is elevated with regard to level of activity; usually exhibits features of automaticity.

BC81.7 Atrioventricular reciprocating tachycardia

A macro-reentrant tachycardia involving the atria and ventricles in series that uses the atrioventricular node or an accessory pathway for one limb of the circuit and an accessory pathway for the other.

BC81.70 Atrioventricular reciprocating tachycardia, orthodromic

An atrioventricular reciprocating tachycardia that uses an accessory pathway for retrograde conduction and the atrioventricular node for anterograde conduction resulting in a narrow or usual complex tachycardia.

BC81.71 Atrioventricular reciprocating tachycardia, antidromic

An atrioventricular reciprocating tachycardia that uses the atrioventricular node for retrograde conduction and the accessory pathway for anterograde conduction resulting in a wide complex tachycardia.

BC81.7Y Other specified atrioventricular reciprocating tachycardia

BC81.7Z Atrioventricular reciprocating tachycardia, unspecified

BC81.8 Atrioventricular nodal reentry tachycardia

A reentrant supraventricular tachycardia that uses multiple slow atrioventricular nodal pathways or a slow atrioventricular nodal pathway in conjunction with a fast atrioventricular nodal pathway in a reentry circuit.

BC81.Y Other specified supraventricular tachyarrhythmia

BC81.Z Supraventricular tachyarrhythmia, unspecified

BC8Y Other specified supraventricular rhythm disturbance

BC8Z Supraventricular rhythm disturbance, unspecified

BC90 Rhythm disturbance at level of atrioventricular junction

BC91 Pacemaker or implantable cardioverter defibrillator battery at end of battery life

Pacemaker or implantable cardioverter defibrillator (ICD) battery at or near complete exhaustion.

BC9Y Other specified cardiac arrhythmia

BC9Z Cardiac arrhythmia, unspecified

Heart failure (BD10‑BD1Z)

Exclusions: Heart failure following cardiac surgery or due to presence of cardiac prosthesis (BE11)

complicating abortion or ectopic or molar pregnancy (JA05)

complicating obstetric surgery and procedures (JB0D.3)

Coded Elsewhere: Neonatal cardiac failure (KB40)

BD10 Congestive heart failure

A clinical syndrome characterised by abnormalities of ventricular function and neurohormonal regulation which are accompanied by effort intolerance and fluid retention.

Coding Note: Code also the causing condition

Inclusions: Congestive heart disease

BD11 Left ventricular failure

A clinical syndrome characterised by abnormalities of left ventricular function resulting in pulmonary congestion and fluid retention.

Coding Note: Code also the causing condition

Inclusions: Left heart failure

BD11.0 Left ventricular failure with preserved ejection fraction

A syndrome of left ventricular dysfunction occurring with normal or relatively preserved ejection fraction

Coding Note: Code also the causing condition

BD11.1 Left ventricular failure with mid range ejection fraction

Coding Note: Code also the causing condition

BD11.2 Left ventricular failure with reduced ejection fraction

A syndrome of left ventricular dysfunction associated with reduced ejection fraction.

Coding Note: Code also the causing condition

BD11.Z Left ventricular failure, unspecified

Coding Note: Code also the causing condition

BD12 High output syndromes

Increased cardiac output above normal associated with anaemia, arteriovenous fistulas, thyrotoxicosis and other syndromes. May result in heart failure.

BD13 Right ventricular failure

Heart failure associated with right ventricular dysfunction manifest by distention of the neck veins, enlargement of the liver, and dependent oedema.

Coding Note: Code also the causing condition

BD14 Biventricular failure

Coding Note: Code also the causing condition

BD1Y Other specified heart failure

Coding Note: Code also the causing condition

BD1Z Heart failure, unspecified

Coding Note: Code also the causing condition

Diseases of arteries or arterioles (BD30‑BD5Z)

Exclusions: Diseases of coronary artery (BA81‑BA8Z)

BD30 Acute arterial occlusion

Coding Note: Code also the causing condition

BD30.0 Acute upper limb arterial occlusion

BD30.00 Acute thromboembolic upper limb arterial occlusion

BD30.01 Acute thrombotic upper limb arterial occlusion

BD30.0Y Other specified acute upper limb arterial occlusion

BD30.0Z Acute upper limb arterial occlusion, unspecified

BD30.1 Acute aortoiliac occlusion

BD30.10 Acute thromboembolic aortoiliac occlusion

BD30.11 Acute thrombotic aortoiliac occlusion

BD30.1Y Other specified acute aortoiliac occlusion

BD30.1Z Acute aortoiliac occlusion, unspecified

BD30.2 Acute lower limb arterial occlusion

BD30.20 Acute thromboembolic lower limb arterial occlusion

BD30.21 Acute thrombotic lower limb arterial occlusion

BD30.2Y Other specified acute lower limb arterial occlusion

BD30.2Z Acute lower limb arterial occlusion, unspecified

BD30.Y Other specified acute arterial occlusion

Coding Note: Code also the causing condition

BD30.Z Acute arterial occlusion, unspecified

Coding Note: Code also the causing condition

Chronic arterial occlusive disease (BD40‑BD4Z)

Coded Elsewhere: Secondary peripheral angiopathy (BD53.Y)

BD40 Atherosclerotic chronic arterial occlusive disease

Inclusions: endarteritis deformans

senile arteritis

senile endarteritis

Exclusions: Chronic vascular disorders of intestine (DD31)

Cerebral ischaemic stroke due to intracranial large artery atherosclerosis (8B11.1)

Coronary atherosclerosis (BA52)

Chilblains (NF03.0)

Frostbite (NE40‑NE4Z)

Cerebral ischaemic stroke due to extracranial large artery atherosclerosis (8B11.0)

Asymptomatic stenosis of intracranial or extracranial artery (BD55)

Coded Elsewhere: Atherosclerotic retinopathy (BD40.Y)

BD40.0 Lower limb atherosclerosis

This is a condition in which an artery wall thickens as a result of the accumulation of fatty materials such as cholesterol, of the lower limb.

BD40.1 Atherosclerosis of aorta

BD40.2 Atherosclerosis of renal artery

Exclusions: atherosclerosis of renal arterioles (BA02)

BD40.3 Aortic bifurcation syndrome

#DRAFT# This is the point at which the abdominal aorta bifurcates into the left and right common iliac arteries. The aortic bifurcation occurs at the level of the fourth lumbar vertebrae, just above the confluence of the left and right common iliac veins.

BD40.Y Other specified atherosclerotic chronic arterial occlusive disease

BD40.Z Atherosclerotic chronic arterial occlusive disease, unspecified

BD41 Non-atherosclerotic chronic arterial occlusive disease

A heterogeneous group of disorders which may present with symptoms suggestive of atherosclerotic peripheral arterial disease (e.g. intermittent claudication) but in which arterial or arteriolar occlusion is due to other causes such as fibromuscular dysplasia, thromboarteritis obliterans and calcific arteriolopathy.

Coded Elsewhere: Thromboangiitis obliterans (4A44.8)

Calcific arteriolopathy (EB90.42)

BD41.0 Arterial fibromuscular dysplasia

Fibromuscular dysplasia, formerly called fibromuscular fibroplasia, is a group of nonatherosclerotic, noninflammatory arterial diseases that most commonly involve the renal and carotid arteries.

BD41.Y Other specified non-atherosclerotic chronic arterial occlusive disease

BD41.Z Non-atherosclerotic chronic arterial occlusive disease, unspecified

BD42 Raynaud phenomenon

Raynaud phenomenon describes an exaggerated vascular response to cold temperature or emotional stimuli resulting in episodic digital ischaemia. It is characterised by paroxysmal vasoconstriction producing initially pallor, an essential component for the diagnosis, followed by cyanosis and erythema. Primary Raynaud disease is an isolated innocuous disorder. Secondary Raynaud phenomenon occurs in association with a wide range of different disorders including dysproteinaemias and non-organ-specific systemic autoimmune diseases.

BD42.0 Primary Raynaud disease

Raynaud phenomenon unassociated with any concomitant disease, drug or other provoking trauma. Criteria for diagnosis include: bilateral symmetrical episodic attacks without evidence of peripheral vascular disease or tissue injury, normal nail fold capillaroscopy, negative antinuclear antibody and normal erythrocyte sedimentation rate.

Inclusions: Raynaud disease

BD42.1 Secondary Raynaud phenomenon

Coding Note: Code also the causing condition

BD42.Z Raynaud phenomenon, unspecified

BD4Y Other specified chronic arterial occlusive disease

BD4Z Chronic arterial occlusive disease, unspecified

BD50 Aortic aneurysm or dissection

Aortic aneurysm is a term for any swelling (dilation or aneurysm) of the aorta to greater than 1.5 times normal, usually representing an underlying weakness in the wall of the aorta at that location. Aortic dissection occurs when a tear in the inner wall of the aorta causes blood to flow between the layers of the wall of the aorta, forcing the layers apart.

Coded Elsewhere: Postprocedural true or false aortic aneurysm (BE13)

Aortic aneurysm due to congenital heart disease (LA8Y)

BD50.0 Thoracic aortic dissection, ascending aorta dissection and propagation beyond arch

This occurs when a tear in the inner wall of the aorta causes blood to flow between the layers of the wall of the aorta, forcing the layers apart: ascending aorta dissection and propagation beyond arch.

BD50.00 Thoracic aortic dissection, ascending aorta dissection and propagation beyond arch with perforation

BD50.01 Thoracic aortic dissection, ascending aorta dissection and propagation beyond arch with rupture

BD50.02 Thoracic aortic dissection, ascending aorta dissection and propagation beyond arch without mention of perforation or rupture

BD50.0Y Other specified thoracic aortic dissection, ascending aorta dissection and propagation beyond arch

BD50.0Z Thoracic aortic dissection, ascending aorta dissection and propagation beyond arch, unspecified

BD50.1 Ascending aorta dissection not beyond arch

BD50.10 Ascending aorta dissection not beyond arch with perforation

BD50.11 Ascending aorta dissection not beyond arch with rupture

BD50.12 Ascending aorta dissection not beyond arch without mention of perforation or rupture

BD50.1Y Other specified ascending aorta dissection not beyond arch

BD50.1Z Ascending aorta dissection not beyond arch, unspecified

BD50.2 Descending aorta dissection and distal propagation

This occurs when a tear in the inner wall of the aorta causes blood to flow between the layers of the wall of the aorta, forcing the layers apart, and distal propagation.

BD50.20 Descending aorta dissection and distal propagation with perforation

BD50.21 Descending aorta dissection and distal propagation with rupture

BD50.22 Descending aorta dissection and distal propagation without mention of perforation or rupture

BD50.2Y Other specified descending aorta dissection and distal propagation

BD50.2Z Descending aorta dissection and distal propagation, unspecified

BD50.3 Thoracic aortic aneurysm

BD50.30 Thoracic aortic aneurysm with perforation

BD50.31 Thoracic aortic aneurysm with rupture

BD50.32 Thoracic aortic aneurysm without mention of perforation or rupture

BD50.3Y Other specified thoracic aortic aneurysm

BD50.3Z Thoracic aortic aneurysm, unspecified

BD50.4 Abdominal aortic aneurysm

#DRAFT# This is a localised dilatation (ballooning) of the abdominal aorta exceeding the normal diameter by more than 50 percent, and is the most common form of aortic aneurysm.

BD50.40 Abdominal aortic aneurysm with perforation

BD50.41 Abdominal aortic aneurysm with rupture

BD50.4Y Other specified abdominal aortic aneurysm

BD50.4Z Abdominal aortic aneurysm, unspecified

BD50.5 Thoracoabdominal aortic aneurysm

#DRAFT# This is a term for thoracoabdominal swelling (dilation or aneurysm) of the aorta to greater than 1.5 times normal, usually representing an underlying weakness in the wall of the aorta at that location.

BD50.50 Thoracoabdominal aortic aneurysm with perforation

BD50.51 Thoracoabdominal aortic aneurysm with rupture

BD50.52 Thoracoabdominal aortic aneurysm without mention of perforation or rupture

BD50.5Y Other specified thoracoabdominal aortic aneurysm

BD50.5Z Thoracoabdominal aortic aneurysm, unspecified

BD50.Z Aortic aneurysm or dissection, unspecified

BD51 Arterial aneurysm or dissection, excluding aorta

Exclusions: Aneurysm of pulmonary artery (BB02.1)

aneurysm of heart (BA41)

aneurysm of varicose (BD52.1)

aneurysm of retinal (9B78.1)

dissection of precerebral artery, congenital (nonruptured) (LA90.41)

aneurysm (of): aorta (BD50)

aneurysm (of): arteriovenous NOS acquired (BD52.1)

Cerebral aneurysm, nonruptured (8B22.5)

Coronary artery aneurysm (BA81)

ruptured cerebral aneurysm (8B01.0)

BD51.0 Aneurysm or dissection of carotid artery

BD51.1 Aneurysm or dissection of vertebral artery

BD51.2 Aneurysm or dissection of other precerebral arteries

Exclusions: Aneurysm or dissection of carotid artery (BD51.0)

Aneurysm or dissection of vertebral artery (BD51.1)

BD51.3 Aneurysm or dissection of artery of upper extremity

BD51.4 Aneurysm or dissection of renal artery

BD51.5 Aneurysm or dissection of iliac artery

BD51.6 Aneurysm or dissection of artery of lower extremity

BD51.Y Aneurysm and dissection of other artery, excluding aorta

BD51.Z Aneurysm and dissection of unspecified artery

BD52 Certain specified disorders of arteries or arterioles

Exclusions: collagen (vascular) diseases (4A40‑4A4Z)

Hypersensitivity angiitis (4A44.B)

Acute arterial occlusion (BD30)

Chronic arterial occlusive disease (BD40‑BD4Z)

BD52.0 Segmental arterial mediolysis

Segmental arterial mediolysis is a rare noninflammatory vascular disease of the abdominal splanchnic arteries, characterised by disruption of the arterial medial layer. It will induce multiple aneurysms in mesenteric arteries with susceptibility to vessel dissection, haemorrhage and mesenteric ischemia.

BD52.1 Arteriovenous fistula, acquired

Exclusions: Cerebral aneurysm, nonruptured (8B22.5)

traumatic - see injury of blood vessel by body region (Chapter 22)

Coronary artery aneurysm (BA81)

Splanchnic arteriovenous fistula (DB98.73)

BD52.2 Stricture of artery

BD52.3 Rupture of artery

Exclusions: traumatic rupture of artery - see injury of blood vessel by body region (Chapter 22)

BD52.4 Necrosis of artery

BD52.5 Coeliac artery compression syndrome

#DRAFT# This is a condition characterised by abdominal pain attributed to compression of the celiac artery and possibly the celiac ganglia by the median arcuate ligament.

BD52.6 Congenital great vessel related acquired abnormality

Any postnatal pathological change in form or function of the heart and/or great vessels consequent to the presence of congenital cardiovascular disease.

Exclusions: Acquired systemic vein abnormality (BD73)

Acquired pulmonary venous abnormality (BB03)

Acquired pulmonary arterial tree abnormality (BB02.3)

Coded Elsewhere: Acquired abnormality of congenitally malformed valve (BC02)

Postprocedural arterial duct disorder (BE14.A)

Acquired narrowing of constructed cardiac intraventricular tunnel (BE14.B)

Acquired subaortic stenosis (BB70.Y)

Acquired pulmonary atresia (BB90.Y)

Cardiac conduit related disorder (BE14.B)

Superior cavopulmonary anastomosis related disorder (BE14.B)

Systemic-to-pulmonary arterial shunt related disorder (BE14.B)

BD52.7 Certain acquired abnormalities of aorta

A pathological change in form or function of the aorta that develops after birth.

Coded Elsewhere: Recoarctation of the aorta (BE14.9)

BD52.70 Acquired abnormality of aortic arch branch

A postnatal pathological change in form or function of one or more branches of the aortic arch.

BD52.71 Acquired ascending aorta or root dilation

Enlargement of the luminal diameter of the aorta between the ventriculo-aortic junction and the origin of the first brachiocephalic branch above the upper limit of normal adjusted for body size that develops after birth

Coded Elsewhere: Postprocedural ascending aorta dilation (BE14.9)

BD52.7Y Other specified certain acquired abnormalities of aorta

BD52.7Z Certain acquired abnormalities of aorta, unspecified

BD53 Secondary disorders of arteries and arterioles

Coding Note: Code also the causing condition

BD53.0 Arterial cystic medial diseases

Coding Note: Code also the causing condition

BD53.1 Hypothenar hammer syndrome

BD53.2 Iliac artery arteriopathy

BD53.3 Popliteal entrapment syndrome

#DRAFT# This is a rather uncommon pathology, which results into claudication and chronic leg ischemia. The popliteal artery may be compressed behind the knee, due to congenital deformity of the muscles or tendon insertions of the popliteal space.

BD53.4 Cholesterol atheroembolism

Embolic occlusion of distal small arteries and arterioles by cholesterol crystals released from atherosclerotic plaque in larger more central arteries. The resultant microvascular ischaemia is accompanied by an inflammatory response to the presence of cholesterol crystals. This may occur spontaneously or as a complication of angiography or vascular surgery. Organs most commonly affected include the skin, kidneys, gastrointestinal tract, and brain. Cutaneous manifestations, present in the majority of cases, include livedo reticularis and focal ischaemic necrosis and ulceration; these are commonly associated with acute kidney injury.

BD53.40 Cholesterol atheroembolism to kidneys

This occurs when cholesterol is released, usually from an atherosclerotic plaque, and travels along with the bloodstream (embolism) to other places in the kidneys, where it obstructs blood vessels.

BD53.4Y Cholesterol atheroembolism to other specified sites

BD53.4Z Cholesterol atheroembolism to unspecified site

BD53.Y Other specified secondary disorders of arteries and arterioles

Coding Note: Code also the causing condition

BD53.Z Secondary disorders of arteries and arterioles, unspecified

Coding Note: Code also the causing condition

BD54 Diabetic foot ulcer

Chronic foot ulcers occur in as many as 15–25% of diabetic patients. The underlying aetiology is a combination of disturbed sensation from diabetic neuropathy and impaired perfusion from diabetic vasculopathy. Poor foot care, abnormal foot structure, or poorly fitting shoes increase the risk of diabetic foot ulcers. The ulcers typically occur in areas of increased plantar pressure, especially beneath the metatarsal heads.

Coding Note: Always assign an additional code for diabetes mellitus.

BD55 Asymptomatic stenosis of intracranial or extracranial artery

Stenosis of intracranial or extracranial artery that has not caused TIA or cerebral ischemic stroke.

Inclusions: narrowing of basilar, carotid or vertebral arteries, not resulting in cerebral infarction

Exclusions: Transient ischaemic attack (8B10)

Cerebral ischaemic stroke (8B11)

BD56 Asymptomatic occlusion of intracranial or extracranial artery

Occlusion of intracranial or extracranial artery that has not caused TIA or cerebral ischemic stroke.

Exclusions: Transient ischaemic attack (8B10)

Cerebral ischaemic stroke (8B11)

BD5Y Other specified diseases of arteries or arterioles

BD5Z Diseases of arteries or arterioles, unspecified

Diseases of veins (BD70‑BD7Z)

Coded Elsewhere: Other venous complications following abortion, ectopic or molar pregnancy (JA05.7)

Venous complications in pregnancy (JA61)

BD70 Superficial thrombophlebitis

#DRAFT# This is a thrombosis and inflammation of superficial veins which presents as a painful induration with erythema, often in a linear or branching configuration forming cords.

Coded Elsewhere: Superficial thrombophlebitis in pregnancy (JA61.2)

Superficial thrombophlebitis in the puerperium (JB41.0)

BD70.0 Superficial thrombophlebitis of lower limbs

Inflammation and thrombosis of the superficial veins of the lower limbs affecting particularly varicose superficial leg veins.

BD70.1 Superficial thrombophlebitis of upper limbs

BD70.2 Thrombophlebitis migrans

Thrombophlebitis migrans is characterised by the development of recurrent and migratory superficial thrombophlebitis. It is an acquired coagulopathy that is strongly associated with malignancy, especially solid tumours of the adenocarcinoma type.

Coding Note: Code also the causing condition

BD70.3 Mondor disease

A form of localised superficial venous thrombophlebitis typically affecting the chest wall and manifesting as a fibrous cord with surrounding skin retraction and an absence of overlying cutaneous inflammation. No cause is found in many cases but trauma and breast surgery are often implicated.

Coded Elsewhere: Mondor disease of the penis (GB06.3)

BD70.Y Other specified superficial thrombophlebitis

BD70.Z Superficial thrombophlebitis, unspecified

BD71 Deep vein thrombosis

The process whereby thrombus (blood clot) forms in the large veins of the peripheral venous system. In addition to obstructing venous return it possesses a hazard whereby thrombus may detach and embolize to the pulmonary circulation.

Coded Elsewhere: Deep phlebothrombosis in pregnancy (JA61.3)

Deep phlebothrombosis in the puerperium (JB41.1)

BD71.0 Upper limb deep vein thrombosis

Venous thrombosis within the deep veins of the upper limb.

BD71.1 Vena caval thrombosis

Venous thrombosis within the vena cava.

BD71.2 Renal vein thrombosis

Venous thrombosis within the renal vein

BD71.3 Iliac vein thrombosis

Venous thrombosis within the iliac veins.

BD71.4 Lower limb deep vein thrombosis

Thrombosis within the deep venous system of the lower limb.

Inclusions: deep vein thrombosis NOS

BD71.Y Other specified deep vein thrombosis

BD72 Venous thromboembolism

#DRAFT# This is the process by which blood clots originating in peripheral veins become detached and, after passing through the right side of the heart, reach the pulmonary circulation or, more rarely, parts of the arterial circulation.

BD73 Acquired systemic vein abnormality

A postnatal pathological change in form or function of a systemic vein.

BD73.0 Acquired inferior caval vein abnormality

A postnatal pathological change in form or function of the inferior caval vein (inferior vena cava).

Coded Elsewhere: Inferior caval vein obstruction due to foreign body (BE1C)

BD73.1 Acquired superior caval vein abnormality

A postnatal pathological change in form or function of the superior caval vein (superior vena cava).

Coded Elsewhere: Superior caval vein obstruction due to foreign body (BE1D)

BD73.2 Systemic vein obstruction

A postnatal pathologic condition of a systemic vein in which flow is impeded or blocked due to narrowing or atresia.

BD73.20 Obstruction of peripheral vein

A postnatal pathologic condition of a peripheral vein in which flow is impeded or blocked due to narrowing or atresia.

BD73.21 Obstruction of visceral vein

A postnatal pathologic condition of a visceral vein in which flow is impeded or blocked due to narrowing or atresia.

BD73.2Y Other specified systemic vein obstruction

BD73.2Z Systemic vein obstruction, unspecified

BD73.3 Acquired coronary sinus abnormality

A postnatal pathologic change in form or function of the coronary sinus.

BD73.Y Other specified acquired systemic vein abnormality

BD73.Z Acquired systemic vein abnormality, unspecified

BD74 Chronic peripheral venous insufficiency of lower extremities

The presence of increased pressure in the peripheral venous system, particularly of the lower extremities. Peripheral venous hypertension may be due to incompetence of venous valves following deep vein thrombosis but other factors including obesity may also impair venous return. The consequences of chronic peripheral venous insufficiency include varicose veins, venous ulceration and lymphoedema.

Coded Elsewhere: Lymphoedema due to venous insufficiency (BD93.10)

BD74.0 Uncomplicated lower limb venous hypertension

The presence of lower limb venous incompetence or hypertension as may be manifest by the presence of haemosiderin pigmentation of the skin, telangiectasia or finely dilated superficial veins.

Coded Elsewhere: Lower limb venous telangiectases (EF20.2)

BD74.1 Lower limb varicose veins

The commonest manifestation of chronic peripheral venous insufficiency, varicose veins present as dilatation and tortuosity of the superficial veins of the lower extremities. Incompetence of the superficial venous valve system impedes the return of venous blood to the heart. Chronically increased venous pressure causes symptoms like heaviness, discomfort, extremity fatigue, itching, and dull or burning pain.

Exclusions: complicating: puerperium (JB41)

Coded Elsewhere: Varicose veins of lower extremity in pregnancy (JA61.0)

BD74.10 Varicose veins with great saphenous reflux

Varicose veins associated with reflux within the great saphenous vein, normally as the result of valve incompetence: this can be due to congenitally weak valves or following injury from direct trauma or venous thrombosis.

BD74.11 Varicose veins with small saphenous reflux

Varicose veins associated with reflux within the small saphenous vein, normally as the result of valve incompetence: this can be due to congenitally weak valves or following injury from direct trauma or venous thrombosis.

BD74.12 Varicose veins with non-truncal reflux

Varicose veins associated with reflux sparing the main truncal veins of the lower limb.

BD74.1Z Lower limb varicose veins, not further specified

BD74.2 Lipodermatosclerosis

Lipodermatosclerosis is a form of panniculitis of the lower legs that develops in the context of venous insufficiency, giving rise to features that include oedema, erythema, hyperpigmentation and induration. In the acute phase tenderness, erythema and oedema predominate and may mimic cellulitis. As the condition becomes chronic, post-inflammatory pigmentation, fibrosis and lymphoedema predominate, sometimes resulting in the lower leg assuming an “inverted champagne bottle” appearance.

BD74.3 Venous leg ulcer

Venous leg ulcers are chronic skin ulcers of the gaiter area (ankle and lower leg) due to chronic peripheral venous hypertension. They are often associated with other manifestations of chronic peripheral venous insufficiency of the lower extremities including lower limb varicose veins and lipodermatosclerosis.

Inclusions: Gravitational ulcer

Varicose ulcer

BD74.30 Primary venous leg ulcer

A venous leg ulcer developing in skin without preceding episodes of ulceration.

BD74.31 Recurrent venous leg ulcer

A venous leg ulcer developing in skin which has been damaged by previous episodes of ulceration. The chances of long-term healing are reduced in comparison with primary venous leg ulcers.

BD74.32 Healed venous leg ulcer

BD74.3Z Venous leg ulcer, unspecified

BD74.Z Chronic peripheral venous insufficiency of lower extremities, unspecified

BD75 Venous varicosities of sites other than lower extremity

Exclusions: retinal varices (9B78.1)

Duodenal varices (DA52.0)

Coded Elsewhere: Gastric varices (DA43.0)

Oesophageal varices (DA26.0)

BD75.0 Sublingual varices

Varicose veins on the underside of the tongue

BD75.1 Scrotal varices

Inclusions: Varicocele of scrotum

BD75.2 Vulval varices

Congested and dilated vulval veins, occurring particularly in association with pregnancy.

Exclusions: complicating: childbirth and the puerperium (JB41)

Genital varices in pregnancy (JA61.1)

BD75.3 Pelvic varices

The presence of dilated and incompetent ovarian and pelvic veins in women. These may cause no symptoms but may be associated with chronic pelvic pain (pelvic congestion syndrome) or with externally apparent vulvovaginal varicosities.

BD75.Y Venous varicosities of other specified sites

BD75.Z Venous varicosities of unspecified site

BD7Y Other specified diseases of veins

BD7Z Diseases of veins, unspecified

Disorders of lymphatic vessels or lymph nodes (BD90‑BD9Z)

Disorders due to developmental and acquired disturbances of lymph circulation and drainage and to infective disorders of lymph vessels and nodes.

Exclusions: Enlarged lymph nodes (MA01)

Coded Elsewhere: Lymphatic malformations (LA90.1)

BD90 Lymphadenitis

Exclusions: human immunodeficiency virus [HIV] disease resulting in generalized lymphadenopathy (1C60‑1C62.Z)

Enlarged lymph nodes (MA01)

lymphadenopathy (MA01)

Malignant neoplasm metastasis in lymph nodes (2D60‑2D6Z)

BD90.0 Acute lymphadenitis

Exclusions: Nonspecific mesenteric lymphadenitis (BD90.1)

Chronic lymphadenitis (BD90.2)

human immunodeficiency virus [HIV] disease resulting in generalized lymphadenopathy (1C60‑1C62.Z)

enlarged lymph nodes (MA01)

BD90.1 Nonspecific mesenteric lymphadenitis

#DRAFT# This is a term meaning nonspecific disease of the lymph nodes. It is, however, almost synonymously used with swollen/enlarged lymph nodes. It could be due to infection, auto-immune disease, or malignancy.

BD90.2 Chronic lymphadenitis

Exclusions: Enlarged lymph nodes (MA01)

Nonspecific mesenteric lymphadenitis (BD90.1)

Tuberculosis of intrathoracic lymph nodes, confirmed bacteriologically or histologically (1B10.0)

Tuberculosis of intrathoracic lymph nodes, without mention of bacteriological or histological confirmation (1B10)

Tuberculous peripheral lymphadenopathy (1B12.6)

BD90.20 Chronic cervical lymphadenitis

BD90.21 Chronic axillary lymphadenitis

BD90.22 Chronic inguinal lymphadenitis

BD90.2Y Other specified chronic lymphadenitis

BD90.2Z Chronic lymphadenitis, unspecified

BD90.Y Other specified lymphadenitis

BD90.Z Lymphadenitis, unspecified

BD91 Lymphangitis

Lymphangitis is an inflammation of lymphatic vessels. It is most often caused by infection from bacteria, virus or fungus or infiltration by cancer cells.

Coding Note: Code first any underlying infection.

Exclusions: Lymphocutaneous sporotrichosis (1F2J.0)

Coded Elsewhere: Ascending bacterial lymphangitis (1B70.3)

Sclerosing lymphangitis of penis (GB06.5)

BD92 Lymphangiectasia

BD92.0 Intestinal lymphangiectasia

Intestinal lymphangiectasia is a pathologic dilation of lymph vessels of intestinal mucosa. This results in lymph leakage into the small bowel lumen and responsible for protein-losing enteropathy.

Coded Elsewhere: Primary intestinal lymphangiectasia (LB15.Y)

BD92.1 Cutaneous lymphangiectasia

BD92.Z Lymphangiectasia, unspecified

BD93 Lymphoedema

Swelling due to the excess accumulation of lymph in the tissues caused by inadequate lymph drainage. It typically affects the extremities but may involve any body site. It is disfiguring and increases susceptibility to recurrent infection and local malignancy.

BD93.0 Primary lymphoedema

Lymphoedema as a result of lymphatic vessel hypoplasia

Coded Elsewhere: Yellow nail syndrome (EE11.1)

Noonan syndrome (LD2F.15)

BD93.1 Secondary lymphoedema

Lymphoedema as a result of an identifiable cause that renders insufficient the function of existing lymphatic vessels.

Coding Note: Code also the causing condition

BD93.10 Lymphoedema due to venous insufficiency

Permanent lymphoedema, usually of the lower extremities, resulting from venous hypertension and chronic gravitational oedema.

Coding Note: Code also the causing condition

BD93.11 Lymphoedema due to dependency and immobility

Lymphoedema occurring in immobile individuals with reduced muscle pump activity as a result of paralysis or infirmity. It is particularly liable to develop in those who are unable to sleep recumbent.

Coding Note: Code also the causing condition

BD93.12 Lymphoedema due to obesity

Lymphoedema resulting from morbid obesity. Lymphoedema of the lower limbs and lymphoedema of the abdominal apron fold are common sequelae of chronic morbid obesity.

Coding Note: Code also the causing condition

BD93.13 Lymphoedema due to lymphatic filariasis

Lymphoedema resulting from infestation of lymphatics by nematode worms of the genera Wuchereria and Brugia. This is the commonest cause of lymphoedema worldwide. The lymphoedema may present years after initial infection and most commonly affects the legs and male genitalia.

Coding Note: Code also the causing condition

BD93.14 Lymphoedema due to podoconiosis

Lymphoedema of the lower limbs resulting from an inflammatory response within lymphatic vessels to mineral particles from soil in genetically susceptible individuals. It is a leading cause of lower limb lymphoedema in farmers in Africa, Central America and India.

Coding Note: Code also the causing condition

BD93.15 Lymphoedema due to malignant infiltration

Lymphoedema resulting from obstruction of draining lymphatics as a result of infiltration by malignant, usually metastatic cells.

Coding Note: Code also the causing condition

BD93.1Y Lymphoedema secondary to other specified cause

Coding Note: Code also the causing condition

BD93.1Z Secondary lymphoedema, unspecified

Coding Note: Code also the causing condition

BD93.Y Other specified forms of lymphoedema

BD93.Z Lymphoedema, unspecified

BD9Y Other specified disorders of lymphatic vessels or lymph nodes

BD9Z Disorders of lymphatic vessels or lymph nodes, unspecified

Postprocedural disorders of circulatory system (BE10‑BE1F.1)

This refers to postprocedural disorders of the organ system that passes nutrients (such as amino acids, electrolytes and lymph), gases, hormones, blood cells, etc. to and from cells in the body to help fight diseases, stabilize body temperature and pH, and to maintain homeostasis, not elsewhere classified.

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Prosthetic valve disease (BC01)

Coronary artery fistula, acquired (BA83)

Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

Postprocedural complete atrioventricular block (BC63.21)

Postprocedural obstructed systemic venous pathway (BD73.2Y)

Postprocedural left pulmonary artery stenosis (BB02.3)

Postprocedural inferior caval vein complication (BD73.0)

Postprocedural superior caval vein complication (BD73.1)

Postoperative junctional ectopic tachycardia (BC81.1)

BE10 Postcardiotomy syndrome

Postcardiotomy syndrome is a hypersensitivity reaction to antigen derived from injured myocardium 3 weeks to 2 months after myocardial infarction, cardiac surgery, or penetrating and non penetrating heart injury. The diagnosis is made by history of heart injury, and exclusion of other diseases such as congestive heart failure, recurrent myocardial infarction, endocarditis, myocarditis, and pericarditis.

BE11 Other functional disturbances following cardiac surgery

BE12 Postprocedural valve disorders

BE12.0 Postprocedural mitral valve stenosis

#DRAFT# This is a postprocedural valvular heart disease characterised by the narrowing of the orifice of the mitral valve of the heart.

BE12.1 Postprocedural mitral valve insufficiency

This is a postprocedural disorder of the heart in which the mitral valve does not close properly when the heart pumps out blood. It is the abnormal leaking of blood from the left ventricle, through the mitral valve, and into the left atrium, when the left ventricle contracts, i.e. there is regurgitation of blood back into the left atrium.

BE12.2 Postprocedural aortic valve stenosis

Coded Elsewhere: Stenosis of the neoaortic valve of pulmonary origin (BC02.30)

BE12.3 Postprocedural aortic valve insufficiency

This refers to postprocedural aortic valve of the heart that causes blood to flow in the reverse direction during ventricular diastole, from the aorta into the left ventricle.

Coded Elsewhere: Insufficiency of the neoaortic valve of pulmonary origin (BC02.31)

BE12.4 Postprocedural tricuspid valve stenosis

#DRAFT# This is a postprocedural valvular heart disease which results in the narrowing of the orifice of the tricuspid valve of the heart. It is a relatively rare condition that causes stenosis- increased resistance to blood flow through the valve.

BE12.5 Postprocedural tricuspid valve insufficiency

This refers to the postprocedural failure of the heart's tricuspid valve to close properly during systole. As a result, with each heart beat some blood passes from the right ventricle to the right atrium, the opposite of the normal direction.

BE12.6 Postprocedural pulmonary valve stenosis

#DRAFT# This is a postprocedural heart valve disorder in which outflow of blood from the right ventricle of the heart is obstructed at the level of the pulmonic valve.

BE12.7 Postprocedural pulmonary valve insufficiency

#DRAFT# This is a postprocedural condition where the pulmonary valve is not strong enough to prevent backflow to the right ventricle.

BE13 Postprocedural true or false aortic aneurysm

This refers to postprocedural true and false swelling (dilation or aneurysm) of the aorta to greater than 1.5 times normal, usually representing an underlying weakness in the wall of the aorta at that location.

BE14 Postprocedural disorder of circulatory system following repair of congenital heart or great vessel anomaly

BE14.4 Acquired abnormality of the neopulmonary valve

A postnatal pathological change in form or function of the neopulmonary valve, that is, the native aortic valve that has become the functional neopulmonary valve after the arterial switch operation.

BE14.40 Neopulmonary valve stenosis

Acquired obstruction to flow through the neopulmonary valve, that is, the native aortic valve that has become the functional neopulmonary valve after the arterial switch operation.

Exclusions: Postprocedural pulmonary valve stenosis (BE12.6)

BE14.41 Neopulmonary valve regurgitation

Acquired backward flow through the neopulmonary valve, that is, the native aortic valve that has become the functional neopulmonary valve after the arterial switch operation

Exclusions: Postprocedural pulmonary valve insufficiency (BE12.7)

BE14.5 Postprocedural right-sided atrioventricular valvar abnormality in double-inlet ventricle

A postnatal pathological change in form or function of the right-sided atrioventricular valve in double inlet ventricle that occurred during or after an intervention.

Coding Note: Includes: right ventricular component and right-sided atrioventricular valve within a common atrioventricular junction (atrioventricular septal defect).

Exclusions: Congenital anomaly of an atrioventricular valve or atrioventricular septum (LA87)

BE14.6 Postprocedural left-sided atrioventricular valvar abnormality in double-inlet ventricle

A postnatal pathological change in form or function of the left-sided atrioventricular valve in double inlet ventricle that occurred during or after an intervention.

Coding Note: Includes: left ventricular component and left-sided atrioventricular valve within a common atrioventricular junction (atrioventricular septal defect) in the setting of double inlet ventricle

Exclusions: Congenital anomaly of an atrioventricular valve or atrioventricular septum (LA87)

BE14.7 Postprocedural common atrioventricular valvar abnormality in double-inlet ventricle

A postnatal pathological change in form or function of the common atrioventricular valve in double inlet ventricle that occurred during or after an intervention.

BE14.8 Postprocedural ventricular septal defect disorder

An event or occurrence affecting a ventricular septal defect that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

BE14.9 Postprocedural aortic disorder related to congenital heart anomaly

An event or occurrence affecting the aorta consequent to the presence of congenital cardiovascular disease, that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

BE14.A Postprocedural arterial duct disorder

An event or occurrence affecting the arterial duct (ductus arteriosus) that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

BE14.B Postprocedural disorder following cardiovascular conduit or shunt procedure

BE15 Postprocedural pulmonary arterial tree disorder

An event or occurrence affecting the pulmonary arterial tree that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

BE15.0 Postprocedural pulmonary trunk stenosis

Discrete narrowing of the luminal diameter of the pulmonary trunk (main pulmonary artery) (below the lower limit of normal adjusted for body size) that occurs during or after an intervention.

BE15.1 Postprocedural right pulmonary artery stenosis

Discrete narrowing of the luminal diameter of one or more segments of the right pulmonary artery (below the lower limit of normal adjusted for body size) that occurs during or after an intervention.

BE16 Postprocedural pulmonary venous disorder

An event or occurrence affecting one or more pulmonary vein(s) that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

BE17 Postprocedural residual or recurrent interatrial communication

A persistent or recurrent hole or pathway between the atrial chambers, including intentional residual communications.

BE19 Postprocedural ventricular abnormality

BE1A Cardiac transplant associated coronary allograft vasculopathy

Coronary artery initimal proliferation following cardiac transplantation, defined based on a combination of visual angiographic vessel descriptors in concert with measures of cardiac allograft function, according to the International Society for Heart and Lung Transplantation.

BE1B Lymphoedema due to surgery or radiotherapy

Lymphoedema resulting from damage to draining lymphatics as a result of surgery or radiotherapy.

BE1B.0 Postmastectomy lymphoedema syndrome

BE1B.1 Lymphoedema due to other medical or surgical procedures

BE1C Inferior caval vein obstruction due to foreign body

A postnatal pathologic condition of the inferior caval vein (inferior vena cava) in which flow is impeded or blocked by a foreign body.

BE1D Superior caval vein obstruction due to foreign body

A postnatal pathologic condition of the superior caval vein (superior vena cava) in which flow is impeded or blocked by a foreign body.

BE1E Postprocedural right atrial complication

An event or occurrence affecting the morphologically right atrium that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome

BE1E.0 Postprocedural right atrial perforation

Perforation of the morphologically right atrial wall that occurred during or after an intervention

BE1E.1 Right atrial erosion due to implanted device

Injury of the morphologically right atrial wall occurring as a direct result of chronic friction from an implanted device or wire

BE1F Postprocedural left atrial complication

An event or occurrence affecting the morphologically left atrium that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome

BE1F.0 Postprocedural left atrial perforation

Perforation of the morphologically left atrial wall that occurred during or after an intervention

BE1F.1 Left atrial erosion due to implanted device

Injury of the morphologically left atrial wall occurring as a direct result of chronic friction from an implanted device or wire

BE2Y Other specified diseases of the circulatory system

BE2Z Diseases of the circulatory system, unspecified

CHAPTER 12

Diseases of the respiratory system

This chapter has 79 four-character categories.

Code range starts with CA00

Exclusions: Endocrine, nutritional or metabolic diseases (Chapter 05)

Congenital malformations, deformations and chromosomal abnormalities (Chapter 20)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Certain conditions originating in the perinatal period (Chapter 19)

Certain infectious or parasitic diseases (Chapter 01)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Coded Elsewhere: Neoplasms of the respiratory system

Developmental respiratory diseases

Symptoms, signs or clinical findings of the respiratory system (MD10-MD6Y)

Pulmonary heart disease or diseases of pulmonary circulation (BB00-BB0Z)

Sleep-related breathing disorders (7A40-7A4Z)

Diseases of the respiratory system complicating pregnancy, childbirth or the puerperium (JB64.5)

This chapter contains the following top level blocks:

* Upper respiratory tract disorders
* Certain lower respiratory tract diseases
* Lung infections
* Lung diseases due to external agents
* Respiratory diseases principally affecting the lung interstitium
* Pleural, diaphragm or mediastinal disorders
* Postprocedural disorders of the respiratory system
* Neoplasms of the respiratory system
* Developmental respiratory diseases

Upper respiratory tract disorders (CA00‑CA0Z)

This group of disorders refers to diseases of the upper airways (upper respiratory tract). The upper airways anatomically are complicated structures which extend from the airway openings at the nares and lips to the trachea. The term upper airways includes several anatomically distinct regions. The nose constitutes the upper segment, followed by the nasopharyngeal and oropharyngeal airways, which extend from the nasal choanae and oral cavity to the supraglottic space. The paranasal sinuses drain into the nasal cavities and are attached to the lateral, posterior, and superior aspects of the nose. The larynx divides the upper and lower airways, although some place it in the thoracic inlet.

Exclusions: Chronic obstructive pulmonary disease with acute exacerbation, unspecified (CA22.0)

CA00 Acute nasopharyngitis

A disease of the upper respiratory tract, caused by an infection with rhinovirus. This disease is characterised by pharyngitis, runny nose, stuffy nose, or cough. Transmission is by inhalation of infected respiratory secretions, or direct contact.

Exclusions: Chronic nasopharyngitis (CA09.1)

pharyngitis NOS (CA02)

Acute pharyngitis (CA02)

Chronic pharyngitis (CA09.2)

rhinitis NOS (CA09.0)

sore throat NOS (CA00‑CA0Z)

Vasomotor rhinitis (CA08.3)

Chronic rhinitis (CA09.0)

Allergic rhinitis (CA08.0)

acute sore throat (CA02)

chronic sore throat (CA09.2)

CA01 Acute sinusitis

Recent onset and/or short duration inflammation of the mucosa in one or more of the paranasal sinuses (maxillary, ethmoid, frontal and sphenoid) arising from infection or other causes such as caries or injury to the teeth. Purulent discharge can be seen at the middle meatus and olfactory cleavage and patients complain of dysosmia, stuffy nose, fever, or localised tenderness or pain. Allergic rhinitis, nasal septum deformity or hypertrophic rhinitis are underlying diseases that may induce acute sinusitis.

Exclusions: sinusitis, chronic or NOS (CA0A)

CA02 Acute pharyngitis

Acute pharyngitis is defined as an infection or irritation of the pharynx and/or tonsils and is a part of the common cold symptoms. The etiology is usually infectious, with most cases being of viral origin.  Although virus infection is the primary cause, it is also caused by bacterial infection. The discomfort of a throat, a throat pain and swallowing pain often occur. Headache, general fatigueness, radiating pain to the ear and a cervical lymphadenitis also occur. Local finding demonstrates hyperaemic palatine tonsils and swelling of lymphoid follicles of posterior wall of pharynx. Patients with acute pharyngitis present most commonly with a sore throat. Other various symptoms can rise in these patients depending on their causing organisms.

Inclusions: acute sore throat

Exclusions: Acute laryngopharyngitis (CA04)

Peritonsillar abscess (CA0K.1)

Chronic pharyngitis (CA09.2)

Retropharyngeal or parapharyngeal abscess (CA0K.0)

Coded Elsewhere: Streptococcal pharyngitis (1B51)

Meningococcal pharyngitis (1C1C.Y)

CA02.0 Acute pharyngitis due to other bacteria

Rapid onset inflammation of the pharynx, (back of the throat, between the tonsils and the voicebox (larynx)) due to a specifically identified organism not classified elsewhere.

Exclusions: Viral infections characterised by skin or mucous membrane lesions (1E70‑1F0Z)

Coded Elsewhere: Gonococcal pharyngitis (1A72.3)

CA02.1 Acute viral pharyngitis

Coded Elsewhere: Enteroviral vesicular pharyngitis (1F05.1)

CA02.10 Pharyngitis due to Adenovirus

Pharyngitis is an inflammation of the mucous membranes and underlying structures of the throat. Adenoviral pharyngitis is a self-limiting disease associated with fever, erythema of the pharynx, enlarged tonsils with exudate and enlarged cervical lymph nodes accompanied by fever, malaise, myalgia and abdominal pain. Frequently occurs with self-limiting conjunctivitis (refer to pharyngoconjunctival fever), laryngotracheitis, bronchitis and pneumonia.

CA02.1Y Other specified acute viral pharyngitis

CA02.1Z Acute viral pharyngitis, unspecified

CA02.Y Other specified acute pharyngitis

CA02.Z Acute pharyngitis, unspecified

CA03 Acute tonsillitis

Exclusions: Streptococcal pharyngitis (1B51)

Acute pharyngitis (CA02)

Peritonsillar abscess (CA0K.1)

CA03.0 Streptococcal tonsillitis

A disease of the tonsils, caused by an infection with the gram-positive bacteria Streptococcus pyogenes (Streptococcus group A). This disease is characterised by a sore throat, fever, tonsillar exudates, or cervical adenopathy. This disease may also present with odynophagia, dysphagia, otalgia, dry tongue, erythematous, enlarged tonsils, or yellowish white spots on the tonsils. Transmission is commonly by inhalation of infected respiratory secretions or indirect contact. Confirmation is by identification of Streptococcus group A from a throat swab.

CA03.Y Other specified acute tonsillitis

CA03.Z Acute tonsillitis, unspecified

CA04 Acute laryngopharyngitis

The most common upper respiratory tract infection is the common cold however, infections of laryngopharynx is also considered upper respiratory tract infections, of multiple sites.

CA05 Acute laryngitis or tracheitis

Acute laryngitis and tracheitis are defined respectively as acute inflammation of larynx and trachea, with local findings of erythema, and oedema of laryngeal and tracheal mucosa. Acute laryngitis and tracheitis are induced by upper respiratory tract viral infections or voice abuse.

Exclusions: Laryngismus (stridulus) (CA0H.4)

Acute obstructive laryngitis or epiglottitis (CA06)

CA05.0 Acute laryngitis

Rapid onset inflammation of the laryngeal mucosa, including the vocal cords. It is frequently characterised by irritation, oedema, and reduced pliability of the mucosa.

Exclusions: Chronic laryngitis (CA0G)

Acute obstructive laryngitis or epiglottitis (CA06)

CA05.1 Acute tracheitis

This condition refers to the acute inflammation of the trachea.

Exclusions: Chronic tracheitis (CA20.1)

Coded Elsewhere: Neonatal tracheitis (KB25)

CA05.2 Acute laryngotracheitis

Acute laryngotracheitis refers to the acute inflammation of both the larynx (laryngitis) and trachea (tracheitis).

Exclusions: Chronic laryngitis or laryngotracheitis (CA0G)

CA06 Acute obstructive laryngitis or epiglottitis

CA06.0 Acute obstructive laryngitis

A condition commonly caused by an acute viral infection of the upper airway. This condition is characterised by a barking cough, stridor, hoarseness, or difficulty breathing. Transmission is commonly by inhalation of infected respiratory secretions.

Inclusions: croup

CA06.1 Acute epiglottitis

Acute epiglottitis is a special type of laryngeal inflammation, being characterised with a local swelling of epiglottis mucosa. Haemophilus influenzae type B infection is considered an important causative factor. Particularly in children, rapid exacerbation of dyspnoea can occur a couple of hours after the onset of this disease.

CA06.Z Acute obstructive laryngitis or epiglottitis, unspecified

CA07 Acute upper respiratory infections of multiple and unspecified sites

Exclusions: Influenza, virus not identified (1E32)

influenza virus, identified (1E30)

CA07.0 Acute upper respiratory infection, site unspecified

CA07.1 Acute upper respiratory infections of multiple sites

Coding Note: Assign additional codes for the specific infections.

CA08 Vasomotor or allergic rhinitis

Rhinitis is inflammation of the nasal mucosa clinically characterised by major symptoms: sneezing, nasal pruritus, running nose, and stuffy nose.

Allergic rhinitis is an inflammation of nasal airway triggered by allergens to which the affected individual has previously been sensitized. Pathogenesis of allergic rhinitis is type I allergy on the nasal mucosa. Antigens inhaled into sensitized nasal mucosa bind to IgE antibodies on mast cells, which release chemical mediators such as histamine and peptide leukotriene. Consequently terminal of sensory neurons and vessels react to induce sneezing, running nose, and stuffy nose (immediate phase reaction). In late phase reaction, various chemical mediators are produced by mast cells, cytokines are produced by Th2 and mast cells, and chemokines are produced by epithelial cells, endothelium of blood vessels, and fibrocytes, respectively. These cell-derived transmitters actually induce various cell types of inflammatory cell infiltration to nasal mucosa. Among them, activated eosinophils is the main player of mucosal swelling and hyperreactivity.

Non-allergic rhinitis is an inflammation of nasal mucosa in which allergic mechanisms are not involved. It covers many different phenotypes.

Exclusions: rhinitis NOS (CA09.0)

CA08.0 Allergic rhinitis

Allergic rhinitis is an inflammation of nasal airway triggered by allergens to which the affected individual has previously been sensitized. Pathogenesis of allergic rhinitis is type I allergy on the nasal mucosa. Antigens inhaled into sensitized nasal mucosa bind to IgE antibodies on mast cells, which release chemical mediators such as histamine and peptide leukotriene. Consequently terminal of sensory neurons and vessels react to induce sneezing, running nose, and stuffy nose (immediate phase reaction). In late phase reaction, various chemical mediators are produced by mast cells, cytokines are produced by Th2 and mast cells, and chemokines are produced by epithelial cells, endothelium of blood vessels, and fibrocytes, respectively. These cell-derived transmitters actually induce various cell types of inflammatory cell infiltration to nasal mucosa. Among them, activated eosinophils is the main player of mucosal swelling and hyperreactivity.

CA08.00 Allergic rhinitis due to pollen

This condition is an allergic inflammation of the nasal airways. It occurs when an allergen, such as pollen, is inhaled by an individual with a sensitized immune system.

Inclusions: Pollinosis

CA08.01 Allergic rhinitis due to other seasonal allergens

This refers to other allergic inflammation of the nasal airways in patients with proven allergy to other allergens besides pollens and house dust mite, with multiple sensitization or as a component of complex conditions such as latex allergy. Clinically characterised by major symptoms: sneezing, nasal pruritus, running nose, and stuffy nose. It occurs when an allergen, such as animal dander (particles of shed skin and hair), insect (cockroach body particles), fungal particles, is inhaled by an individual with a sensitized immune system.

CA08.02 Allergic rhinitis due to house dust mite

Allergic rhinitis triggered by the exposure to house dust mite allergens to which the affected individual has previously been sensitized.

CA08.03 Other allergic rhinitis

This refers to other allergic inflammation of the nasal airways. It occurs when an allergen, such as pollen, dust or animal dander (particles of shed skin and hair) is inhaled by an individual with a sensitized immune system.

CA08.0Z Allergic rhinitis, unspecified

CA08.1 Non-allergic rhinitis

Non-allergic rhinitis is an inflammation of nasal mucosa in which allergic mechanisms are not involved. It covers many different phenotypes.

Coded Elsewhere: Drug-induced rhinitis (4A85.0Y)

CA08.10 Non-allergic rhinitis with eosinophils

The non-allergic rhinitis with eosinophils is characterised by large numbers (inconsistently defined as >5% to >20%) of eosinophils on nasal smear. Patients usually have paroxysmal exacerbations of symptoms, including sneezing, profuse watery rhinorrhoea, nasal pruritus, nasal congestion, and occasional anosmia. It may precede the development of nasal polyposis and aspirin hypersensitivity. Patients with non-allergic rhinitis with eosinophils are at increased risk for the development of obstructive sleep apnoea.

CA08.1Y Other specified non-allergic rhinitis

CA08.1Z Non-allergic rhinitis, unspecified

CA08.2 Mixed rhinitis

Mixed rhinitis is a specific rhinitis subtype that combines characters of allergic rhinitis and non-infectious non-allergic rhinitis. It may represent between 50 and 70% of all allergic rhinitis cases.

CA08.3 Vasomotor rhinitis

Vasomotor rhinitis is a form of non-allergic inflammation of the nasal mucosa that is characterised by nasal congestion and posterior pharyngeal drainage. The non-allergic triggers cause dilation of the blood vessels in the lining of the nose, which results in swelling, and drainage.

CA08.Y Mixed allergic and non-allergic rhinitis

CA08.Z Rhinitis, unspecified whether allergic or nonallergic

CA09 Chronic rhinitis, nasopharyngitis or pharyngitis

The pathological condition of chronic rhinitis is a continuation of persistent inflammation on nasal turbinate mucosae, which is induced by microbial infection, irritation with inhaled substances and abnormal structure of nasal cavity. This condition induces nasal obstruction and increased nasal discharge. Pharyngitis is an inflammation of whole pharyngeal mucosa and lymphatic tissues and its acute symptoms are a part of the common cold symptoms. Although viral infection is the primary cause, it is also caused by bacterial infections. The discomfort of throat, throat pain and swallowing pain occur. Headache, general fatigueness, radiating pain to the ear and a cervical lymphadenitis also occur. Local finding demonstrates hyperaemic palatine tonsils and swelling of lymphoid follicles of posterior wall of pharynx. Chronic pharyngitis can be considered as a consequence of acute pharyngitis or effect of continuous stimuli, with symptoms of abnormal sensation of throat, discomfort, and foreign body sensation.

CA09.0 Chronic rhinitis

Persistent or recurrent inflammation of the nasal mucosa.

Exclusions: Vasomotor rhinitis (CA08.3)

Allergic rhinitis (CA08.0)

CA09.1 Chronic nasopharyngitis

Persistent or recurrent inflammation of the top portion of the pharynx situated posterior to the nose and superior to the soft palate, usually including its mucosa, related lymphoid structure, and glands.

Exclusions: Acute nasopharyngitis (CA00)

CA09.2 Chronic pharyngitis

Persistent or recurrent inflammation of the pharynx; the funnel-shaped fibromuscular tube which conducts food to the oesophagus and air to the larynx.

Inclusions: Chronic sore throat

Exclusions: Acute pharyngitis (CA02)

CA0A Chronic rhinosinusitis

Sinusitis is an inflammation of the mucosal lining of the paranasal sinuses secondary to both infectious and allergic mechanisms. The retention of sinus secretions is the most important event in the development of sinusitis. This creates a favourable milieu for the growth of infection agents and may be caused by the obstruction or narrowing of sinus ostia, mucociliary dysfunction and changes in mucus composition. 90% of sinus infections involve the maxillary sinus. Chronic sinusitis refers to symptom duration lasting 3 months or more. Diagnosis of sinusitis is based on past history and physical examination findings. The CT scan is the most sensitive technique in evaluating sinus disease. The goals of management of chronic sinusitis are to eradicate infection, to relieve ostiomeatal obstruction, to normalize mucociliary clearance, and to prevent complications. When pharmaceutical treatment does not have any remarkable improvement or when a surgical approach can be chosen as patient's complication, surgical intervention should be aimed to establish an effective sinus drainage from the ostium. Functional endoscopic sinus surgery (FESS) describes endoscopic techniques that have revolutionized the approach to sinus disease. The procedure is aimed at restoring the functional physiology of sinus aeration and drainage via the expanded ostiomeatal complex while minimizing surgical alteration of the normal anatomic pathways.

Exclusions: Acute sinusitis (CA01)

CA0A.0 Samter syndrome

Samter syndrome is composed of asthma, aspirin intolerance, nasal polyps and chronic rhinosinusitis.

CA0A.Y Other specified chronic rhinosinusitis

CA0A.Z Chronic rhinosinusitis, unspecified

CA0B Silent sinus syndrome

Silent sinus syndrome is a spontaneous, asymptomatic collapse of the maxillary sinus and orbital floor associated with negative sinus pressures.

CA0C Cyst or mucocele of nose or nasal sinus

A condition which refers to diseases of the nose and nasal sinus that cause a cyst or mucocele.

A mucocele is any dilatation (typically pathologic) with accumulation of mucus. Mucoceles are benign, epithelium-lined cysts filled with mucus, which can form in the paranasal sinuses. These structures may cause symptoms if sufficiently large or if exerting pressure on surrounding anatomic structures. Symptomatic mucoceles typically require surgical intervention. Mucoceles should be differentiated from sinus retention cysts. Unlike mucoceles, sinus retention cysts do not result in expansion and thinning of the bony sinus walls.

CA0D Deviated nasal septum

CA0E Hypertrophy of nasal turbinates

CA0F Chronic diseases of tonsils or adenoids

Any persistent or recurrent disease affecting the round-to-oval mass of lymphoid tissue embedded in the lateral wall of the pharynx (tonsils) or the collection of lymphoid nodules on the posterior wall and roof of the nasopharynx (adenoids)

Exclusions: Recurrent acute tonsillitis (CA03)

CA0F.0 Hypertrophy of tonsils

Inclusions: Enlargement of tonsils

CA0F.1 Hypertrophy of adenoids

Inclusions: Enlargement of adenoids

CA0F.3 Hypertrophy of tonsils with hypertrophy of adenoids

This is an excessive growth ("hypertrophy") of the tissue of tonsils and adenoids.

CA0F.Y Other specified chronic diseases of tonsils or adenoids

CA0F.Z Chronic diseases of tonsils or adenoids, unspecified

CA0G Chronic laryngitis or laryngotracheitis

Persistent or recurrent inflammation of the larynx (airway) and/or the larynx and the cartilaginous and membranous tube descending from the larynx and branching into the right and left main bronchi (trachea).

CA0H Diseases of vocal cords or larynx, not elsewhere classified

Exclusions: stridor: NOS (MD11.B)

laryngitis: ulcerative (CA05.0)

Acute obstructive laryngitis (CA06.0)

Postprocedural subglottic stenosis (CB62)

CA0H.0 Paralysis of vocal cords or larynx

Loss of function or feeling of one or both of the vocal folds, often caused by injury or disease to the nerves of the larynx.

Coded Elsewhere: Acquired vocal cord paralysis in newborn (KB2H)

Congenital laryngeal palsy (LA71.Y)

CA0H.1 Polyp of vocal cord or larynx

A polyp is an abnormal growth of tissue projecting from a mucous membrane, in this condition it is of the vocal cord and larynx.

Exclusions: adenomatous polyps (2F00)

CA0H.2 Nodules of vocal cords

#DRAFT# This is a mass of tissue that grows on the vocal folds (vocal cords). Typically, this mass will appear on the junction of the anterior 1/3 and posterior 2/3 of the vocal fold, where contact is most forceful.

CA0H.3 Oedema of larynx

Laryngeal oedema is oedema (accumulation of fluid) which may occur for example in asaryepiglottic folds, epiglottis, the arytenoid region or submucosal of the subglottic region. It may occur due to anaphylaxis, angioneurotic oedema, larynx infection, foreign body or substance, or injury.

Exclusions: oedematous laryngitis (CA05.0)

laryngitis: acute obstructive [croup] (CA06.0)

CA0H.4 Laryngeal spasm

Laryngeal spasm is a pathological condition that is mainly a spasmodic closure (spasm) of the inlet portion of the larynx or the glottic region. There is an adult-onset and childhood (infant)-onset generally in this disease. There is a difference in the pattern of expression for these two types. In the infant, respiratory arrest is associated with this condition and spasmodic closure of the glottis occurs suddenly, and then breathing returns to original quite rapidly within a few minutes. In adults, the main symptoms of this condition are difficulty breathing or inspiratory stridor rather than a complete respiratory arrest.

Inclusions: laryngospasm

CA0H.5 Stenosis of larynx

Laryngeal stenosis is an abnormal narrowing within the cavity of the larynx.

CA0H.Y Other specified diseases of vocal cords or larynx, not elsewhere classified

CA0H.Z Diseases of vocal cords or larynx, not elsewhere classified, unspecified

CA0J Nasal polyp

Nasal polyp is an inflammatory and proliferating mass arising from the epithelial linings of nasal cavity and paranasal sinuses. In general, nasal polyp appears to be greyish white, smoothly surfaced, and glutinous and agar-like mass. The pathogenesis is thought to be multifactorial.

Exclusions: adenomatous polyps (2F00)

CA0J.0 Polypoid sinus degeneration

Also referred to as Woakes' syndrome or ethmoiditis. Woakes' syndrome is characterised by severe recurrent nasal polyps, often without eosinophils on histological examination and with broadening of the nose.

CA0J.Y Other specified nasal polyp

CA0J.Z Nasal polyp, unspecified

CA0K Abscess of upper respiratory tract

Abscess of upper respiratory tract is defined as abscess formation which occurs from nose to pharynx and larynx. Abscess, furuncle and carbuncle of nose, retropharyngeal, parapharyngeal abscess and other abscess of pharynx are included in this classification.

CA0K.0 Retropharyngeal or parapharyngeal abscess

A retropharyngeal abscess is an abscess located in the tissues in the back of the throat behind the posterior pharyngeal wall (the retropharyngeal space). A parapharyngeal abscess is an abscess developing in the potential space in the head and the neck.

Exclusions: Peritonsillar abscess (CA0K.1)

CA0K.1 Peritonsillar abscess

Peritonsillar abscess is defined with abscess formation between the tonsillar capsule and the tonsillar constrictor muscles. Peritonsillar abscess mostly comes from peritonsillitis. Fever rise, pharyngeal pain and swallowing pain are the main symptoms, but, it also causes a muffled voice. Uvula is deviated to the unaffected side and swelling and redness around the affected tonsil is remarkable. Bacterial examination from the peritonsillar pus often reveal streptococcus group A beta-haemolytic as the aerobic bacteria and the detection rate of anaerobic bacteria also amounted to more than half. The treatment consists of antimicrobial therapy and incision and drainage of the abscess. The symptoms improve with above treatment in the most cases, while in some cases the abscess proceeds to a deadly deep neck infection and mediastinal abscess. If there are systemic complications such as diabetes mellitus, special attention is required.

Inclusions: Quinsy

Exclusions: Acute tonsillitis (CA03)

Chronic tonsillitis (CA0F)

tonsillitis, NOS (CA03)

retropharyngeal abscess (CA0K.0)

CA0K.Y Other specified abscess of upper respiratory tract

CA0K.Z Abscess of upper respiratory tract, unspecified

CA0Y Other specified upper respiratory tract disorders

CA0Z Upper respiratory tract disorders, unspecified

Certain lower respiratory tract diseases (CA20‑CA2Z)

This group refers to diseases of airways that forms the connection between the outside world and the terminal respiratory unit. Intrapulmonary airways are divided into three major groups; bronchi, membranous bronchiole, and respiratory bronchiole/gas exchange ducts.

Coded Elsewhere: Acute tracheitis (CA05.1)

Whooping cough (1C12)

Chronic respiratory disease originating in the perinatal period (KB29)

CA20 Bronchitis

Bronchitis is inflammation of the main air passages to the lungs.

Coding Note: Excludes acute infectious bronchitis

Exclusions: bronchitis, asthmatic NOS (CA23.3)

bronchitis, chemical (acute) (CA81)

Coded Elsewhere: Acute bronchitis (CA42)

CA20.0 Acute noninfectious bronchitis

CA20.1 Chronic bronchitis

#DRAFT# This is unspecified chronic inflammation of the bronchi (medium-size airways) in the lungs, causing a persistent cough that produces sputum (phlegm) and mucus, for at least three months per year in two consecutive years.

Exclusions: chronic asthmatic bronchitis (CA22.1)

chronic: bronchitis: with airways obstruction (CA22)

chronic: emphysematous bronchitis (CA22.1)

chronic: obstructive pulmonary disease NOS (CA22)

CA20.10 Simple chronic bronchitis

#DRAFT# This is a chronic inflammation of the bronchi (medium-size airways) in the lungs, causing a persistent cough that produces sputum (phlegm) and mucus, for at least three months per year in two consecutive years.

CA20.11 Mucopurulent chronic bronchitis

#DRAFT# This is a mucopurulent, chronic inflammation of the bronchi (medium-size airways) in the lungs, causing a persistent cough that produces sputum (phlegm) and mucus, for at least three months per year in two consecutive years.

CA20.12 Mixed simple and mucopurulent chronic bronchitis

#DRAFT# This is a mix of simple and mucopurulent, chronic inflammation of the bronchi (medium-size airways) in the lungs, causing a persistent cough that produces sputum (phlegm) and mucus, for at least three months per year in two consecutive years.

CA20.13 Protracted bacterial bronchitis

Protracted bacterial bronchitis (PBB) is a disease caused by the chronic infection of the conducting airways. The condition causes a persistent wet cough lasting more than four weeks that responds to antibiotic treatment.

CA20.1Y Other specified chronic bronchitis

CA20.1Z Chronic bronchitis, unspecified

CA20.Y Other specified bronchitis

Coding Note: Excludes acute infectious bronchitis

CA20.Z Bronchitis, unspecified

Coding Note: Excludes acute infectious bronchitis

CA21 Emphysema

Emphysema is defined by abnormal and permanent enlargement of the airspaces that are distal to the terminal bronchioles. This is accompanied by destruction of the airspace walls, without obvious fibrosis (i.e. there is no fibrosis visible to the naked eye). Emphysema can exist in individuals who do not have airflow obstruction; however, it is more common among patients who have moderate or severe airflow obstruction.

Exclusions: Compensatory emphysema (CB40.4)

Interstitial emphysema originating in the perinatal period (KB27.0)

emphysema due to inhalation of chemicals, gases, fumes or vapours (CA81)

emphysema mediastinal (CB40.3)

Traumatic subcutaneous emphysema, not elsewhere classified (NF0A.7)

emphysema, surgical (subcutaneous) (NE81)

emphysema with chronic (obstructive) bronchitis (CA22)

emphysematous (obstructive) bronchitis (CA22.1)

CA21.0 MacLeod syndrome

Decrease in size of one lung due to obliterating bronchiolitis, a congenital abnormality of other disorder resulting in hyperinflation of the normal lung.

CA21.1 Panlobular emphysema

Panlobular (panacinar) emphysema destroys the entire alveolus uniformly and is predominant in the lower half of the lungs. Panlobular emphysema generally is observed in patients with homozygous alpha1-antitrypsin deficiency.

Inclusions: Panacinar emphysema

CA21.2 Centrilobular emphysema

Centrilobular (centriacinar) emphysema begins in the respiratory bronchioles and spreads peripherally. This form is associated with long-standing cigarette smoking and predominantly involves the upper half of the lungs.

CA21.Y Other specified emphysema

CA21.Z Emphysema, unspecified

CA22 Chronic obstructive pulmonary disease

Chronic Obstructive Pulmonary disease (COPD), a common preventable and treatable disease, is characterised by persistent airflow limitation that is usually progressive and associated with an enhanced chronic inflammatory response in the airways and the lung to noxious particles or gases. Exacerbations and comorbidities contribute to the overall severity in individual patients.

Exclusions: Emphysema (CA21)

chronic tracheobronchitis (CA20.1)

chronic tracheitis (CA20.1)

Simple or mucopurulent chronic bronchitis (CA20.1)

asthmatic bronchitis NOS (CA23.3)

Bronchiectasis (CA24)

Asthma (CA23)

chronic bronchitis NOS (CA20.1)

CA22.0 Chronic obstructive pulmonary disease with acute exacerbation, unspecified

An exacerbation of COPD is an acute event characterised by a worsening of the patient’s respiratory symptoms that is beyond normal day-to-day variations and leads to a change in medication. Exacerbations of COPD can be precipitated by several factors. The most common causes appear to be viral upper respiratory tract infections and infection of the tracheobronchial tree. The diagnosis of an exacerbation relies exclusively on the clinical presentation of the patient complaining of an acute change of symptoms (baseline dyspnoea, cough, and/or sputum production) that is beyond normal day-to-day variation.

CA22.1 Certain specified chronic obstructive pulmonary disease

Coding Note: Use additional code to identify any associated respiratory tract infection.

Exclusions: Chronic obstructive pulmonary disease with acute exacerbation, unspecified (CA22.0)

CA22.Z Chronic obstructive pulmonary disease, unspecified

CA23 Asthma

Asthma is a chronic inflammatory disorder of the airways in which many cells and cellular elements play a role. It is characterised by an increased responsiveness of the trachea and bronchi to various stimuli and manifested by a widespread narrowing of the airways that change in severity either spontaneously or as a result of therapy. This leads to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing, particularly at night or in the early morning.

Inclusions: Idiosyncratic asthma

Exclusions: wood asthma (CA70)

asthma with chronic obstructive pulmonary disease (CA22)

miner’s asthma (CA60.1)

Wheezing (MD11.C)

chronic obstructive asthma (CA22)

chronic asthmatic (obstructive) bronchitis (CA22.1)

CA23.0 Allergic asthma

Allergic asthma is the most easily recognised asthma phenotype, which often commences in childhood and is associated with a past and/or family history of allergic diseases such as eczema, allergic rhinitis, or food or drug allergy. Examination of the induced sputum of these patients before treatment often reveals eosinophilic airway inflammation. The main trigger is the exposure to inhaled allergens, such as dust mite and pollens, to which the affected individual has previously been sensitized. Patients with this asthma phenotype usually respond well to inhaled corticosteroid (ICS) treatment and specific allergen-immunotherapy.

CA23.00 Allergic asthma with exacerbation

This refers to acute or subacute episodes of progressively worsening shortness of breath, cough, wheezing, and chest tightness, or some combination of these symptoms in patients with proven allergic asthma. Allergic asthma can be exacerbated by allergens to which the individual is allergic, other exogenous factors such as respiratory infections, pollutants or climate change, or endogenous co-factors. Exacerbations are characterised by decreases in expiratory airflow that can be documented and quantified by simple measurement of lung function (spirometry or PEF), can vary widely among individuals and within individuals from rare to frequent. The severity of exacerbation of allergic asthma can vary from mild to very severe and life-threatening, but in general respond to standard treatments of bronchodilators (inhalers) and steroid

CA23.01 Allergic asthma with status asthmaticus

CA23.02 Allergic asthma, uncomplicated

CA23.1 Non-allergic asthma

Non-allergic asthma occurs in some patients who have asthma that is not associated with allergy. The cellular profile of the sputum of these patients may be neutrophilic, eosinophilic or contain only a few inflammatory cells (paucigranulocytic). Patients with non-allergic asthma often respond less well to inhaled corticosteroids. It can cover different phenotypes.

CA23.10 Non-allergic asthma with exacerbation

CA23.11 Non-allergic asthma with status asthmaticus

CA23.12 Non-allergic asthma, uncomplicated

CA23.2 Other specified forms of asthma or bronchospasm

Coded Elsewhere: Asthmatic pulmonary eosinophilia (CB02.0)

Samter syndrome (CA0A.0)

CA23.20 Aspirin-induced asthma

In some asthma individuals, aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) that inhibit cyclooxygenase 1 (COX-1) exacerbate the condition. This distinct clinical syndrome, called aspirin-induced asthma (AIA), is characterised by an eosinophilic rhinosinusitis, nasal polyposis, aspirin hypersensitivity, and asthma.

CA23.21 Exercise-induced bronchospasm

Exercise-induced bronchoconstriction (EIB) describes airway narrowing that occurs in association with exercise. EIB occurs in up to 90% of asthmatic patients and is estimated to occur in >10% of the general population. Recent reviews have identified asthma as a risk factor for sudden death and have reported many deaths that have been attributed directly to EIB.

CA23.22 Cough variant asthma

Cough variant asthma is an occult form of asthma in which the only sign or symptom is chronic cough.

CA23.3 Unspecified asthma

CA23.30 Unspecified asthma with exacerbation

This refers to an unspecified inflammatory disease of the airways characterised by variable and recurring symptoms, reversible airflow obstruction, and bronchospasm, with an acute sudden worsening.

CA23.31 Unspecified asthma with status asthmaticus

This refers to an unspecified inflammatory disease of the airways characterised by variable and recurring symptoms, reversible airflow obstruction, and bronchospasm, with an acute exacerbation of asthma that does not respond to standard treatments of inhalative bronchodilators and steroids.

Exclusions: acute asthma NOS (CA23.32)

severe asthma NOS (CA23.32)

CA23.32 Unspecified asthma, uncomplicated

Exclusions: acute severe asthma (CA23.31)

CA24 Bronchiectasis

Bronchiectasis is an abnormal widening of one or more airways. Normally, tiny glands in the lining of the airways make a small amount of mucus. Mucus keeps the airways moist and traps any dust and dirt in the inhaled air. Because bronchiectasis creates an abnormal widening of the airways, extra mucus tends to form and pool in parts of the widened airways. Widened airways with extra mucus are prone to infection.

Exclusions: tuberculous bronchiectasis, confirmed (1B10.0)

Respiratory tuberculosis, not confirmed (1B10.1)

CA25 Cystic fibrosis

Cystic fibrosis (CF) is a genetic disorder characterised by the production of sweat with a high salt content and mucus secretions with an abnormal viscosity. The disease is chronic and generally progressive, with onset usually occurring during early childhood or, occasionally, at birth (meconium ileus). Virtually any internal organ may be involved but the principle manifestations concern the breathing apparatus (chronic bronchitis), pancreas (pancreatic insufficiency, adolescent diabetes and occasionally pancreatitis) and, more rarely, the intestine (stercoral obstruction) or liver (cirrhosis). The usual presenting symptoms and signs include persistent pulmonary infection, pancreatic insufficiency, and elevated sweat chloride levels. However, many patients demonstrate mild or atypical symptoms, and clinicians should remain alert to the possibility of CF even when only a few of the usual features are present. Both criteria; clinical symptoms consistent with CF in at least one organ system and evidence of cystic fibrosis transmembrane conductance regulator (CFTR) dysfunction must be met to diagnose cystic fibrosis.

Inclusions: mucoviscidosis

CA25.0 Classical cystic fibrosis

#DRAFT# This is an autosomal recessive genetic disorder that affects most critically the lungs, and also the pancreas, liver, and intestine. It is characterised by abnormal transport of chloride and sodium across an epithelium, leading to thick, viscous secretions.

Coded Elsewhere: Exocrine pancreatic manifestations of classical cystic fibrosis (DC30.Y)

Endocrine pancreatic manifestations of classical cystic fibrosis (DC30.Y)

CA25.1 Atypical cystic fibrosis

#DRAFT# This is an atypical autosomal recessive genetic disorder that affects most critically the lungs, and also the pancreas, liver, and intestine. It is characterised by abnormal transport of chloride and sodium across an epithelium, leading to thick, viscous secretions.

Coded Elsewhere: Endocrine pancreatic manifestations of atypical cystic fibrosis (DC30.Y)

CA25.2 Subclinical cystic fibrosis

Coding Note: Cystic fibrosis with no clinical manifestations is coded here.

Inclusions: Asymptomatic cystic fibrosis

CA25.Z Cystic fibrosis, unspecified

CA26 Chronic bronchiolitis

Bronchiolitis and bronchiolitis obliterans are general terms used to describe a nonspecific inflammatory injury that primarily affects the small airways and generally spares the interstitium. Bronchiolitis may be caused by inhalation injury, infection, or drugs; associated with organ transplantation or connective tissue disease; or may be idiopathic. The main pathologic categories of bronchiolitis are: constrictive, proliferative, follicular, airway-centred interstitial fibrosis, and diffuse panbronchiolitis. The constrictive and proliferative patterns may occur together.

CA26.0 Chronic obliterative bronchiolitis

Bronchiolitis obliterans is commonly used to describe a number of unrelated conditions whose common end point is functional obstruction of bronchioles. A typical form is constrictive bronchiolitis. Constrictive bronchiolitis is an uncommon histologic finding characterised by alterations in the walls of membranous and respiratory bronchioles, often without extensive changes in alveolar ducts and alveolar walls. These changes lead to concentric narrowing or complete obliteration of the airway lumen. The clinical manifestations of constrictive bronchiolitis usually include progressive airflow obstruction, sometimes in the presence of a relatively normal chest radiograph. The clinical severity depends upon the type, extent, and severity of the initial lung injury.

Exclusions: Respiratory conditions due to inhalation of chemicals, gases, fumes or vapours (CA81)

CA26.1 Diffuse panbronchiolitis

Diffuse panbronchiolitis (DPB) is an idiopathic inflammatory disease principally affecting the respiratory bronchioles, causing a progressive suppurative and severe obstructive respiratory disorder. Onset occurs in the second to fifth decade of life and manifests by chronic cough, exertional dyspnoea, and sputum production. Most patients also have chronic paranasal sinusitis. If left untreated, DPB progresses to bronchiectasis, respiratory failure and death. A significant improvement in the prognosis has been reported thanks to the use of long-term therapy with macrolide antibiotics, the effect of which is attributed to an anti-inflammatory and immunoregulatory action.

CA26.Y Other specified chronic bronchiolitis

CA26.Z Chronic bronchiolitis, unspecified

CA27 Tracheobronchitis

Tracheobronchitis is inflammation of the trachea and bronchi.

Coded Elsewhere: Relapsing polychondritis (FB82.3)

CA27.0 Tracheobronchopathia osteochondroplastica

Tracheobronchopathia osteochondroplastica is a rare disorder of unknown cause, seen with a frequency of 0.4 percent at bronchoscopy, affecting the large airways. It is characterised by the development of multiple osseous and cartilaginous submucosal nodules connected to tracheal cartilage. The abnormality spares the posterior tracheal membranous wall. In spite of marked radiographic changes, patients are only rarely symptomatic since severe airway obstruction is unusual. Linear tracheoplasty may be required in patients with symptomatic airway obstruction.

CA27.1 Tracheobronchomegaly

Tracheobronchomegaly is a disorder of unknown cause defined by dilatation of trachea and large bronchi presenting in adults.

CA27.Y Other specified tracheobronchitis

CA27.Z Tracheobronchitis, unspecified

CA2Y Other specified lower respiratory tract disease

CA2Z Lower respiratory tract disease, unspecified

Lung infections (CA40‑CA4Z)

Any condition of the lungs, caused by an infection with a bacterial, viral, fungal, or parasitic source.

Coded Elsewhere: Influenza (1E30-1E32)

Pulmonary histoplasmosis capsulati (1F2A.0)

Chronic obstructive pulmonary disease with acute lower respiratory infection (CA22.1)

Influenza with pneumonia, seasonal influenza virus identified (1E30)

CA40 Pneumonia

A disease of the lungs, frequently but not always caused by an infection with bacteria, virus, fungus, or parasite. This disease is characterised by fever, chills, cough with sputum production, chest pain and shortness of breath. Confirmation is by chest x-ray.

Inclusions: infectious pneumonia

Exclusions: Pneumonitis (CA70‑CA7Z)

Coded Elsewhere: Pulmonary toxoplasmosis due to Toxoplasma gondii (1F57.2)

Severe acute respiratory syndrome (1D65)

Congenital pneumonia (KB24)

Abscess of lung with pneumonia (CA43.1)

CA40.0 Bacterial pneumonia

A disease of the pulmonary system, caused by an infection with a bacterial source. This disease is characterised by fever, lethargy, headache, myalgia, vomiting, or coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the bacterial source in a sputum sample.

Coding Note: Code also the causing condition

Inclusions: bronchopneumonia due to bacteria other than S. pneumoniae and H. influenzae

Exclusions: Congenital pneumonia (KB24)

Legionellosis (1C19)

Coded Elsewhere: Pulmonary actinomycosis (1C10.0)

Pulmonary nocardiosis (1C1B.0)

Legionnaires disease (1C19.1)

Pneumonia in Q fever (1C33)

Pulmonary anthrax (1B97)

CA40.00 Pneumonia due to Chlamydophila pneumoniae

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Chlamydia pneumoniae. This disease commonly presents with a gradual onset of cough with low-grade fever. This disease may also present with pharyngitis, laryngitis, and sinusitis. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Chlamydia pneumoniae in a sputum sample.

Coded Elsewhere: Congenital pneumonia due to Chlamydia (KB24)

CA40.01 Pneumonia due to Escherichia coli

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Escherichia coli. This disease is characterised by fever, cough, and dyspnoea. Transmission is commonly by inhalation of infected respiratory secretions. Confirmation is by identification of Escherichia coli in blood, sputum, or pleural fluid samples.

Coded Elsewhere: Congenital pneumonia due to Escherichia coli (KB24)

CA40.02 Pneumonia due to Haemophilus influenzae

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Haemophilus influenzae. This disease is characterised by cough, shortness of breath, fever, chills, muscle aches, and chest pain. Transmission is by inhalation of infected respiratory secretions or direct contact. Confirmation is by identification of Haemophilus influenzae in blood or other typically sterile body fluid.

Inclusions: Bronchopneumonia due to H. influenzae

Exclusions: Congenital pneumonia (KB24)

CA40.03 Pneumonia due to Klebsiella pneumoniae

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Klebsiella pneumoniae. This infection common presents with thick, haemorrhagic, mucoid sputum. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Klebsiella pneumoniae in a sputum sample.

CA40.04 Pneumonia due to Mycoplasma pneumoniae

A disease of the pulmonary system, caused by an infection with Mycoplasma pneumoniae. This infection commonly presents with a non-productive cough, chest pain, or fever. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Mycoplasma pneumoniae in a sputum sample.

CA40.05 Pneumonia due to Pseudomonas aeruginosa

A disease of the pulmonary system, caused by an infection with the gram-negative bacteria Pseudomonas aeruginosa. This disease is characterised by fever, cough, and dyspnoea.

Coded Elsewhere: Congenital pneumonia due to Pseudomonas aeruginosa (KB24)

CA40.06 Pneumonia due to Staphylococcus

A disease of the pulmonary system, caused by an infection with the gram-positive bacteria Staphylococcus. This disease is characterised by fever, cough, dyspnoea, and pulmonary abscesses.

Coded Elsewhere: Congenital pneumonia due to staphylococcus (KB24)

CA40.07 Pneumonia due to Streptococcus pneumoniae

A disease of the pulmonary system, caused by an infection with the gram-positive bacteria Streptococcus pneumoniae. This disease is characterised by an acute onset of fever and chills, or rigors. This disease may also present with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, or tachycardia. Transmission is by inhalation of infected respiratory secretions, or indirect contact. Confirmation is by identification of Streptococcus pneumoniae in a sputum sample.

Inclusions: Bronchopneumonia due to S. pneumoniae

Exclusions: Pneumonia due to other streptococci (CA40.0)

congenital pneumonia due to S. pneumoniae (KB24)

Pneumonia due to beta-haemolytic streptococcus (CA40.08)

CA40.08 Pneumonia due to beta-haemolytic streptococcus

A disease of the lungs, caused by an infection with the gram-positive bacteria beta-haemolytic streptococcus. This disease is characterised by an acute onset of fever and chills, or rigors. This presents with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, or tachycardia. Transmission is by inhalation of infected inspiratory secretions, or direct contact.

Inclusions: Pneumonia due to streptococcus, group B

Coded Elsewhere: Congenital pneumonia due to streptococcus, group B (KB24)

CA40.0Y Pneumonia due to other specified bacteria

Coding Note: Code also the causing condition

CA40.0Z Bacterial pneumonia, unspecified

Coding Note: Code also the causing condition

CA40.1 Viral pneumonia

A disease of the pulmonary system, caused by an infection with a viral source. This disease is characterised by fever, lethargy, headache, myalgia, vomiting, or coughing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the viral source in a sputum sample.

Coding Note: Code also the causing condition

Inclusions: bronchopneumonia due to viruses other than influenza viruses

Exclusions: aspiration pneumonia (CA71.0)

Influenza with pneumonia, virus not identified (1E32)

Severe acute respiratory syndrome (1D65)

lipid pneumonia (CA71.1)

Idiopathic interstitial pneumonitis (CB03)

Aspiration pneumonitis due to anaesthesia during labour or delivery (JB0C.0)

Pulmonary complications of anaesthesia during pregnancy (JA67.0)

Congenital pneumonia (KB24)

Pneumonitis due to solids and liquids (CA71)

Pulmonary complications of anaesthesia during the puerperium (JB43.0)

CA40.10 Pneumonia due to Adenovirus

A disease of the pulmonary system, caused by an infection with adenovirus. This disease is characterised by fever, chills, or rigors. This disease may also present with chest pain, productive cough, dyspnoea, tachypnoea, hypoxia, and tachycardia. Transmission is by droplet transmission. Confirmation is by identification of adenovirus in a sputum sample.

CA40.11 Pneumonia due to Respiratory syncytial virus

A disease caused by an infection with respiratory syncytial virus. This disease is characterised by an inflammatory condition of the lung commonly affecting the alveoli (pneumonia), leading to coughing, sneezing, fever, or wheezing. This disease may be severe in premature babies and those with concurrent disease or immunosuppression. Transmission is by direct contact, droplet transmission, or indirect contact with infected respiratory secretions. Confirmation is by identification of respiratory syncytial virus, commonly through antigen detection or cell culture.

CA40.12 Pneumonia due to parainfluenza virus

A disease of the pulmonary system, caused by an infection with parainfluenza virus. This disease is characterised by fever, malaise, cough, or tachypnoea. Transmission is by inhalation of infected respiratory secretions, direct contact, or through fomites. Confirmation is by identification of the parainfluenza virus in respiratory secretions, detection of a significant rise in parainfluenza specific IgG antibodies in paired serum, or detection of parainfluenza specific IgM antibodies in a single serum sample.

CA40.13 Pneumonia due to Human metapneumovirus

A disease of the pulmonary system, caused by an infection with Human metapneumovirus. This disease is characterised by fever, myalgia, rhinorrhoea, dyspnoea, tachypnoea, or wheezing. This disease also presents with symptoms of pneumonia. Transmission is by direct or indirect contact, inhalation of infected respiratory sections, or through fomites. Confirmation is by identification of Human metapneumovirus in a nasopharyngeal, nose, or throat swab or blood sample.

CA40.1Y Pneumonia due to other specified virus

Coding Note: Code also the causing condition

CA40.1Z Viral pneumonia, unspecified

Coding Note: Code also the causing condition

CA40.2 Fungal pneumonia

Coding Note: Code also the causing condition

Coded Elsewhere: Pulmonary adiaspiromycosis (1F2L.1)

Pulmonary candidosis (1F23.31)

Pulmonary cryptococcosis (1F27.0)

Chronic pulmonary aspergillosis (1F20.12)

Disseminated histoplasmosis capsulati (1F2A.Y)

Early-onset pneumonia due to Candida (1F23.31)

CA40.20 Pneumonia due to pneumocystis

A disease of the pulmonary system, caused by an infection with the fungi Pneumocystis jirovecii. This disease is characterised by fever, dry cough, shortness of breath, or fatigue. Transmission is by opportunistic infection. Confirmation is by identification of Pneumocystis jirovecii in a lung fluid or tissue sample.

CA40.2Y Other specified fungal pneumonia

Coding Note: Code also the causing condition

CA40.2Z Fungal pneumonia, unspecified

Coding Note: Code also the causing condition

CA40.Y Other specified pneumonia

CA40.Z Pneumonia, organism unspecified

CA41 Acute bronchiolitis

An acute disease of the bronchioles, commonly caused by an infection with a bacteria or viral source. This disease is characterised by inflammation of the bronchioles and coryza. This disease presents with cough, wheezing, tachypnoea, fever, or chest retraction. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the infectious agent in a sputum or blood sample.

CA41.0 Acute bronchiolitis due to respiratory syncytial virus

A disease of the bronchioles, caused by an infection with respiratory syncytial virus. This disease is characterised by inflammation of the bronchioles. This disease may present with cough, wheezing, or shortness of breath. Transmission is by direct contact, droplet transmission, or indirect contact with infected respiratory secretions. Confirmation is by identification of respiratory syncytial virus from nasopharyngeal swabs.

CA41.Y Other specified acute bronchiolitis

CA41.Z Acute bronchiolitis, unspecified

CA42 Acute bronchitis

An acute disease of the bronchi, commonly caused by an infection with a bacterial or viral source. This disease is characterised by inflammation of the bronchi. This disease presents with cough, wheezing, chest pain or discomfort, fever, or dyspnoea. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of the infectious agent in a sputum sample.

Exclusions: tracheobronchitis: chronic obstructive (CA22)

tracheobronchitis: chronic (CA22)

Tracheobronchitis, NOS (CA27)

bronchitis, chronic: obstructive (CA22.1)

Simple chronic bronchitis (CA20.10)

Chronic bronchitis, NOS (CA20.1)

Mucopurulent chronic bronchitis (CA20.11)

CA42.0 Acute bronchitis due to Streptococcus

A disease of the bronchi, caused by an infection with the gram-positive bacteria Streptococcus. This disease is characterised by inflammation of the bronchi leading to cough, sputum production, or shortness of breath and wheezing. Transmission is by inhalation of infected respiratory secretions. Confirmation is by identification of Streptococcus in a sputum sample.

CA42.1 Acute bronchitis due to Rhinovirus

A disease of the pulmonary system, caused by an infection with rhinovirus. This disease is characterised by cough, with or without production of sputum. Transmission is by inhalation of infected respiratory secretions, or direct contact.

CA42.2 Acute bronchitis due to Respiratory syncytial virus

Rapid onset inflammation of the large airways in the lung, including any part of the bronchi due to infection with respiratory syncytial virus.

CA42.3 Acute bronchitis due to Parainfluenza virus

A disease of the bronchi, caused by an acute infection with parainfluenza virus. This disease is characterised by acute inflammation of the bronchi leading to cough, sputum production, wheezing, or shortness of breath. Transmission is by inhalation of infected respiratory secretions, direct contact, or through fomites. Confirmation is by identification of the parainfluenza virus in respiratory secretions, detection of a significant rise in parainfluenza specific IgG antibodies in paired serum, or detection of parainfluenza specific IgM antibodies in a single serum sample.

CA42.4 Acute bronchitis due to Haemophilus influenzae

A disease of the bronchi, caused by an infection with the gram-negative bacteria Haemophilus influenzae. This disease is characterised by acute inflammation of the bronchi leading to cough, sputum production, wheezing or shortness of breath. Transmission is by inhalation of infected respiratory secretions, or direct contact. Confirmation is by identification of Haemophilus influenzae in blood or other typically sterile body fluid.

CA42.5 Acute bronchitis due to Coxsackievirus

A disease of the pulmonary system, caused by an infection with Coxsackie virus. This disease is characterised by cough, fever, or tachypnoea. Transmission is by the faecal-oral route, or vertical transmission. Confirmation is by identification of coxsackievirus in upper respiratory secretion samples.

CA42.Y Other specified acute bronchitis

CA42.Z Acute bronchitis, unspecified

CA43 Abscess of lung or mediastinum

Coded Elsewhere: Amoebic lung abscess (1A36.11)

CA43.0 Gangrene or necrosis of lung

The term "necrotizing pneumonia" or "lung gangrene" is used to distinguish pulmonary necrosis with multiple small abscesses from a larger cavitary lesion (lung abscess).

CA43.1 Abscess of lung with pneumonia

CA43.2 Abscess of lung without pneumonia

CA43.3 Abscess of mediastinum

CA43.Y Other specified abscess of lung or mediastinum

CA43.Z Abscess of lung or mediastinum, unspecified

CA44 Pyothorax

Suppurative inflammation of the pleural space, typically due to acute bacterial infection. It can occur as a complication of pneumonia, thoracotomy, abscesses (lung, hepatic, or subdiaphragmatic), or penetrating trauma with a secondary infection.

Inclusions: empyema

pyopneumothorax

Exclusions: due to tuberculosis (1B10)

CA45 Respiratory infections, not elsewhere classified

Exclusions: Upper respiratory tract disorders (CA00‑CA0Z)

Chronic obstructive pulmonary disease (CA22)

Certain lower respiratory tract diseases (CA20‑CA2Z)

CA4Y Other specified lung infections

CA4Z Lung infections, unspecified

Lung diseases due to external agents (CA60‑CA8Z)

Exclusions: Asthma (CA23)

CA60 Pneumoconiosis

Pneumoconiosis is a lung disease due to inhalation of minute particles and characterised pathologically by interstitial fibrosis. The different types of pneumoconiosis vary in relation to the types of inhaled particles, often accompanied by certain occupational environments.

CA60.0 Pneumoconiosis due to dust containing silica

Interstitial lung disease due to inhalation of silica dust. The accumulation of silica/silicates in lung leads to fibrosis and formation of opacities in upper lobes of lungs on chest X-ray

Exclusions: with tuberculosis (1B10‑1B1Z)

CA60.00 Pneumoconiosis due to talc dust

CA60.0Y Other specified pneumoconiosis due to dust containing silica

CA60.0Z Pneumoconiosis due to dust containing silica, unspecified

CA60.1 Coal worker pneumoconiosis

Coalworker pneumoconiosis, an interstitial lung disease due to inhalation of coal dust. The accumulation of coal in the lung leads to fibrosis and formation of coal macules which are seen on chest X-ray as opacities and fibrosis.

Inclusions: Black lung

Anthracosis

Anthracosilicosis

Coalworker lung

Exclusions: with tuberculosis (1B10‑1B1Z)

CA60.2 Pneumoconiosis due to mineral fibres including asbestos

Asbestosis is pneumoconiosis, an interstitial lung disease due to inhalation of asbestos fibres. The accumulation of fibres in the lung leads to diffuse fibrosis and formation of opacities in lower parts of lungs on chest X-ray. Asbestos bodies may be detected in lungs and sputum.

Inclusions: Asbestosis

Exclusions: Pleural plaque with presence of asbestos (CB20)

with tuberculosis (1B10‑1B1Z)

CA60.3 Pneumoconiosis associated with tuberculosis

This is an occupational lung disease and a restrictive lung disease caused by the inhalation of dust, often in mines, associated with a common, and in many cases lethal, infectious disease caused by various strains of mycobacteria, usually Mycobacterium tuberculosis.

CA60.4 Aluminosis of lung

Aluminosis is a lung disease caused by the inhalation of dusts of certain aluminium compounds.

CA60.5 Bauxite fibrosis of lung

CA60.6 Berylliosis

Chronic beryllium disease also known as berylliosis is an occupational hypersensitivity disorder caused by beryllium exposure at the workplace. It is characterised by non-caseating, non-necrotising granulomata within affected organs, most frequently lung and skin.

Coded Elsewhere: Hepatic berylliosis (DB97.1)

CA60.7 Graphite fibrosis of lung

Graphite fibrosis of lung is the pulmonary damage caused by excessive inhalation of graphite.

CA60.8 Siderosis

Siderosis refers to pneumoconiosis resulting from inhalation of iron from welding fumes or from iron or hematite mine dust.

CA60.9 Stannosis

Stannosis is a benign non-fibrotic pneumoconiosis caused by exposure to tin oxides including stannous oxide (SnO) and stannic oxide (SnO2).

CA60.Y Other specified pneumoconiosis

CA60.Z Pneumoconiosis, unspecified

Pneumonitis (CA70‑CA7Z)

Pneumonitis is a general term that refers to inflammation of lung tissue. Pneumonitis includes the non-infectious lung diseases that cause inflammation of the interstitium of the lung tissue mainly.

Exclusions: Pneumonia (CA40)

Coded Elsewhere: Chronic pneumonitis of infancy (CB04.6)

Aspiration pneumonitis due to anaesthesia during labour or delivery (JB0C.0)

CA70 Hypersensitivity pneumonitis due to organic dust

Hypersensitivity pneumonitis due to organic dust is an inflammation of the alveoli, terminal bronchioli and the interstitium within caused by hypersensitivity to inhaled organic dusts, such as allergens derived from fungal, bacterial, animal protein.

Coding Note: Includes: allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin

Exclusions: pneumonitis due to inhalation of chemicals, gases, fumes or vapours (CA81.0)

CA70.0 Farmer lung

Farmer's lung disease is a hypersensitivity pneumonitis, caused by inhalation of organic dust containing spores of microorganisms, often thermophilic actinomycetes and less commonly Saccharopolyspora rectivirgula, living in mouldy hay, straw, or grain. Typical symptoms include dyspnoea, cough, tiredness, headaches and occasional fever/night sweats, with acute, sub-acute or chronic clinical course and can result in chronic disability with granulomatous disease.

CA70.1 Bagassosis

Bagassosis is hypersensitivity pneumonitis due to inhalation of dust from bagasse (the residue of cane after extraction of sugar).

CA70.2 Bird fancier lung

Bird fancier lung, also called Pigeon-breeder's lung disease, is an allergic alveolitis caused by inhalation of particulate avian emanations, sometimes specified by avian species. Presentation can be acute with chills, cough, fever, shortness of breath, chest tightness usually resolving within 24h after cessation of antigen exposure, sub-acute with cough and dyspnoea over several days to weeks, whereas chronic form results in breathlessness, coughing, lack of appetite and weight loss.

CA70.3 Suberosis

Suberosis also known as corkhandler disease or corkworker lung is a type of hypersensitivity pneumonitis usually caused by the fungus Penicillium glabrum (formerly called Penicillium frequentans) from exposure to moldy cork dust. Chrysonilia sitophila, Aspergillus fumigatus, uncontaminated cork dust, and Mucor macedo may also have significant roles in the pathogenesis of the disease.

CA70.4 Malt worker lung

A disease of the pulmonary system, caused by the fungi Aspergillus clavatus or Aspergillus fumigatus. This disease commonly presents with fever, chills, fatigue, weight loss, cough, headache, myalgia, or shortness of breath. Transmission is by inhalation of fungal spores. Confirmation is by identification of Aspergillus in a sputum, blood, or skin sample.

Inclusions: Alveolitis due to Aspergillus clavatus

CA70.5 Mushroom worker lung

Mushroom-worker's lung is occupational hypersensitivity pneumonitis due to mushroom spores and moldy compost.

CA70.6 Maple bark stripper lung

Maple-bark-stripper's lung is occupational hypersensitivity pneumonitis due to moldy maple bark containing Cryptostroma corticale.

Inclusions: Alveolitis due to Cryptostroma corticale

Cryptostromosis

CA70.7 Air conditioner or humidifier lung

A form of the sick building syndrome caused by organisms that contaminate humidifiers and the piping of air conditioner ducts. The air conditioner blows cold air containing spores of the organisms throughout the building.

CA70.Y Other specified hypersensitivity pneumonitis due to organic dust

Coding Note: Includes: allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin

CA70.Z Hypersensitivity pneumonitis due to organic dust, unspecified

Coding Note: Includes: allergic alveolitis and pneumonitis due to inhaled organic dust and particles of fungal, actinomycetic or other origin

CA71 Pneumonitis due to solids and liquids

Exclusions: Neonatal aspiration syndromes (KB26)

CA71.0 Pneumonitis due to inhalation of food or vomit

Acute inflammation of the lung parenchyma due to inadvertent passage of ingested solids or liquids into the airway from swallowing dysfunction or after an acute vomiting or gastroesophageal reflux episode.

Exclusions: Mendelson syndrome (CA72)

CA71.1 Pneumonitis due to oils or essences

Lipoid pneumonia (pneumonitis) is a rare form of pneumonia (pneumonitis) caused by inhalation or aspiration of fat containing substances like petroleum jelly, mineral oils, few laxatives etc.

CA71.2 Pneumonitis due to aspiration of blood

CA71.3 Lipoid pneumonitis

Lipoid pneumonia (pneumonitis) refers to two types lipoid pneumonias (pneumonitises), one is Exogenous lipoid pneumonia (pneumonitis) and another is Endogenous lipoid pneumonia (pneumonitis). Exogenous lipoid pneumonia (pneumonitis) is the accumulation of aspirated oils within the alveoli and subsequent foreign body reaction. Endogenous lipoid pneumonia (pneumonitis), also called cholesterol pneumonia (pneumonitis) or golden pneumonia (pneumonitis), is a localised accumulation of lipid-laden macrophages within alveolar spaces distal to an obstructed airway.

CA71.Y Other specified pneumonitis due to solids and liquids

CA71.Z Pneumonitis due to solids and liquids, unspecified

CA72 Mendelson syndrome

This is chemical pneumonitis caused by aspiration during anaesthesia, especially during pregnancy. Aspiration contents may include gastric juice, blood, bile, water or an association of them.

Exclusions: Complications of anaesthesia during pregnancy (JA67)

Complications of anaesthesia during labour or delivery (JB0C)

Complications of anaesthesia during the puerperium (JB43)

CA7Y Other specified pneumonitis

CA7Z Pneumonitis, unspecified

CA80 Airway disease due to specific organic dust

Airway disease due to specific organic dust includes airway diseases due to cotton dust or dusts from other vegetable fibres such as flax, cannabis, hemp, or sisal.

Exclusions: Farmer lung (CA70.0)

reactive airways dysfunction syndrome (CA81)

Hypersensitivity pneumonitis due to organic dust (CA70)

Bagassosis (CA70.1)

CA80.0 Byssinosis due to exposure to cotton

Byssinosis (brown lung disease) is a lung disease caused by exposure to dusts from cotton processing.

Inclusions: airway disease due to cotton dust

CA80.1 Byssinosis due to exposure to flax

A form of chronic obstructive pulmonary disease caused by inhalation of particles of unprocessed flax; a form of byssinosis.

CA80.2 Byssinosis due to exposure to cannabis

Lung disease caused by exposure to dusts from the processing cannabis.

CA80.Y Other specified airway disease due to specific organic dust

CA80.Z Airway disease due to specific organic dust, unspecified

CA81 Respiratory conditions due to inhalation of chemicals, gases, fumes or vapours

This refers to conditions affecting the organs and tissues that make gas exchange due to inhalation of chemicals, gases, fumes, and vapours.

CA81.0 Bronchitis or pneumonitis due to chemicals, gases, fumes or vapours

This is an inflammation of the mucous membranes of the bronchi (the larger and medium-sized airways that carry airflow from the trachea into the more distal parts of the lung parenchyma) and inflammation of lung tissue, due to chemicals, gases, fumes and vapours.

CA81.1 Pulmonary oedema due to chemicals, gases, fumes or vapours

CA81.2 Upper respiratory inflammation due to chemicals, gases, fumes or vapours, not elsewhere classified

CA81.Y Other specified respiratory conditions due to inhalation of chemicals, gases, fumes or vapours

CA81.Z Respiratory conditions due to inhalation of chemicals, gases, fumes or vapours, unspecified

CA82 Respiratory conditions due to other external agents

CA82.0 Acute pulmonary manifestations due to radiation

An acute inflammatory reaction of the lung in response to repeated or high dose radiation exposure.

CA82.1 Chronic or other pulmonary manifestations due to radiation

A chronic inflammatory reaction of the lung ultimately resulting in fibrosis in response to repeated or high dose radiation exposure.

CA82.2 Acute drug-induced interstitial lung disorders

An acute inflammatory reaction of the lung in response to drugs.

CA82.3 Chronic drug-induced interstitial lung disorders

A chronic inflammatory reaction of the lung ultimately resulting in fibrosis in response to drugs.

CA82.4 Aspergillus-induced allergic or hypersensitivity conditions

Coded Elsewhere: Malt worker lung (CA70.4)

Allergic aspergillus rhinosinusitis (CA0A.Y)

CA82.Y Other specified respiratory conditions due to other external agents

CA82.Z Respiratory conditions due to other external agents, unspecified

CA8Y Other specified lung diseases due to external agents

CA8Z Lung diseases due to external agents, unspecified

Respiratory diseases principally affecting the lung interstitium (CB00‑CB0Z)

Coded Elsewhere: Lipoid pneumonitis (CA71.3)

CB00 Acute respiratory distress syndrome

Acute respiratory distress syndrome ("ARDS") is a life-threatening inflammation with oedema in the lungs which leads to severe respiratory failure. ARDS is a clinical syndrome of lung injury with hypoxic respiratory failure caused by intense pulmonary inflammation that develops after a severe physiologic insult.

Coded Elsewhere: Respiratory distress syndrome of newborn (KB23.0)

CB01 Pulmonary oedema

Pulmonary oedema is a condition caused by excess fluid in the lungs. This fluid collects in the numerous air sacs in the lungs, making it difficult to breathe.

Exclusions: Pulmonary oedema due to chemicals, gases, fumes or vapours (CA81.1)

Pulmonary oedema with mention of heart disease NOS or heart failure (BD11)

CB02 Pulmonary eosinophilia

Pulmonary eosinophilia are a heterogeneous group of disorders that share the feature of abnormally increased numbers of eosinophils.

CB02.0 Asthmatic pulmonary eosinophilia

Asthmatic pulmonary eosinophilia is a form of pulmonary eosinophilia associated with asthma which has been commonly attributed to fungi such as Aspergillus species. Although many cases have not shown any allergen.

CB02.1 Idiopathic eosinophilic pneumonitis

This is an idiopathic disease in which a certain type of white blood cell called an eosinophil accumulates in the lung. These cells cause disruption of the normal air spaces (alveoli) where oxygen is extracted from the atmosphere.

Inclusions: Idiopathic eosinophilic pneumonia

CB02.10 Idiopathic acute eosinophilic pneumonitis

Idiopathic acute eosinophilic pneumonia (pneumonitis) is characterised by acute febrile respiratory failure associated with diffuse radiographic infiltrates and eosinophilia in bronchoalveolar lavage fluid (BAL) in the absence of infection. Patients, who are initially healthy and often young, present with severe hypoxemia.

Inclusions: Idiopathic acute eosinophilic pneumonia

CB02.11 Idiopathic chronic eosinophilic pneumonitis

Idiopathic chronic eosinophilic pneumonia (pneumonitis) is a pulmonary disease characterised by subacute or chronic respiratory and general symptoms, alveolar and/or blood eosinophilia, and peripheral pulmonary infiltrates on chest imaging and blood eosinophilia in most cases.

Inclusions: Idiopathic chronic eosinophilic pneumonia

CB02.1Y Other specified idiopathic eosinophilic pneumonitis

CB02.1Z Idiopathic eosinophilic pneumonitis, unspecified

CB02.2 Tropical pulmonary eosinophilia

Tropical pulmonary eosinophilia (TPE) is a syndrome of wheezing, fever and eosinophilia seen predominantly in the Indian subcontinent and other tropical areas.

The syndrome has been termed tropical eosinophilia, tropical pulmonary eosinophilia (TPE), or tropical filarial pulmonary eosinophilia (TFPE). Tropical filarial pulmonary eosinophilia (TFPE) is a clinical manifestation of lymphatic filariasis, a parasitic infection caused by filarial nematodes ( roundworms) that inhabit the lymphatics and bloodstream.

CB02.Y Other specified pulmonary eosinophilia

CB02.Z Pulmonary eosinophilia, unspecified

CB03 Idiopathic interstitial pneumonitis

The idiopathic interstitial pneumonias (pneumonitises) are a subset of diffuse interstitial lung diseases of unknown etiology characterised by expansion of the interstitial compartment (i.e. that portion of the lung parenchyma sandwiched between the epithelial and endothelial basement membranes) with an infiltrate of inflammatory cells. The inflammatory infiltrate is sometimes accompanied by fibrosis, either in the form of abnormal collagen deposition or proliferation of fibroblasts capable of collagen synthesis.

Inclusions: Idiopathic interstitial pneumonia

CB03.0 Acute interstitial pneumonitis

Acute interstitial pneumonia (pneumonitis), also referred to as Hamman-Rich syndrome, is a rapidly progressive and histologically distinct form of idiopathic interstitial pneumonia (pneumonitis).

CB03.1 Combined pulmonary fibrosis and emphysema syndrome

Combined pulmonary fibrosis and emphysema (CPFE) is a syndrome of combined emphysema of the upper lobes and fibrosis of the lower lobes defined on chest computed tomography, and characterised by subnormal spirometry, severe impairment of gas exchange, high prevalence of pulmonary hypertension, and poor survival.

Characteristic functional profile of CPEF is strongly impaired carbon monoxide diffusing capacity of the lung, and hypoxaemia at exercise, with preserved lung volumes. Despite subnormal spirometry, which may be responsible

for its under recognition, CPFE is a severe entity. The presence of pulmonary arterial hypertension at diagnosis is a critical determinant of prognosis.

CB03.2 Cryptogenic organizing pneumonitis

Cryptogenic organizing pneumonia (pneumonitis) (COP) or bronchiolitis obliterans with organizing pneumonia (pneumonitis) (BOOP) is an inflammatory, non-infectious lung disease with distinctive clinical, radiological and pathological features, and that responds to corticosteroid therapy.

CB03.3 Desquamative interstitial pneumonitis

This is a form of idiopathic interstitial pneumonia (pneumonitis) featuring elevated levels of macrophages.

Inclusions: Desquamative interstitial pneumonia

CB03.4 Idiopathic pulmonary fibrosis

Idiopathic pulmonary fibrosis (IPF) is defined as a specific form of chronic, progressive fibrosing interstitial pneumonia (pneumonitis) of unknown cause, occurring primarily in older adults, limited to the lungs, and associated with the histopathologic and/or radiologic pattern of UIP. The definition of IPF requires the exclusion of other forms of interstitial pneumonia (pneumonitis) including other idiopathic interstitial pneumonias (pneumonitis) and Interstitial Lung Disease (ILD) associated with environmental exposure, medication, or systemic disease.

CB03.5 Lymphoid interstitial pneumonia

This refers to several conditions in which lymphocytes are produced in excessive quantities. They typically occur in patients who have compromised immune systems. They are sometimes equated with "immunoproliferative disorders", but technically lymphoproliferative disorders are a subset of immunoproliferative disorders, along with hypergammaglobulinemia and paraproteinaemias.

CB03.6 Respiratory bronchiolitis - interstitial lung disease

Respiratory bronchiolitis - interstitial lung disease is a mild inflammatory pulmonary disorder developed by cigarette smokers and characterised by shortness of breath and cough, pulmonary function abnormalities of mixed restrictive and obstructive lung disease and high resolution CT scanning showing centrilobular micronodules, ground glass opacities and peribronchiolar thickening.

CB03.Y Other specified idiopathic interstitial pneumonitis

CB03.Z Idiopathic interstitial pneumonitis, unspecified

CB04 Primary interstitial lung diseases specific to infancy or childhood

CB04.0 Diffuse pulmonary developmental disorders

CB04.1 Pulmonary lymphatic dysplasia syndromes

Coded Elsewhere: Yellow nail syndrome (EE11.1)

Congenital pulmonary lymphangiectasia (LA75.Y)

CB04.2 Disorders of surfactant metabolism

Primary interstitial lung disease specific to childhood due to pulmonary surfactant protein anomalies is a group of interstitial lung diseases (ILD) induced by genetic mutations disrupting surfactant function and gas exchange in the lung. The disorders caused by these mutations affect full-term infants and older children and exhibit considerable overlap in their clinical and histologic presentation

CB04.3 Alveolar or peri-alveolar conditions

CB04.30 Idiopathic pulmonary haemosiderosis

Idiopathic pulmonary hemosiderosis is a respiratory disease due to repeated episodes of diffuse alveolar haemorrhage without any underlying apparent cause, most often in children. Anaemia, cough, and pulmonary infiltrates on chest radiographs are found in majority of the patients.

CB04.31 Pulmonary alveolar proteinosis

This is a rare lung disease in which abnormal accumulation of surfactant occurs within the alveoli, interfering with gas exchange. PAP can occur in a primary form or secondarily in the settings of malignancy (especially in myeloid leukemia), pulmonary infection, or environmental exposure to dusts or chemicals.

CB04.3Y Other specified alveolar or peri-alveolar conditions

CB04.3Z Alveolar or peri-alveolar conditions, unspecified

CB04.4 Pulmonary capillaritis

Isolated pauciimmune pulmonary capillaritis is a small vessel vasculitis restricted to the lungs that may induce diffuse alveolar haemorrhage with dyspnoea, anaemia, chest pain, haemoptysis, bilateral and diffuse alveolar infiltrates at chest X-rays, without any underlying systemic disease. ANCA are frequently positive but could be negative.

CB04.5 Brain-lung-thyroid syndrome

Brain-lung-thyroid syndrome is a rare disorder characterised by congenital hypothyroidism, infant respiratory distress syndrome (IRDS) and benign hereditary chorea.

CB04.6 Chronic pneumonitis of infancy

Chronic pneumonitis of infancy is a rare paediatric form of interstitial lung disease (ILD) sharing clinical and radiologic features with other forms of ILD (cough, tachypnoea, and infiltrative opacities on chest imaging) and harbouring specific histological abnormalities including diffuse thickening of alveolar septa, hyperplasia of type 2 alveolar epithelial cells (AEC), and presence of primitive mesenchymal cells within the alveolar septa.

CB04.7 Neuroendocrine cell hyperplasia of infancy

Neuroendocrine cell hyperplasia of infancy is a non-lethal paediatric form of interstitial lung disease (ILD) characterised by tachypnoea and respiratory distress without respiratory failure.

CB04.Y Other specified primary interstitial lung diseases specific to infancy or childhood

CB04.Z Primary interstitial lung diseases specific to infancy or childhood, unspecified

CB05 Interstitial lung diseases associated with systemic diseases

This refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs). This diagnosis is associated with diseases that affect a number of organs and tissues, or affects the body as a whole.

Coding Note: Code also the causing condition

CB05.0 Diffuse alveolar damage

This is a histological pattern in lung disease. It is seen in acute respiratory distress syndrome (ARDS), transfusion related acute lung injury (TRALI) and acute interstitial pneumonia (pneumonitis) (AIP).

CB05.1 Interstitial lung diseases associated with connective tissue diseases

Interstitial lung diseases associated with connective tissue diseases refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs) associated with connective tissue diseases.

Coding Note: Code also the causing condition

Coded Elsewhere: Respiratory disorders in juvenile dermatomyositis (CB40.Y)

Respiratory disorders in other dermatomyositis (CB40.Y)

Respiratory disorders in polymyositis (CB40.Y)

Respiratory disorders in Sjögren syndrome (CB40.Y)

Respiratory disorders in systemic lupus erythematosus (CB40.Y)

Respiratory disorders in systemic sclerosis (CB40.Y)

CB05.2 Interstitial lung diseases associated with granulomatous diseases

Interstitial lung diseases associated with granulomatous diseases refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs) associated with granulomatous diseases, such as sarcoidosis.

Coded Elsewhere: Sarcoidosis of lung (4B20.0)

Sarcoidosis of lung with sarcoidosis of lymph nodes (4B20.Y)

CB05.3 Interstitial lung diseases associated with metabolic diseases

Interstitial lung diseases associated with metabolic diseases refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs). This diagnosis is associated with a large class of genetic diseases involving disorders of metabolism.

Coding Note: Code also the causing condition

Coded Elsewhere: Familial hypocalciuric hypercalcaemia (5A51.2)

Hermansky-Pudlak syndrome with pulmonary fibrosis (EC23.20)

CB05.4 Interstitial lung diseases associated with systemic vasculitides

Interstitial lung diseases associated with systemic vasculitides refers to a group of lung diseases affecting the interstitium (the tissue and space around the air sacs of the lungs). This diagnosis is associated with a type of small vessel vasculitis.

Coded Elsewhere: Respiratory disorders in Wegener's granulomatosis (CB40.Y)

CB05.40 Respiratory disorders in Churg-Strauss syndrome

This encompasses pathological conditions affecting the organs and tissues that make gas exchange possible in higher organisms, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. This diagnosis is in a medium and small vessel autoimmune vasculitis, leading to necrosis.

CB05.41 Respiratory disorders in microscopic polyangiitis

This encompasses pathological conditions affecting the organs and tissues that make gas exchange possible in higher organisms, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. This diagnosis is in an ill-defined autoimmune disease characterised by a systemic, pauci-immune, necrotizing, small-vessel vasculitis without clinical or pathological evidence of necrotizing granulomatous inflammation.

CB05.4Y Other specified interstitial lung diseases associated with systemic vasculitides

CB05.4Z Interstitial lung diseases associated with systemic vasculitides, unspecified

CB05.5 Secondary pulmonary haemosiderosis

Secondary pulmonary hemosiderosis is a respiratory disease due to the deposition of hemosiderin-laden macrophages in lungs as a result of repeated alveolar haemorrhage secondary to another disease, especially dysimmunitary disorders (i.e. Heiner syndrome, autoimmune diseases), thrombotic disorders and cardiovascular disorders such as mitral stenosis. It manifests as a triad of haemoptysis, anaemia and diffuse parenchymal infiltrates on chest radiography

Coding Note: Code also the causing condition

CB05.Y Other specified interstitial lung diseases associated with systemic diseases

Coding Note: Code also the causing condition

CB05.Z Interstitial lung diseases associated with systemic diseases, unspecified

Coding Note: Code also the causing condition

CB06 Pulmonary alveolar microlithiasis

Pulmonary alveolar microlithiasis is an idiopathic rare disease in which concretions composed of calcium and phosphorus collect in alveolar spaces. A systemic disorder of calcium metabolism has not been identified, and the serum calcium and phosphate levels are normal. Cough and dyspnoea are the most common presenting symptoms. Expectorated microliths have been reported. Inspiratory crackles, finger clubbing, and signs of cor pulmonale may be present in more advanced disease.

CB07 Lymphangioleiomyomatosis

Lymphangioleiomyomatosis (LAM) is a multiple cystic lung disease characterised by progressive cystic destruction of the lung and lymphatic abnormalities, frequently associated with renal angiomyolipomas (AMLs). LAM occurs either sporadically or as a manifestation of tuberous sclerosis complex (TSC).

CB07.0 Lymphangioleiomyomatosis associated with tuberous sclerosis complex

This is a rare lung disease that results in a proliferation of disorderly smooth muscle growth (leiomyoma) throughout the lungs, in the bronchioles, alveolar septa, perivascular spaces, and lymphatics, resulting in the obstruction of small airways (leading to pulmonary cyst formation and pneumothorax) and lymphatics (leading to chylous pleural effusion). This diagnosis is associated with a rare multi-system genetic disease that causes non-malignant tumours to grow in the brain and on other vital organs such as the kidneys, heart, eyes, lungs, and skin.

CB07.1 Sporadic lymphangioleiomyomatosis

This is a rare lung disease that results in a proliferation of disorderly smooth muscle growth (leiomyoma) throughout the lungs, in the bronchioles, alveolar septa, perivascular spaces, and lymphatics, resulting in the obstruction of small airways (leading to pulmonary cyst formation and pneumothorax) and lymphatics (leading to chylous pleural effusion). LAM occurs in a sporadic form, which affects only females, usually of childbearing age; LAM also occurs in patients who have tuberous sclerosis.

CB07.Y Other specified lymphangioleiomyomatosis

CB07.Z Lymphangioleiomyomatosis, unspecified

CB0Y Other specified respiratory diseases principally affecting the lung interstitium

CB0Z Respiratory diseases principally affecting the lung interstitium, unspecified

Pleural, diaphragm or mediastinal disorders (CB20‑CB2Z)

Pleural, diaphragm and mediastinal disorders are disorders of the potential space between the two pleura (visceral and parietal) of the lungs, disorders of the diaphragm and mediastinum. The mediastinum is an undelineated group of structures in the thorax, surrounded by loose connective tissue. It is the central compartment of the thoracic cavity.

CB20 Pleural plaque

Deposits of hyalinized collagen fibres in the parietal pleura that result from chronic inflammation. Most commonly associated with past exposure to asbestos, typically becoming visible years after inhalation of the inciting exposure.

CB21 Pneumothorax

Pneumothorax is an abnormal collection of air or gas in the pleural space that separates the lung from the chest wall, and that may interfere with normal breathing.

Exclusions: pyopneumothorax (CA44)

pneumothorax: tuberculous (not confirmed) (1B10.1)

Traumatic pneumothorax (NB32.0)

pneumothorax: tuberculous (confirmed) (1B10.0)

Coded Elsewhere: Pneumothorax originating in the perinatal period (KB27.1)

CB21.0 Spontaneous tension pneumothorax

A tension pneumothorax is present when the intrapleural pressure is greater than atmospheric throughout expiration and often during inspiration as well. The mechanism responsible for tension pneumothorax is the disruption of the visceral or parietal pleura in such a manner that a one-way valve develops. A tension pneumothorax can occur after any type of pneumothorax; it is independent of the etiology. It can sometimes occur after a spontaneous pneumothorax but is more common after a traumatic pneumothorax, with mechanical ventilation, or during cardiopulmonary resuscitation.

CB21.1 Other spontaneous pneumothorax

Spontaneous pneumothorax that is not tension pneumothorax is included in this classification.

They include primary spontaneous pneumothorax without tension and secondary spontaneous pneumothorax without tension. Primary spontaneous pneumothorax occurs in patients without underlying pulmonary disease, classically in tall, thin young men in their teens and 20s. It is thought to be due to spontaneous rupture of subpleural apical blebs or bullae that result from smoking or that are inherited. It generally occurs at rest, although some cases occur during activities involving reaching or stretching. Primary spontaneous pneumothorax also occurs during diving and high-altitude flying because of unequally transmitted pressure changes in the lung. Secondary spontaneous pneumothorax occurs in patients with underlying pulmonary disease. It most often results from rupture of a bleb or bulla in patients with severe COPD, HIV-related Pneumocystis jirovecii infection, cystic fibrosis, or any underlying pulmonary parenchymal disease. Secondary spontaneous pneumothorax is more serious than primary spontaneous pneumothorax because it occurs in patients whose underlying lung disease decreases their pulmonary reserve.

CB21.Y Other specified pneumothorax

CB21.Z Pneumothorax, unspecified

CB22 Diseases of mediastinum, not elsewhere classified

This refers to diseases of the mediastinum where the mediastinum is an undelineated group of structures in the thorax, surrounded by loose connective tissue. It is the central compartment of the thoracic cavity

Exclusions: Abscess of mediastinum (CA43.3)

CB22.0 Fibrosing mediastinitis

Fibrosing mediastinitis, also known as sclerosing mediastinitis or mediastinal fibrosis, is a disorder characterised by an excessive fibrotic reaction in the mediastinum. It can result in compromise of airways, great vessels, and other mediastinal structures, with morbidity directly related to the location and extent of fibrosis. The commonest cause is histoplasmosis, of which it is a rare late complication, but it may also occur in association with other infections and with systemic autoimmune disorders such as Behçet disease, granulomatosis with polyangiitis and retroperitoneal fibrosis.

CB22.Y Other specified diseases of mediastinum, not elsewhere classified

CB22.Z Diseases of mediastinum, not elsewhere classified, unspecified

CB23 Disorders of diaphragm

This category includes the abnormalities of diaphragmatic position or motion (paralysis, relaxation, and acquired deformity) and the inflammation of the diaphragm, but neoplasms of the diaphragm, congenital malformation of diaphragm, and diaphragmatic hernias are included in other categories.

Exclusions: Congenital diaphragmatic hernia (LB00.0)

Structural developmental anomalies of diaphragm (LB00)

CB24 Chylous effusion

A chylothorax (chylous effusion) signifies leakage of chyle from the thoracic duct. A pleural fluid triglyceride concentration of more than 110 mg per decilitre signifies a high likelihood of chylothorax, whereas a triglyceride concentration below 50 mg per decilitre makes chylothorax highly unlikely.

Inclusions: Chyliform effusion

CB25 Fibrothorax

Fibrothorax results from fibrosis of the visceral pleura, and is clinically manifested by decreased respiratory excursion and restrictive pulmonary physiology. There are two distinct mechanisms that can lead to the formation of fibrothorax: 1) Most often, fibrothorax develops as a consequence of pleural inflammation in patients with pleural effusions, including hemothorax, tuberculous effusion, or chronic empyema; 2) Less frequently, fibrothorax results from pulmonary parenchymal disease, and can be seen in patients with tuberculosis, bronchiectasis, or lung abscess.

CB26 Haemothorax

Hemothorax is the presence of blood with or without air in the pleural space. The most common cause is chest trauma. Hemothorax should be considered to be present when the haematocrit of the pleural fluid is more than half that of the peripheral blood. A number of bleeding sites may be responsible for the hemothorax, including pulmonary laceration, intercostal vessel laceration, and rupture of pleural adhesions.

CB27 Pleural effusion

Presence of fluid in the pleural cavity resulting from excessive transudation or exudation from the pleural surfaces.

Coding Note: Code also the causing condition

Inclusions: Pleurisy with effusion

Exclusions: Tuberculosis of the respiratory system (1B10)

Chylous effusion (CB24)

Pleurisy (MD31)

CB2Y Other specified pleural, diaphragm or mediastinal disorders

CB2Z Pleural, diaphragm or mediastinal disorders, unspecified

CB40 Certain diseases of the respiratory system

Coded Elsewhere: Pulmonary sporotrichosis (1F2J.2)

Alpha-1-antitrypsin deficiency (5C5A)

Airway obstruction in the neonate due to airway abnormality (KB2J)

CB40.0 Ciliary dyskinesia

Defective function of the cilia lining the respiratory tract (lower and upper, sinuses, Eustachian tube, middle ear) resulting in altered mucociliary transport and manifesting as recurrent upper and lower respiratory infection, chronic productive cough, chronic rhinosinusitis or persistent otitis media. Acquired forms result from respiratory tract injury associated especially with respiratory infections such as bronchiolitis or chronic obstructive pulmonary disease. The rare primary forms are inherited as autosomal recessive disorders presenting early in life and typically progressing to bronchiectasis; they may be associated with infertility in men and women due to abnormal sperm motility or fallopian tube function respectively.

Coded Elsewhere: Primary ciliary dyskinesia (LA75.Y)

Syndromic ciliary dyskinesia (LA75.Y)

CB40.1 Young syndrome

Young syndrome is characterised by the association of obstructive azoospermia with recurrent sinobronchial infections.

CB40.2 Pulmonary collapse

Inclusions: Atelectasis

Exclusions: Primary atelectasis of newborn (KB2B)

atelectasis (of): tuberculous (not confirmed) (1B10.1)

atelectasis (of): tuberculous (confirmed) (1B10.0)

CB40.3 Interstitial emphysema

This is a collection of air outside of the normal air passages in the body and instead is found inside the connective tissue of the peribronchovascular sheaths, interlobular septa, and visceral pleura. This collection develops as a result of alveolar and terminal bronchiolar rupture.

Exclusions: emphysema: NOS (CA21)

emphysema: surgical (subcutaneous) (NE81)

Traumatic subcutaneous emphysema, not elsewhere classified (NF0A.7)

Coded Elsewhere: Pneumomediastinum originating in the perinatal period (KB27.2)

Interstitial emphysema originating in the perinatal period (KB27.0)

CB40.4 Compensatory emphysema

Compensatory emphysema is a condition in which one portion of the lung increases in size and function, when another portion is destroyed or temporarily useless. It occurs, for instance, in association with pneumonias, pleural effusions and pneumothorax. Anatomically, there is found an enlargement of the normal lung; there are no variations from the normal structure; the unaffected lung, as a result of distention, has an increased vital capacity and is able to perform a greater amount of work than when in its usual condition. The tissues show no similarity to those truly emphysematous. This change is in no way related to true emphysema and the term should not be used, as it creates great confusion in the literature. Its use is no more justified than that of speaking of the compensatory enlargement of a kidney, when the opposite kidney has been removed, as of a compensatory nephritis. True emphysema can never compensate for diseased lung tissue, because the emphysematous lung is totally or almost totally functionless.

CB40.Y Other specified diseases of the respiratory system

CB41 Respiratory failure

Respiratory failure is a life-threatening impairment of oxygenation or carbon dioxide (CO2) elimination. Respiratory failure may occur because of impaired gas exchange, decreased ventilation, or both. The level of oxygen in the blood becomes dangerously low or the level of carbon dioxide becomes dangerously high.

Coding Note: Code also the causing condition

Exclusions: Acute respiratory distress syndrome (CB00)

Respiratory arrest (MD33)

Respiratory distress of newborn (KB23)

CB41.0 Acute respiratory failure

Respiratory failure can be acute (short term) or chronic (ongoing), using time as the main parameter. In acute respiratory failure hypoxemia occurs over a period of hours to days (less than 7 days), and acute respiratory failure can develop quickly and may require emergency treatment.

Coding Note: Code also the causing condition

CB41.00 Acute respiratory failure, Type I

When acute respiratory failure causes a low level of oxygen in the blood without a high level of carbon dioxide, it's called hypoxemic acute respiratory failure.

Coding Note: Code also the causing condition

CB41.01 Acute respiratory failure, Type II

When acute respiratory failure causes a high level of carbon dioxide in the blood, it's called hypercapnic acute respiratory failure.

Coding Note: Code also the causing condition

CB41.0Z Acute respiratory failure, unspecified

Coding Note: Code also the causing condition

CB41.1 Chronic respiratory failure

In chronic respiratory failure hypoxemia occurs over a period of weeks to months (more than seven days), and chronic respiratory failure develops more slowly and lasts longer than acute respiratory failure.

Coding Note: Code also the causing condition

CB41.10 Chronic respiratory failure, Type I

When chronic respiratory failure causes a low level of oxygen in the blood without a high level of carbon dioxide, it's called hypoxemic chronic respiratory failure.

CB41.11 Chronic respiratory failure, Type II

When chronic respiratory failure causes a high level of carbon dioxide in the blood, it's called hypercapnic chronic respiratory failure.

CB41.1Z Chronic respiratory failure, unspecified

Coding Note: Code also the causing condition

CB41.2 Respiratory failure, unspecified as acute or chronic

This is inadequate gas exchange by the respiratory system, with the result that levels of arterial oxygen, carbon dioxide or both cannot be maintained within their normal ranges, unspecified.

Coding Note: Code also the causing condition

CB41.20 Respiratory failure, unspecified, Type I

This is when the PaCO2 may be normal or low. It is typically caused by a ventilation/perfusion (V/Q) mismatch; the volume of air flowing in and out of the lungs is not matched with the flow of blood to the lungs. The basic defect in type 1 respiratory failure is failure of oxygenation

CB41.21 Respiratory failure, unspecified, Type II

Type 2 respiratory failure is caused by inadequate ventilation; both oxygen and carbon dioxide are affected. Defined as the build up of carbon dioxide levels (PaCO2) that has been generated by the body.

CB41.2Z Respiratory failure, unspecified

Coding Note: Code also the causing condition

Postprocedural disorders of the respiratory system (CB60‑CB64)

Exclusions: Acute pulmonary manifestations due to radiation (CA82.0)

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

CB60 Tracheostomy malfunction

CB61 Chronic pulmonary insufficiency following surgery

CB62 Postprocedural subglottic stenosis

CB63 Postprocedural stenosis of the trachea

CB64 Transfusion related acute lung injury

This is a serious blood transfusion complication characterised by the acute onset of non-cardiogenic pulmonary oedema following transfusion of blood products.

CB7Z Diseases of the respiratory system, unspecified

CHAPTER 13

Diseases of the digestive system

This chapter has 158 four-character categories.

Code range starts with DA00

Exclusions: Endocrine, nutritional or metabolic diseases (Chapter 05)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Neoplasms (Chapter 02)

Certain infectious or parasitic diseases (Chapter 01)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Mental, behavioural or neurodevelopmental disorders (Chapter 06)

Coded Elsewhere: Digestive system disorders of fetus or newborn (KB80-KB8Z)

Symptoms, signs or clinical findings of the digestive system or abdomen (MD80-ME4Y)

Structural developmental anomalies of the digestive tract (LB10-LB1Z)

Diseases of the digestive system complicating pregnancy, childbirth or the puerperium (JB64.6)

This chapter contains the following top level blocks:

* Diseases or disorders of orofacial complex
* Diseases of oesophagus
* Diseases of the stomach or the duodenum
* Diseases of small intestine
* Diseases of appendix
* Diseases of large intestine
* Diseases of anal canal
* Diseases of liver
* Diseases of gallbladder or biliary tract
* Diseases of pancreas
* Diseases of peritoneum
* Diverticular disease of intestine
* Ischaemic vascular disorders of intestine
* Hernias
* Inflammatory bowel diseases
* Functional gastrointestinal disorders
* Postprocedural disorders of digestive system

Diseases or disorders of orofacial complex (DA00‑DA0Z)

Morbid process, derangement or abnormality localised in the mouth or related tissues of the face

Coded Elsewhere: Structural developmental anomalies of mouth or tongue (LA31)

Symptoms or signs of the orofacial complex (MD80)

Jaw pain (ME86.9)

DA00 Disorders of lips

A group of any derangement or condition affecting the normal structure and function of the lips resulting from developmental or traumatic factors or systemic disease.

Coded Elsewhere: Lichen planus of lips (EA91.Y)

DA00.0 Cheilitis

Cheilitis is the generic term given to inflammatory conditions of the lip.

Coded Elsewhere: Actinic cheilitis (EK90.Y)

DA00.1 Self-induced lip trauma

Self-inflicted damage to lips by biting, picking, chewing etc.

Coded Elsewhere: Artefactual cheilitis (ED00)

DA00.2 Pigmentary abnormalities of lips

This is an abnormality in the material that changes the colour of reflected or transmitted light as the result of wavelength-selective absorption, of the lips.

DA00.3 Lip fissure

DA00.Y Other specified disorders of lips

DA00.Z Disorder of lips, unspecified

DA01 Disorders of oral mucosa

Inflammation of the soft tissues of the mouth, such as mucosa; palate; gingiva; and/or lip, as well as any associated pathological or traumatic discontinuity of tissue

Exclusions: Noma (DA0C.31)

gangrenous stomatitis (1C1H)

Cheilitis (DA00.0)

cancrum oris (DA0C.31)

Coded Elsewhere: Lichen planus and lichenoid reactions of oral mucosa (EA91.4)

Oral submucous fibrosis (DA02.2)

Oral allergy syndrome (EK10.0)

Contact gingivostomatitis (DA02.3)

Neonatal disorders of the oral mucosa (KC23)

DA01.0 Disturbances of oral epithelium

Coded Elsewhere: Cheek-biting (6B25.Y)

DA01.00 Oral leukoplakia

Leukoplakia is a condition where areas of keratosis appear as adherent white patches on the mucous membranes of the oral cavity. Leukoplakia may affect other gastrointestinal tract mucosal sites, or mucosal surfaces of the urinary tract and genitals.

Inclusions: Leukoplakia of gingiva

Exclusions: Hairy leukoplakia (DA01.01)

DA01.01 Hairy leukoplakia

Oral hairy leukoplakia is a focal epithelial hyperplasia of the oral mucosa associated with Epstein-Barr virus. It is closely associated with HIV and occurs in both immunocompromised and immunocompetent HIV-infected individuals. It is also, however, found in uninfected people who are immunosuppressed, e.g. organ transplant recipients. It presents as white patches with a corrugated or hairy appearance affecting particularly the lateral borders of the tongue.

DA01.02 Wandering rash of the mouth

The counterpart of geographic tongue affecting other parts of the oral epithelium. It is less common than geographic tongue.

DA01.0Y Other specified disturbances of oral epithelium

DA01.1 Noninfectious erosive or ulcerative disorders of oral mucosa

A group of erosive and ulcerative disorders of oral mucosa without infection.

Coded Elsewhere: Oral pemphigus (EB40.00)

Stevens-Johnson syndrome (EB13.0)

Pyodermatitis–pyostomatitis vegetans (EL3Y)

Lupus erythematosus of oral mucosa (4A40.Y)

DA01.10 Oral aphthae or aphtha-like ulceration

This is a frequent small, shallow, painful ulceration in the oral mucosa. Recurrent oral ulceration that clinically resembles recurrent aphthous stomatitis but presents atypically, including commencement after adolescence, with fever, with a strong family history, or failing to resolve with age.

Coded Elsewhere: Oropharyngeal ulceration due to Behçet disease (4A62)

DA01.11 Oral mucositis

Ulcerative mucositis is the inflammation of the oral mucosa with inflammation, ulceration and frequently with bleeding.

DA01.12 Chronic ulcerative stomatitis

Chronic ulcerative stomatitis (CUS) is a rare disease which presents with chronic oral mucosal erosions and ulceration resembling erosive lichen planus but refractory to standard therapies. It typically occurs in older women. Diagnosis requires the demonstration of speckled granular perinuclear IgG deposits in the basal and parabasal layers of oral epithelium (stratified epithelium-specific antinuclear or SES-ANA pattern). There is increasing evidence that CUS is an autoimmune disease provoked by circulating IgG antibodies directed against delta-Np63, an isoform of the p53 family of nuclear transcription factors which is present around the nuclei of normal oral epithelial basal keratinocytes. CUS normally responds to treatment with hydroxychloroquine.

DA01.13 Erythema multiforme with oral ulceration

This is a skin condition of unknown cause, possibly mediated by deposition of immune complex (mostly IgM) in the superficial microvasculature of the skin and oral mucous membrane that usually follows an infection or drug exposure.

DA01.14 Drug-induced oral ulcer

Ulceration of the oral mucosa attributable to medication. Non-steroidal anti-inflammatory drugs (NSAIDs) and cytotoxic drugs such as methotrexate are well recognised causes but many others have been incriminated.

DA01.15 Mouth ulcers

Oral ulceration of other specified or unspecified type.

Exclusions: Mechanical oral ulceration (DA01.1)

Drug-induced oral ulcer (DA01.14)

DA01.1Y Other specified noninfectious erosive or ulcerative disorders of oral mucosa

DA01.2 Granuloma or granuloma-like lesions of oral mucosa

This is a specific type of chronic inflammatory response of the oral mucosa characterised by a localised accumulation of epithelioid macrophages, multi nucleate giant cells, and lymphocytes.

Inclusions: Denture granuloma

Coded Elsewhere: Sarcoidosis of oral cavity (4B20.Y)

Crohn disease of lips or oral mucosa (DD70.0)

DA01.20 Giant cell granuloma, central

A benign condition of the jaws. It is twice as likely to affect women and is more likely to occur in individuals between the age of 20 and 40. Central giant cell granulomas are more common in the mandible and often cross the midline.

Exclusions: peripheral giant cell granuloma (DA0D)

DA01.21 Orofacial granulomatosis

Orofacial granulomatosis (OFG) is an uncommon clinicopathological entity characterised by persistent and/or recurrent lymphoedema and fissuring of the lips and oral mucosa (the latter resulting in a "cobblestone" appearance), oral ulceration and the presence on biopsy of non-caseating granulomas. OFG may be an early manifestation of Crohn disease, sometimes presenting months or years before bowel disease. Some cases are associated with dental infections, sarcoidosis, food allergy or contact allergy. Granulomatous cheilitis is a form of OFG confined to the lips. Rarely, OFG may be associated with fissured tongue and facial palsy (Melkersson-Rosenthal syndrome).

Coded Elsewhere: Granulomatous cheilitis (DA00.0)

DA01.2Y Other specified granuloma or granuloma-like lesions of oral mucosa

DA01.3 Infections of lips or oral mucosa

A group of conditions characterised by the invasion of lips and oral mucosa by harmful organisms (pathogens), such as bacteria, fungi, protozoa, rickettsiae, or viruses.

Coded Elsewhere: Enteroviral vesicular stomatitis (1F05.0)

Enteroviral vesicular pharyngitis (1F05.1)

Candidosis of lips or oral mucous membranes (1F23.0)

Warts of lips or oral cavity (1E82)

Angular cheilitis due to bacterial infection (DA00.0)

DA01.30 Cellulitis or abscess of soft tissues of the mouth

Infection of the soft tissues of the mouth resulting in cellulitis and/or abscess formation.

Exclusions: Peritonsillar abscess (CA0K.1)

Abscess of salivary gland (DA04.3)

Periapical abscess without sinus (DA09.62)

Periapical abscess with sinus (DA09.61)

Periapical abscess with facial involvement (DA09.60)

Coded Elsewhere: Abscess of periodontium (DA0C.4)

DA01.3Y Other specified infections of lips or oral mucosa

DA01.4 Irritative hyperplasia of oral mucosa

Exclusions: irritative hyperplasia of edentulous ridge [denture hyperplasia] (DA0D.2)

DA01.40 Papillary hyperplasia of oral mucosa

This is an oral pathologic condition that appears in the mouth as an overgrowth of tissue usually beneath a denture and is associated with poor denture hygiene, denture overuse, and ill-fitting dentures.

DA01.41 Denture hyperplasia

DA01.42 Oral fibroepithelial polyp

DA01.4Z Irritative hyperplasia of oral mucosa, unspecified

DA01.Y Other specified disorders of oral mucosa

DA01.Z Disorder of oral mucosa, unspecified

DA02 Miscellaneous specified disorders of lips or oral mucosa

Exclusions: Diseases of tongue (DA03)

Cysts of oral or facial-neck region (DA05)

Certain specified disorders of gingiva or edentulous alveolar ridge (DA0D)

Coded Elsewhere: Drug-induced oral conditions (EH74)

DA02.0 Genetic or developmental disorders involving lips or oral mucosa

A group of genetic and developmental disorders characterised by abnormal facial development that particularly involves the lips and oral mucosa.

Coded Elsewhere: Chronic mucocutaneous candidosis (1F23.14)

Peutz-Jeghers syndrome (LD2D.0)

Hereditary haemorrhagic telangiectasia (LA90.00)

Pachyonychia congenita (LD27.Y)

Cowden syndrome (LD2D.Y)

Dyskeratosis congenita (3A70.0)

Heterotopic sebaceous glands of lips (ED91.0)

Heterotopic sebaceous glands of oral mucosa (ED91.0)

DA02.1 Xerostomia

Dry mouth. This may result from many causes including dehydration, salivary gland dysfunction, suppression of saliva production by drugs (e.g. anticholinergics) or habitual mouth-breathing.

DA02.2 Oral submucous fibrosis

DA02.3 Contact gingivostomatitis

Inflammation of the gingivae and oral mucosa due to contact with irritants or allergens but without specification of which mechanism is involved.

DA02.30 Allergic contact gingivostomatitis

Allergic contact dermatitis affecting the gingivae and oral mucosa.

DA02.31 Irritant contact gingivostomatitis

Inflammation of gingivae and oral mucosa due to contact with irritants.

DA03 Diseases of tongue

Any pathological process affecting the structural tissues of the tongue with or without interference of its normal functions.

Exclusions: leukoplakia of tongue (DA01.00)

erythroplakia of tongue (DA01.0)

leukoedema of tongue (DA01.0)

Hairy leukoplakia (DA01.01)

submucous fibrosis of tongue (DA02.2)

Ankyloglossia (LA31.2)

Coded Elsewhere: Sublingual varices (BD75.0)

DA03.0 Glossitis

Inflammation of the tongue

Exclusions: atrophic glossitis (DA03.2)

DA03.1 Geographic tongue

A condition characterised by migratory glossitis and loss of dorsal papillae with a map-like appearance that gives origin to the name.

Inclusions: Benign migratory glossitis

Glossitis areata exfoliativa

Erythema migrans of tongue

DA03.2 Atrophy of tongue papillae

Inclusions: Atrophic glossitis

Central papillary atrophy of the tongue

DA03.3 Median rhomboid glossitis

DA03.4 Hypertrophy of tongue papillae

Inclusions: Hypertrophy of foliate papillae

DA03.5 Macroglossia

Macroglossia is the medical term for a large or enlarged tongue. It may be due to a variety of congenital and acquired conditions. Isolated macroglossia has no determinable cause. It is seen commonly in Down syndrome. The most common causes of tongue enlargement are vascular malformations (e.g. lymphangioma or haemangioma) and muscular hypertrophy. It may, however, be due to infiltration, as with primary systemic amyloidosis.

Coded Elsewhere: Congenital macroglossia (LA31.0)

Macroglossia due to primary systemic amyloidosis (5D00.Y)

DA03.Y Other specified diseases of tongue

DA03.Z Diseases of tongue, unspecified

DA04 Diseases of salivary glands

A group of diseases with any pathological condition that affects the structural tissues of the salivary glands or the salivary ducts which may or not interfere with the normal production and transport of saliva into the oral cavity.

Coded Elsewhere: Aplasia of lacrimal or salivary glands (LA14.10)

Uveoparotid fever (4B20.Y)

DA04.0 Atrophy of salivary gland

Salivary gland atrophy is a wasting or decrease in size of salivary gland, which is not sufficient to cause necrosis. It may occur in response to poor nutrition, lack of use (disuse or immobilization), reduction in blood supply, loss of nerve supply, chronic cell injury, or ageing etc. It is including Sjögren's syndrome, irradiation therapy and obstructive sialadenitis.

DA04.1 Hypertrophy of salivary gland

DA04.2 Sialoadenitis

Sialoadenitis (or Sialadenitis) is an inflammation of the salivary gland. It is often associated with pain, tenderness, redness, and gradual localised swelling of the affected area.

Exclusions: epidemic parotitis (1D80.0)

Uveoparotid fever (4B20)

DA04.3 Abscess of salivary gland

This is a collection of pus (neutrophils) that has accumulated within the salivary gland because of an inflammatory process in response to either an infectious process (usually caused by bacteria or parasites) or other foreign materials.

DA04.4 Sialolithiasis

Sialolithiasis is a condition where a calcified mass forms within a salivary gland, usually in the duct of the submandibular gland. The usual symptoms are pain and swelling of the affected salivary gland, both of which get worse when salivary flow is stimulated.

Inclusions: Calculus of salivary gland or duct

Stone of salivary gland or duct

DA04.5 Mucocele of salivary gland

This is a clinical term used to describe a bluish, soft, often fluctuant swelling caused by either blockage or rupture of a salivary gland duct.

DA04.6 Disturbances of salivary secretion

A group of conditions characterised by an increase or decrease in saliva secretion.

Exclusions: Dry mouth (DA02.1)

Coded Elsewhere: Xerostomia due to disturbance of salivary secretion (DA02.1)

DA04.7 Sialophagia

Excessive swallowing of saliva

DA04.8 Sialoschesis

Suppression of the secretion of saliva.

DA04.Y Other specified diseases of salivary glands

DA04.Z Diseases of salivary glands, unspecified

DA05 Cysts of oral or facial-neck region

Cysts of oral or facial-neck region, having a distinct epithelial lining and division compared to the nearby tissue, which may contain air, fluids, or semi-solid material.

Exclusions: Radicular cyst (DA09.8)

Coded Elsewhere: Epstein pearl (KC23)

DA05.0 Developmental odontogenic cysts

Cysts derived from odontogenic (tooth forming) tissue, usually containing fluid or semisolid material, which develop during various stages of odontogenesis.

DA05.1 Developmental nonodontogenic cysts of oral region

Cysts that arise from non-odontogenic (non-tooth forming) tissue. By definition, the cysts are lined by epithelium. These cysts include for example; nasopalatine duct cyst, palatal cyst of the neonate, globulomaxillary cyst and more.

DA05.Y Other specified cysts of oral or facial-neck region

DA05.Z Cysts of oral or facial-neck region, unspecified

DA06 Certain specified diseases of jaws

A group of diseases which are associated with the jaws and which are not classified elsewhere.

DA06.0 Inflammatory conditions of jaws

Exclusions: Cervicofacial actinomycosis (1C10.2)

DA06.1 Alveolitis of jaw

Inflammation of the alveolus.

Inclusions: Alveolar osteitis

Dry socket

DA06.2 Exostosis of jaw

Formation of bone mass on the vestibular, buccal or facial side of the maxilla or the mandibular jaw where it may affect the lingual aspect; exostoses are more frequent in the maxillary bone.

DA06.3 Stafne mandibular bone cavity

Although commonly called a Stafne cyst, this entity is not a true cyst but rather a cavity due to a focal cortical defect of the medial aspect of the mandible. It is found most frequently in middle-aged men and is usually discovered radiologically as an incidental finding. Its importance is that it may be difficult to distinguish from other radiolucent lesions in the mandible such as myeloma or metastatic squamous carcinoma. The cavity is usually filled by part of the submandibular salivary gland or adjacent fat and it is thought to result from remodelling of the bone by adjacent salivary tissue. Stafne cysts are most frequently seen in middle-aged men. The estimated prevalence ranges around 0.10-0.48%. Pathology: Stafne cysts are thought to result from remodelling of the bone by adjacent salivary tissue, and have been noted to regress following resection of the gland nearby. They generally appear in the area between the mandibular first molar and the mandibular angle 6.

DA07 Disorders of tooth development or eruption

Alteration of the normal formation process of the tooth, the normal chronology of eruption into the mouth or the proper alignment in the dental arch affecting a single or multiple teeth.

Inclusions: disorder of tooth development

Coded Elsewhere: Anodontia (LA30.0)

Hypodontia (LA30.1)

Oligodontia (LA30.2)

Hyperdontia (LA30.3)

Abnormalities of size or form of teeth (LA30.4)

Amelogenesis imperfecta (LA30.6)

Dentine dysplasia (LA30.7)

Dentinogenesis imperfecta (LA30.8)

Odontogenesis imperfecta (LA30.9)

Solitary median maxillary central incisor syndrome (LA30.Y)

Hereditary disturbances in tooth structure (LA30.Z)

Papillon-Lefèvre syndrome (EC20.30)

DA07.0 Fluoride related opacities or lesions

This is a fluoride related abnormality in the tissue of an organism (in layman's terms, "damage"), usually caused by disease or trauma.

DA07.1 Nonfluoride enamel opacities

This is a condition characterised by enamel opacities, white spots, or visibly lighter areas on a tooth’s surface, not attributed to fluorine, which occur in low-fluoride areas.

DA07.3 Disturbances in tooth formation

A group of conditions characterised by disturbances in tooth formation.

Inclusions: Dental dysplasia

Exclusions: Hutchinson teeth and mulberry molars in congenital syphilis (1A60)

mottled teeth (DA07.0)

DA07.4 Root anomaly

Common presence of fused roots showed by X-ray film that short or long root, supernumerary root, or fused roots. These root anomalies are commonly seen in permanent molars, especially in third molars which are the most anomaly in one fused root, 2 or 3 fused roots, even 4 fused roots, round apical root or dilacerations.

DA07.5 Cementum dysplasia

DA07.6 Disturbances in tooth eruption

DA07.60 Teething syndrome

Gum and jaw discomfort when an infant’s teeth emerges. Teething typically starts between 4 and 7 months of age and lasts until about the age of 3 years. Most common symptoms include irritability, crying, lack of appetite, red and swollen gums, drooling, and inability to sleep.

DA07.61 Ankylosis of teeth

Tooth ankylosis is the solid fixation of a tooth, resulting from fusion of the cementum and alveolar bone, with obliteration of the periodontal ligament. It is uncommon in deciduous dentition, and very rare in permanent teeth.

Inclusions: Absence of exfoliation of teeth

DA07.6Y Other specified disturbances in tooth eruption

DA07.6Z Disturbances in tooth eruption, unspecified

DA07.7 Embedded teeth

an unerupted tooth, usually completely covered with bone

Exclusions: embedded teeth with abnormal position of such teeth or adjacent teeth (DA0E.3)

DA07.8 Impacted teeth

An impacted tooth is a tooth that is all the way or partially below the gum line and is not able to erupt properly. Wisdom teeth (third molars) are the most commonly impacted teeth

Inclusions: dental impaction

impacted tooth

Exclusions: impacted teeth with abnormal position of such teeth or adjacent teeth (DA0E.3)

DA07.Y Other specified disorders of tooth development or eruption

DA07.Z Disorders of tooth development or eruption, unspecified

DA08 Diseases of hard tissues of teeth

This is a group of conditions affecting the integrity of tooth enamel, dentine or cementum.

DA08.0 Dental caries

A condition characterised by localised destruction of calcified tissue, initiated on the tooth surface by decalcification of the enamel, followed by the enzymatic lysis of organic structures, resulting in cavity formation.

Inclusions: Dental decay

DA08.1 Certain specified diseases of hard tissues of teeth

Exclusions: Dental caries (DA08.0)

bruxism (DA0E.7)

teeth-grinding NOS (DA0E.7)

Coded Elsewhere: Ankylosis of teeth (DA07.61)

DA08.10 Excessive attrition of teeth

The pathological wearing away of tooth substance as a result of tooth-to-tooth contact.

DA08.11 Abrasion of teeth

Abrasion is abnormal tooth surface loss resulting from direct friction forces between the teeth and external objects or from frictional forces between contacting teeth components in the presence of an abrasive medium.

DA08.12 Erosion of teeth

Tooth erosion is a gradual and irreversible loss of the normally hard surface of the tooth due to chemical, not bacterial, processes.

DA08.13 Abfraction

Theoretical concept of loss of tooth structure not caused by dental caries

Inclusions: non-carious cervical lesion

DA08.14 Pathological resorption of teeth

Tooth resorption, external, resorption of calcified dental tissue, beginning on the external surface, usually at the apex or the lateral surface of the root, as a result of tissue reaction in the periodontal or pericoronal tissue, increasing in severity with age.

DA08.15 Posteruptive colour changes of dental hard tissues

This is a condition characterised by colour changes of the dental hard tissues after tooth eruption.

Exclusions: Deposits on teeth (DA08.4)

DA08.2 Chronic dental injuries

A group of conditions characterised by persistent or long-lasting damage caused by an external force applied to the tooth resulting from intentional or unintentional means.

DA08.3 Nontraumatic fracture of tooth

Discontinuity of tooth structure in vertical or horizontal direction of the long axis of a tooth and which may affect enamel and/or dentine. This condition is referred as incomplete fracture and may be related to flexural loads acting on the teeth. In some cases the dental pulp may become affected.

Inclusions: Incomplete fracture not involving vital pulp

Complete nontraumatic fracture not involving vital pulp

Exclusions: traumatic fracture of tooth (NA0D.02)

DA08.4 Deposits on teeth

In dentistry, calculus or tartar is a form of hardened dental plaque.

DA08.Y Other specified diseases of hard tissues of teeth

DA08.Z Diseases of hard tissues of teeth, unspecified

DA09 Diseases of pulp or periapical tissues

Dental pulp is that part of the tooth located in the centre of the coronal portion underneath dentin and composed of connective tissue, blood vessels and nerve endings.

Periapical tissues are designated as those located at the tip of the tooth root surrounding the apical foramen.

DA09.0 Pulpitis

Inflammation of pulpal tissue resulting from irritating factors of diverse nature such as bacterial, hyperaemic, chemical or thermal that act directly or indirectly on the dental pulp.

DA09.1 Necrosis of pulp

Necrosis of the dental pulp which clinically does not respond to thermal stimulation; the tooth may be asymptomatic or sensitive to percussion and palpation.

DA09.2 Pulp abscess

This is an acute or chronic inflammation of dental pulp, associated with a circumscribed collection of necrotic tissue and pus arising from breakdown of leukocytes and bacteria, sometimes walled off with connective tissue.

Inclusions: Pulpal abscess

DA09.3 Phoenix abscess

This is an acute condition that results immediately after endodontic therapy or in tooth with necrotic pulp

DA09.4 Pulp degeneration

DA09.5 Abnormal hard tissue formation in pulp

This is a condition affecting the tooth characterised by secondary or irregular dentine in the pulp.

DA09.6 Periapical abscess

DA09.60 Periapical abscess with facial involvement

Purulent periapical lesion resulting from necrosis of dental pulpal tissues and that has penetrated facial soft and bone tissues.

DA09.61 Periapical abscess with sinus

Inclusions: Dental abscess with sinus

Dentoalveolar abscess with sinus

Dental sinus

DA09.62 Periapical abscess without sinus

DA09.6Y Other specified periapical abscess

DA09.6Z Periapical abscess, unspecified

DA09.7 Periapical periodontitis

DA09.70 Acute apical periodontitis of pulpal origin

Acute, apical periodontitis is a result of inflammation of the periapical tissues following pulpal necrosis.

DA09.71 Chronic apical periodontitis

A periapical inflammation characterised by dental granuloma formation.

DA09.7Y Other specified periapical periodontitis

DA09.7Z Periapical periodontitis, unspecified

DA09.8 Radicular cyst

The radicular cyst is defined as an area of chronic inflammation exhibiting a closed central cavity surrounded by an epithelial lining.

Exclusions: lateral periodontal cyst (DA05.0)

DA09.Y Other specified diseases of pulp or periapical tissues

DA09.Z Diseases of pulp or periapical tissues, unspecified

DA0A Certain specified disorders of teeth or supporting structures

DA0A.0 Exfoliation of teeth due to systemic causes

Premature loss of teeth associated with systemic disease usually results from some change in the immune system or connective tissue.

DA0A.1 Loss of teeth due to accident, extraction or local periodontal disease

DA0A.2 Atrophy of edentulous alveolar ridge

DA0A.3 Retained dental root

Complete or fragment of root structure that remains in the jaw usually as result of fracture during the corresponding tooth extraction procedure.

DA0A.Y Other specified disorders of teeth and supporting structures

DA0A.Z Unspecified disorders of teeth and supporting structures

DA0B Gingival diseases

Gingivitis is inflammation of the tissues of the gingiva (gum) without loss of connective tissue.

Coded Elsewhere: Periodontal pocket (DA0C.Y)

DA0B.0 Allergic gingivitis

DA0B.1 Catarrhal gingivitis

DA0B.2 Eruptive gingivitis

DA0B.3 Atrophic senile gingivitis

DA0B.4 Acute multiple gingival abscesses

DA0B.5 Developmental or acquired deformities or conditions of gingiva

This is a major developmental difference in the shape of a body part or organ compared to the average shape of that part.

DA0B.6 Pericoronitis

A gum condition in which irritation and inflammation are produced by the crown of an incompletely erupted tooth.

DA0B.Y Other specified gingival diseases

DA0B.Z Gingival diseases, unspecified

DA0C Periodontal disease

Periodontal disease can refer to any pathological process involving the gum (GINGIVA), the alveolar bone (alveolar process), the dental cementum, and / or the periodontal ligament

DA0C.0 Acute periodontitis

This is an acute disease affecting the tooth-supporting structures, i.e. gingiva, alveolar bone and periodontal membrane.

Exclusions: Periapical abscess without sinus (DA09.62)

Acute apical periodontitis of pulpal origin (DA09.70)

Periapical abscess with sinus (DA09.61)

Periapical abscess with facial involvement (DA09.60)

DA0C.1 Aggressive periodontitis

A type of periodontal disease and includes localised aggressive periodontitis (LAP), and Generalised aggressive periodontitis (GAP).

Inclusions: Juvenile periodontitis

DA0C.2 Periodontosis

Periodontosis defined as a disease of the periodontium occurring in an otherwise healthy adolescent and characterised by a rapid loss of the alveolar bone around more than one tooth of the permanent dentition.

DA0C.3 Necrotising periodontal diseases

An infection characterised by necrosis of periodontal tissues

Coded Elsewhere: Necrotising ulcerative gingivitis (1C1H)

DA0C.30 Necrotising ulcerative periodontitis

Inclusions: Necrotising ulcerative gingivo-periodontitis

DA0C.31 Noma

This is a devastating infectious disease which destroys the soft and hard tissues of the oral and para-oral structures.

Inclusions: Cancrum oris

Gangrenous stomatitis

Stomatonecrosis

DA0C.3Y Other specified necrotising periodontal diseases

DA0C.3Z Necrotising periodontal diseases, unspecified

DA0C.4 Abscess of periodontium

localised purulent infection of periodontal tissues; common clinical feature in patients with moderate or advanced periodontitis.

Inclusions: Periodontal abscess

DA0C.5 Linear gingival erythema

DA0C.Y Other specified periodontal disease

DA0C.Z Periodontal disease, unspecified

DA0D Certain specified disorders of gingiva or edentulous alveolar ridge

A group of diseases which are associated with gingiva or alveolar ridge, which are not classified elsewhere.

Exclusions: Chronic gingivitis (DA0B)

Atrophy of edentulous alveolar ridge (DA0A.2)

gingivitis NOS (DA0B)

Acute gingivitis (DA0B)

DA0D.0 Gingival recession

DA0D.1 Gingival enlargement

An abnormal overgrowth of gingival tissues.

DA0D.2 Gingival or edentulous alveolar ridge lesions associated with trauma

Damage of gingival or mucosal lesions resulting from external stimuli. Common causes of traumatic ulcers include: denture irritation, biting, injuries, burns and friction irritation from sharp or fractured teeth.

DA0D.3 Hypoplasminogenaemia

Severe hypoplasminogenaemia or type 1 plasminogen (plg) deficiency is a systemic disease characterised by markedly impaired extracellular fibrinolysis leading to the formation of ligneous (fibrin-rich) pseudomembranes on mucosae during wound healing.

DA0D.4 Cotton-roll gingivitis

DA0D.5 Gingival ulceration

DA0D.Y Other specified disorders of gingival or edentulous alveolar ridge

DA0E Dentofacial anomalies

A congenital or acquired abnormality in which the dental and oral structures deviate from normal form, function, or position.

Exclusions: hemifacial atrophy or hypertrophy (LA52)

Robin's syndrome (LA56)

acromegaly (5A60.0)

DA0E.0 Major anomalies of jaw size

DA0E.00 Micrognathia

Apparently reduced length and width of the mandible when viewed from the front but not from the side. This is a bundled term comprising shortening and narrowing of the mandible and chin.

Exclusions: Pierre Robin syndrome (LA56)

DA0E.0Y Other specified major anomalies of jaw size

DA0E.0Z Major anomalies of jaw size, unspecified

DA0E.1 Anomalies of jaw-cranial base relationship

This is a congenital or acquired abnormality in which the portion of the skull that holds the upper jaw deviates from the normal form, function, or position.

DA0E.2 Anomalies of dental arch relationship

This is a congenital or acquired abnormality in which dental arch relationship deviate from normal form, function, or position.

Coded Elsewhere: Crossbite (DA0E.5Y)

DA0E.3 Anomalies of tooth position

Dental anomalies are craniofacial abnormalities of form, function, or position of the teeth, bones, and tissues of the jaw and mouth. Anomalies of tooth position can be classified in ectopic, transmigration, transposition, rotation.

DA0E.4 Food impaction

The forcible wedging of food between adjacent teeth during mastication, producing gingival recession and pocket formation.

DA0E.5 Malocclusion

Malocclusion is the atypical relationship between maxillary and mandibular teeth which may interfere with the efficiency of excursive movements of the mandible that are essential for the effective mastication process.

DA0E.50 Class II division 2 malocclusion

This condition relates to Angle’s classification of occlusion in which the first permanent maxillary molar position is aligned or in an anterior relationship to that of the mandibular first permanent molar, such that the mesiobuccal cusp of the maxillary molar is mesial to the buccal groove of the mandibular molar and the central incisors are in linguoversion.

DA0E.51 Angle class I malocclusion

The maxillary first permanent molar is in slight distoversion in relation to the mandibular first permanent molar, and the mesiobuccal cusp of the maxillary molar is aligned with the buccal groove of the mandibular molar.

DA0E.5Y Other specified malocclusion

DA0E.5Z Malocclusion, unspecified

DA0E.6 Dentofacial functional abnormalities

Temporomandibular joint disorder (TMJ) is the name given to a group of symptoms that cause pain in the head, face, and jaw. The symptoms include headaches, soreness in the chewing muscles, and clicking or stiffness of the joints. They often have psychological as well as physical causes.

Exclusions: teeth-grinding NOS (DA0E.7)

bruxism (DA0E.7)

teeth clenching (DA0E.7)

DA0E.7 Dentofacial parafunctional disorders

Bruxism is a repetitive jaw-muscle activity characterised by clenching or grinding of the teeth and/or by bracing or thrusting of the mandible. Bruxism has two distinct circadian manifestations: it can occur during sleep (indicated as sleep bruxism) or during wakefulness (indicated as awake bruxism)

Exclusions: Atypical facial pain (8A85)

dyskinesia (MB47.4)

trismus (DA0E.8)

DA0E.8 Temporomandibular joint disorders

This is an umbrella term covering acute or chronic pain, especially in the muscles of mastication and/or inflammation of the temporomandibular joint, which connects the mandible to the skull.

Inclusions: Temporomandibular joint-pain-dysfunction syndrome

Exclusions: current temporomandibular joint: strain (NA03.3)

current temporomandibular joint: dislocation (NA03.0)

DA0E.Y Other specified dentofacial anomalies

DA0E.Z Dentofacial anomalies, unspecified

DA0F Sensory disturbances affecting orofacial complex

Coded Elsewhere: Trigeminal neuralgia (8B82.0)

Dysgeusia (MB41.2)

DA0F.0 Burning mouth syndrome

Chronic burning mouth pain is chronic orofacial pain with an intraoral burning or dysaesthetic sensation that recurs for more than two hours per day on 50 % of the days over more than three months, without evident causative lesions on clinical investigation and examination. It is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or interference with orofacial functions such as eating, yawning, speaking etc. Chronic burning mouth pain is multifactorial: biological, psychological and social factors contribute to the pain condition. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms.

Inclusions: Orodynia

DA0F.Y Other specified sensory disturbances affecting orofacial complex

DA0F.Z Sensory disturbances affecting orofacial complex, unspecified

DA0Y Other specified diseases or disorders of orofacial complex

DA0Z Diseases or disorders of orofacial complex, unspecified

Diseases of oesophagus (DA20‑DA2Z)

Coded Elsewhere: Neoplasms of the oesophagus

Structural developmental anomalies of oesophagus (LB12)

Foreign body in oesophagus (ND73.1)

DA20 Acquired anatomical alterations of the oesophagus

This group incorporates oesophageal disorders principally due to acquired morphological changes of the oesophagus.

Exclusions: Structural developmental anomalies of oesophagus (LB12)

DA20.0 Oesophageal obstruction

Hindrance of the passage of luminal contents in the oesophagus. Obstruction of oesophagus can be partial or complete, and caused by intrinsic or extrinsic factors.

Exclusions: Congenital stenosis or stricture of oesophagus (LB12.3)

Anatomical alteration due to gastro-oesophageal reflux disease (DA22)

Neoplasms of the oesophagus ()

Foreign body in oesophagus (ND73.1)

DA20.1 Diverticulum of oesophagus, acquired

Diverticulum of oesophagus is a disorder having out-pouchings from the oesophageal wall.

Inclusions: Oesophageal pouch, acquired

Rokitansky diverticulum

Exclusions: Congenital diverticulum of oesophagus (LB12.4)

DA20.2 Oesophageal web

Oesophageal web is a thin membrane located in the middle or upper oesophagus, resulting in pain and dysphagia.

Exclusions: Congenital oesophageal web or ring (LB12.0)

Coded Elsewhere: Plummer-Vinson syndrome (3A00.Y)

DA20.3 Perforation of oesophagus

Perforation of oesophagus is a penetration or hole of the wall of the oesophagus, resulting in luminal contents in oesophagus flowing into the mediastinum and/or thoracic cavity.

Exclusions: Oesophageal ulcer (DA25)

Coded Elsewhere: Oesophagitis due to external causes (DA24.2)

Foreign body in oesophagus (ND73.1)

DA20.30 Spontaneous rupture of oesophagus

Spontaneous perforation of the oesophageal wall. This most commonly results from a sudden increase in intraoesophageal pressure combined with relatively negative intrathoracic pressure caused by straining or vomiting. This is known as effort rupture of the oesophagus or Boerhaave's syndrome.

Inclusions: Rupture of oesophagus

Exclusions: traumatic perforation of (thoracic) oesophagus (NB32)

Mallory-Weiss syndrome (DA26.3)

Perforation due to malignant neoplasm ()

DA20.3Y Other specified perforation of oesophagus

DA20.3Z Perforation of oesophagus, unspecified

DA20.Y Other specified acquired anatomical alterations of the oesophagus

DA20.Z Acquired anatomical alterations of the oesophagus, unspecified

DA21 Motility disorders of oesophagus

This group incorporates oesophageal disorders due to disturbances of oesophageal motor function.

Coding Note: Code also the causing condition

DA21.0 Achalasia

Achalasia is an oesophageal smooth muscle motility disorder characterised by a loss of peristalsis in the distal oesophagus and a failure of lower oesophageal sphincter (LES) relaxation. Basic mechanism is the degeneration of neurons (ganglion cells) in the myenteric plexuses in the oesophageal wall, but the cause is still unclear.

Inclusions: Cardiospasm

Exclusions: congenital cardiospasm (LB12)

Coded Elsewhere: Achalasia in Chagas disease (1F53.3)

DA21.1 Motility disorder of cervical or upper oesophagus

Motility disorder of cervical and upper oesophagus is a condition characterised by choke, swallow air, regurgitate fluid into the nose, or experience discomfort in swallowing food due to incompetence of upper oesophageal sphincter.

Coding Note: Code also the causing condition

Inclusions: Dyskinesia of cervical and upper oesophagus

DA21.2 Disorder of oesophageal peristalsis

Disorder of oesophageal peristalsis is part of a spectrum of motility disorders in the thoracic oesophagus characterised by dysphagia and chest pain due to incoordination of oesophageal peristaltic contractions. There is no abnormality in lower oesophageal sphincter relaxation.

Coding Note: Code also the causing condition

Exclusions: Achalasia (DA21.0)

Gastro-oesophageal reflux disease (DA22)

DA21.20 Hypertensive peristalsis

This is a motility disorder of oesophagus characterised by hypertensive peristalsis. This motility abnormality includes nutcracker oesophagus that has been reported in association with dysphagia, non-cardiac chest pain, and heartburn.

DA21.21 Hypotensive peristalsis

This is a motility disorder of oesophagus characterised by hypotensive peristalsis. The peristaltic dysfunction likely leads to impaired volume clearance.

DA21.22 Spastic peristalsis

This is a motility disorder of oesophagus characterised by hypercontractile spastic peristalsis, known as "jackhammer oesophagus" in the presence of normal lower oesophageal sphincter (LES) relaxation. This category also includes diffuse oesophageal spasm (DES) with uncoordinated contraction characterised by reduced distal latency on oesophageal manometry.

Inclusions: Diffuse oesophageal spasm

Spasm of oesophagus

DA21.2Y Other specified disorder of oesophageal peristalsis

Coding Note: Code also the causing condition

DA21.2Z Disorder of oesophageal peristalsis, unspecified

Coding Note: Code also the causing condition

DA21.3 Disorder of lower oesophageal sphincter function

Disorder of lower oesophageal sphincter function is a condition characterised by dysphagia, chest pain, heartburn and regurgitation due to incompetence of lower oesophageal sphincter.

Coding Note: Code also the causing condition

DA21.Y Other specified motility disorders of oesophagus

Coding Note: Code also the causing condition

DA21.Z Motility disorders of oesophagus, unspecified

Coding Note: Code also the causing condition

DA22 Gastro-oesophageal reflux disease

A condition which develops when the reflux of stomach contents causes troublesome symptoms and/or complications

Coded Elsewhere: Gastro-oesophageal reflux disease in newborn (KB80)

DA22.0 Non-erosive gastro-oesophageal reflux disease

A disease condition in that patients have classic symptoms of gastro-oesophageal reflux disease (GERD), but do not have apparent esophagitis or oesophageal mucosal injury.

Exclusions: Functional heartburn (DD90.2)

DA22.1 Erosive gastro-oesophageal reflux disease

Erosive gastro-oesophageal reflux disease is defined endoscopically by visible breaks of the distal oesophageal mucosa.

Inclusions: Reflux oesophagitis

Peptic oesophagitis

DA22.Z Gastro-oesophageal reflux disease, unspecified

DA23 Columnar metaplastic epithelium of the oesophagus

An acquired condition in which the tissue lining the oesophagus is replaced by tissue that is similar to the lining of the intestine or the stomach following chronic gastro-oesophageal reflux.

Coded Elsewhere: Barrett adenocarcinoma (2B70.00)

DA23.0 Barrett epithelium

Barrett epithelium is defined as those having circumferential columnar metaplasia of oesophagus from the esophago-gastric junction. Recently, from the view of adeno-carcinogenesis of the oesophagus, the term of Barrett epithelium require the histological confirmation of specialized intestinal metaplasia.

DA23.1 Dysplasia of Barrett epithelium

Dysplasia of Barrett epithelium is defined as neoplastic epithelium that remains confined within the basement membrane of Barrett oesophagus. Dysplasia of Barrett epithelium is considered as a precursor of adenocarcinoma arising in Barrett Oesophagus.

DA23.2 Barrett ulcer

Barrett ulcer is defined as ulceration in columnar epithelium of oesophagus.

DA23.Y Other specified columnar metaplastic epithelium of the oesophagus

DA23.Z Columnar metaplastic epithelium of the oesophagus, unspecified

DA24 Oesophagitis

Oesophagitis is inflammation of the oesophagus. Oesophagitis can cause painful, difficult swallowing and chest pain. Oesophagitis has several causes; some common causes include stomach reflux, infection, oral medicines and allergies. Treatment for esophagitis depends on the underlying cause and how badly the tissue lining the esophagus is damaged. If left untreated, this condition can cause ulcers or scarring of the oesophagus causing narrowing of the oesophagus, unintended weight loss and dehydration.

Exclusions: reflux oesophagitis (DA22.1)

Oesophageal erosion (DA25.0)

Gastro-oesophageal reflux disease (DA22)

Crohn disease (DD70)

Coded Elsewhere: Oesophagitis in newborn (KB81)

DA24.0 Infectious oesophagitis

Infectious oesophagitis is inflammation, irritation and swelling of the oesophagus due to the infectious agent.

Coding Note: Code also the causing condition

DA24.00 Oesophageal phlegmon

A spreading diffuse inflammatory process with formation of suppurative/purulent exudate or pus in the oesophageal wall. It often develops to a defined pocket of pus, oesophageal abscess. This is mainly due to the result of acute inflammation by bacterial infection.

Inclusions: Abscess of oesophagus

DA24.0Y Other specified infectious oesophagitis

Coding Note: Code also the causing condition

DA24.0Z Infectious oesophagitis, unspecified

Coding Note: Code also the causing condition

DA24.1 Eosinophilic oesophagitis

Eosinophilic oesophagitis is an inflammatory condition in which the wall of the oesophagus becomes filled with a large number of eosinophils. It is diagnosed based on typical oesophageal symptoms and oesophageal mucosal biopsies demonstrating oesophageal epithelial infiltration with eosinophils.

Inclusions: Allergic oesophagitis

Coded Elsewhere: Food-induced eosinophilic oesophagitis (4A83.1)

Neonatal eosinophilic oesophagitis (KB81.0)

DA24.2 Oesophagitis due to external causes

Inflammation of the oesophagus due to external cause such as radiation, ingestion of the alkali and acid, and swallowed pills or food failing to traverse entire oesophagus.

Coded Elsewhere: Thermal injury of oesophagus (NE02)

DA24.20 Chemical oesophagitis

This is oesophageal inflammation caused by chemical injury including alkaline or acid solutions.

DA24.21 Drug-induced oesophagitis

This refers to a drug-induced inflammation of the oesophagus. Medications can induce oesophageal abnormalities via both systemic effects and by causing direct oesophageal mucosal injury, so-called ‘pill-induced’ oesophagitis.

DA24.22 Radiation oesophagitis

DA24.2Z Oesophagitis due to external causes, unspecified

DA24.Y Other specified oesophagitis

DA24.Z Oesophagitis, unspecified

DA25 Oesophageal ulcer

Oesophageal ulcer is tissue defect located in the oesophagus. It causes inflammatory injuries in the oesophageal mucosa, with extension beyond the submucosa into the muscularis mucosa. The oesophageal ulcer due to acidic digestive juices is classified elsewhere in gastro-oesophageal reflux disease, and excluded from here.

Exclusions: Barrett ulcer (DA23.2)

Neoplasms of the oesophagus ()

Crohn disease (DD70)

DA25.0 Oesophageal erosion

Oesophageal erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Oesophageal erosion due to gastro-oesophageal reflux disease is excluded from here.

DA25.1 Infectious oesophageal ulcer

Infectious oesophageal ulcer is ulceration or erosion in the mucosa of oesophagus due to the infectious agent, such as bacteria, viruses, fungi and parasites.

DA25.10 Bacterial oesophageal ulcer

Ulcer in the mucosa of oesophagus due to bacterial infection.

DA25.11 Fungal oesophageal ulcer

Ulcer in the mucosa of oesophagus due to fungal infection.

DA25.12 Parasitic oesophageal ulcer

Ulcer in the mucosa of oesophagus due to parasitic infection.

DA25.13 Viral oesophageal ulcer

Ulcer in the mucosa of oesophagus due to viral infection.

DA25.1Y Other specified infectious oesophageal ulcer

DA25.1Z Infectious oesophageal ulcer, unspecified

DA25.2 Oesophageal ulcer due to allergic or immunologic disorder

Oesophageal ulcer or erosion due to allergic disorders or systemic immunologic disorders.

Coding Note: Code also the causing condition

DA25.3 Oesophageal ulcer due to external causes

Oesophageal ulcer or erosion due to external causes such as ingestion of certain chemical substances or drugs, radiation and thermal injury, or other external causes.

Coded Elsewhere: Thermal oesophageal ulcer (NE02)

DA25.30 Chemical oesophageal ulcer

This is oesophageal ulcer caused by chemical injury including alkaline or acid solutions.

Inclusions: Ulcer of oesophagus due to ingestion of chemicals

DA25.31 Drug-induced oesophageal ulcer

Inclusions: Ulcer of oesophagus due to ingestion of drugs and medicaments

DA25.32 Radiation oesophageal ulcer

DA25.3Y Oesophageal ulcer due to other specified external causes

DA25.3Z Oesophageal ulcer due to external causes, unspecified

DA25.Y Other specified oesophageal ulcer

DA25.Z Oesophageal ulcer, unspecified

DA26 Vascular disorders of the oesophagus

This group incorporates vascular disorders principally affecting the blood vessels of the oesophagus. They include vascular disorders of arteries, veins and capillaries that carry blood to and from the oesophagus.

DA26.0 Oesophageal varices

Abnormally dilated veins developed as portosystemic shunts in the lining of the lower oesophagus in patients with portal hypertension. Once oesophageal varices develop, they continue to grow, and bleeding from oesophageal varices can be fatal.

Coding Note: Code also the causing condition

DA26.00 Oesophageal varices with bleeding

Coding Note: Code also the causing condition

DA26.01 Oesophageal varices without bleeding

Coding Note: Code also the causing condition

DA26.0Z Oesophageal varices, unspecified

Coding Note: Code also the causing condition

DA26.1 Angiodysplasia or arteriovenous malformation of oesophagus

Enlarged or widened blood vessels with thin walls that are similar to varicose veins. It can be a source of gastrointestinal bleeding and anaemia.

DA26.2 Intramural haemorrhage of oesophagus

Hematoma in the oesophageal wall that can be formed spontaneously or as a result of trauma, toxic ingestion, or endoscopic procedures. It is rarely observed.

Inclusions: Intramural haematoma of oesophagus

Exclusions: Oesophageal varices (DA26.0)

DA26.3 Gastro-oesophageal laceration-haemorrhage syndrome

Bleeding from tears in the mucosa at the junction of the stomach and oesophagus, usually caused by severe vomiting, retching or coughing.

Inclusions: Mallory-Weiss syndrome

Mallory-Weiss tear

Mallory-Weiss lesion

DA26.Y Other specified vascular disorders of the oesophagus

DA26.Z Vascular disorders of the oesophagus, unspecified

DA2Y Other specified diseases of oesophagus

DA2Z Diseases of oesophagus, unspecified

Diseases of the stomach or the duodenum (DA40‑DA7Z)

Diseases of stomach (DA40‑DA4Z)

This is a group of conditions characterised as being in or associated with the stomach.

Exclusions: Gastrostomy malfunction (DE12.1)

Diaphragmatic hernia (DD50.0)

Coded Elsewhere: Neoplasms of the stomach

Structural developmental anomalies of stomach (LB13)

Gastric ulcer (DA60)

Peptic ulcer, site unspecified (DA61)

Anastomotic ulcer (DA62)

Foreign body in stomach (ND73.2)

DA40 Acquired anatomical alterations of the stomach

This group incorporates gastric disorders principally due to acquired morphological changes of the stomach.

Exclusions: Structural developmental anomalies of stomach (LB13)

Diaphragmatic hernia (DD50.0)

DA40.0 Gastric outlet obstruction

Gastric outlet obstruction is a disorder characterised by epigastric abdominal pain and postprandial vomiting due to mechanical obstruction mostly at the level of the pylorus.

DA40.1 Gastric fistula, acquired

Acquired gastric fistula is an opening through the gastric wall and into the peritoneal cavity, into another organ and vessels that normally do not connect, or through the abdominal wall.

DA40.2 Gastric volvulus

Gastric volvulus is an uncommon clinical entity defined as an abnormal rotation (twisting) of all or part of the stomach by more than 180 degrees, creating a closed-loop obstruction of the flow of material through the stomach. It can result in incarceration and strangulation, with variable loss of blood supply.

Although rare in childhood, a wandering spleen may also be associated with gastric volvulus, because they share a common etiology: congenital absence of intraperitoneal visceral attachments.

DA40.3 Gastric diverticulum

Gastric diverticulum is a disorder having out-pouchings from the gastric wall.

Exclusions: Congenital diverticulum of stomach (LB13)

DA40.4 Hourglass stricture and stenosis of stomach

This is a structural change of stomach in which one more or less completely divided into two parts, resembling an hourglass in shape, due to often scarring which complicates chronic gastric ulcer.

DA40.5 Gastroptosis

This is the abnormal downward displacement of the stomach.

DA40.Y Other specified acquired anatomical alterations of the stomach

DA40.Z Acquired anatomical alterations of the stomach, unspecified

DA41 Gastroduodenal motor or secretory disorders

This group incorporates disorders due to abnormalities of gastroduodenal motor function and gastroduodenal secretory function, often resulting in the disturbance of transportation and/or digestion of foods.

Coded Elsewhere: Dumping syndrome (DE11)

DA41.0 Abnormal gastric motility

DA41.00 Gastroparesis

Gastroparesis is a disorder in which the stomach takes too long to empty its contents principally due to malfunction of vagus nerve.

DA41.0Y Other specified abnormal gastric motility

DA41.0Z Abnormal gastric motility, unspecified

DA41.1 Acute dilatation of stomach

Acute dilatation of stomach is a disorder due to acute enlargement of the gastric cavity by over-distention, resulting in the retention of food and the products of digestion in the stomach.

Inclusions: Acute distension of stomach

DA41.2 Acid hypersecretion

Acid hypersecretion is a condition due to basal hypersecretion of gastric acid in the stomach, resulting in peptic ulcer and steatorrhoea.

Exclusions: Zollinger-Ellison syndrome (5A43.1)

DA41.3 Achlorhydria

Achlorhydria is a condition due to the absence of gastric acid in the stomach, resulting in indigestion and malabsorption.

DA41.Y Other specified gastroduodenal motor or secretory disorders

DA41.Z Gastroduodenal motor or secretory disorders, unspecified

DA42 Gastritis

Gastritis is an injury of gastric mucosa that involves epithelial damage, mucosal inflammation, and epithelial cell regeneration except for any epithelial defect. Gastritis is caused by various factors such as infectious agents, drugs, chemical agents, autoimmune reaction and others. Gastritis is diagnosed histopathologically and/or endoscopically. Gastritis is classified as acute and chronic phase by clinical course.

Inclusions: Gastroduodenitis

DA42.0 Autoimmune gastritis

A type of chronic atrophic gastritis restricted to gastric body mucosa, and characterised by a severe atrophy of the acid secreting glands and achlorhydria. This is usually associated with serum antiparietal cell antibody, with or without pernicious anaemia.

Coding Note: Code also the causing condition

DA42.1 Helicobacter pylori induced gastritis

Gastritis with Helicobacter pylori infection. H. pylori infection causes acute gastritis at first. Lasting the infection the gastric mucosa turns into chronic gastritis and atrophic gastritis, one of the risk factors of gastric adenocarcinoma(CJBAA).

DA42.2 Eosinophilic gastritis

Coded Elsewhere: Food-induced eosinophilic gastroenteritis (4A83.0)

DA42.3 Lymphocytic gastritis

Chronic gastritis characterised by a peculiar infiltration of benign lymphocytes into the glands and surface mucosa. Lymphocytic gastritis is associated with celiac disease, Helicobacter pylori (HP) gastritis, and varioliform gastritis.

DA42.4 Allergic gastritis

Gastritis due to allergic disorders, principally meaning acute gastritis that occurs secondary to food allergy. But this also includes allergic gastritis due to non-food substances and allergic gastritis due to non-IgE-mediated hypersensitivity. This includes gastroduodenitis and gastroenteritis.

Exclusions: Allergic eosinophilic gastritis (DA42.2)

Food-induced eosinophilic gastroenteritis (4A83.0)

DA42.40 Allergic gastritis due to IgE-mediated hypersensitivity

DA42.41 Allergic gastritis due to non-IgE-mediated hypersensitivity

DA42.4Y Other specified allergic gastritis

DA42.4Z Allergic gastritis, unspecified

DA42.5 Gastritis due to duodenogastric reflux

Gastritis due to an excessive reflux of duodenal contents including bile into the stomach.

DA42.6 Menetrier disease

Gastritis characterised by gastric mucosal hypertrophy, which may cause the giant rugal folds. The thickening of the rugae is predominantly caused by the expansion of the epithelial cell compartment of the gastric mucosa. Patients with Ménétrier disease most often present with hypoalbuminemia secondary to a loss of albumin into the gastric lumen.

DA42.7 Gastritis of unknown aetiology with specific endoscopic or pathological features

DA42.70 Acute superficial gastritis of unknown aetiology

DA42.71 Chronic superficial gastritis of unknown aetiology

Persistent or recurrent inflammation of the lamina propria, limited to the outer third of the mucosa in the foveolar area.

DA42.72 Acute haemorrhagic gastritis of unknown aetiology

Rapid onset inflammation of the mucosal lining of the stomach with associated bleeding or abnormal blood flow.

Exclusions: Gastric erosion (DA60.0)

DA42.73 Chronic atrophic gastritis of unknown aetiology

Persistent or recurrent inflammation of the gastric mucosa with atrophy leading to decreased hydrochloric acid concentration in the gastric juice. Atrophic gastritis frequently progresses from chronic gastritis.

Inclusions: Gastric atrophy

DA42.74 Metaplastic gastritis of unknown aetiology

Gastritis with intestinal metaplastic lesion, endoscopically visualized as an ash-coloured nodular change.

Inclusions: Intestinal metaplasia

DA42.75 Granulomatous gastritis of unknown aetiology

A rare disease characterised by the presence of granulomas within the

gastric mucosa or submucosa. Common causes of GG are Crohn’s disease (CD), disseminated sarcoidosis and infections (tuberculosis [TB], syphilis, fungal).

DA42.76 Hypertrophic gastritis of unknown aetiology

Gastritis with rugal hypertrophy of greater curvature in corpus, in which hypertrophy of glands is observed.

Exclusions: Menetrier disease (DA42.6)

DA42.7Y Other specified gastritis of unknown aetiology with specific endoscopic or pathological features

DA42.8 Gastritis due to external causes

Gastritis caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.

DA42.80 Alcoholic gastritis

Inflammation of the gastric mucosa due to excessive alcohol use.

DA42.81 Radiation gastritis

DA42.82 Chemical gastritis

DA42.83 Drug-induced gastritis

Acute or chronic gastritis induced by taking some known gastric mucosal damaged agents such as NSAIDs, aspirin and antibiotics.

DA42.8Z Gastritis due to external causes, unspecified

DA42.9 Gastric phlegmon

A spreading diffuse inflammatory process with formation of suppurative/purulent exudate or pus in the gastric wall. It often develops to a defined pocket of pus, gastric abscess. This is mainly due to the result of acute inflammation by bacterial infection.

Inclusions: Gastric abscess

Phlegmonous gastritis

DA42.Y Other specified gastritis

DA42.Z Gastritis, unspecified

DA43 Vascular disorders of the stomach

This group incorporates vascular disorders principally affecting the blood vessels of the stomach. They include vascular disorders of arteries, veins and capillaries that carry blood to and from the stomach

DA43.0 Gastric varices

Abnormally dilated veins developed as portosystemic shunts in the lining of stomach (fundus and/or cardia) in patients with portal hypertension. Once gastric varices develop, they continue to grow, and bleeding from gastric varices can be fatal.

DA43.1 Angiodysplasia of stomach

Small vascular malformation of the stomach. Most lesions are less than 10mm in size and often observed in multiple sites. It can be a source of gastrointestinal bleeding and anaemia.

Coded Elsewhere: Hereditary haemorrhagic telangiectasia (LA90.00)

DA43.2 Arteriovenous malformation of stomach

Arteriovenous malformation is a vascular lesion in which arteries and veins are tangled and not connected by capillaries.

DA43.3 Portal hypertensive gastropathy

Changes in the mucosa of the stomach in patients with portal hypertension; by far the most common cause of this is cirrhosis of the liver.

DA43.4 Diffuse vascular ectasia of stomach

Tortuous dilated blood vessels in the pyloric antrum radiating outward from the pylorus (so-called watermelon stomach). It may cause both acute and chronic gastrointestinal haemorrhage.

DA43.Y Other specified vascular disorders of the stomach

DA43.Z Vascular disorders of the stomach, unspecified

DA44 Gastric polyp

Protruding lesion on the gastric epithelium caused by local overgrowth of gastric epithelial cells, classified as pedunculated and sessile type.

Inclusions: Non-neoplastic gastric polyp

Exclusions: Adenomatous gastric polyp (2E92.1)

Adenoma of stomach (2E92.1)

DA44.0 Hyperplastic polyp of stomach

Due to over growth of gastric foveolar epithelial cells. The histological background of hyperplastic polyp is atrophic gastritis, mostly caused by long-term H. pylori infection.

DA44.1 Fundic gland polyp of stomach

Due to hyperplasia of fundic gland cells. Fundic polyp rises on fundic gland area without atrophic gastritis. Most cases show H. pylori negative.

DA44.2 Hamartomatous polyp of stomach

Formed of dilated oxyntic glands and irregularly deformed oxyntic glands histologically. Most of them are located in the gastric body or the fundus.

DA44.Y Other specified gastric polyp

DA44.Z Gastric polyp, unspecified

DA4Y Other specified diseases of stomach

DA4Z Diseases of stomach, unspecified

Diseases of duodenum (DA50‑DA5Z)

This is a group of conditions characterised as being in or associated with the duodenum, the first portion of the small intestine.

Coded Elsewhere: Neoplasms of the duodenum

Structural developmental anomalies of duodenum (LB14)

Duodenal ulcer (DA63)

DA50 Acquired anatomical alterations of the duodenum

This group incorporates duodenal disorders principally due to acquired morphological changes of the duodenum.

DA50.0 Obstruction of duodenum

Hindrance of the passage of luminal contents in the duodenum. Obstruction of duodenum can be partial or complete, and caused by intrinsic or extrinsic factors. Simple obstruction is associated with diminished or stopped flow of luminal contents. Strangulating obstruction is associated with impaired blood flow to the duodenum in addition to obstructed flow of luminal contents.

Exclusions: congenital stenosis of duodenum (LB14)

DA50.1 Diverticulum of duodenum

Diverticulum of duodenum is a disorder having out-pouchings from the duodenal wall.

Exclusions: Congenital diverticulum of duodenum (LB14)

DA50.2 Fistula of duodenum

Fistula of duodenum is an opening through the duodenal wall and into the peritoneal cavity, into another organ and vessels that normally do not connect, or through the abdominal wall.

DA50.3 Deformity of duodenum, acquired

Changes of duodenum in response to the influence by duodenal disease, compression of other organs around the duodenum.

DA50.Y Other specified acquired anatomical alterations of the duodenum

DA50.Z Acquired anatomical alterations of the duodenum, unspecified

DA51 Duodenitis

Duodenitis is an injury of duodenal mucosa that involves epithelial damage and mucosal inflammation except for any epithelial defect. Duodenitis is caused by various factors such as high acid secretion, infectious agents, drugs, chemical agents and others. Gastric metaplasia (GM) is considered adaptive responses to hyperacidity. Helicobacter pylori can be colonized on GM epithelium, and induce duodenitis. Duodenitis is diagnosed histopathologically and/or endoscopically. Duodenitis is classified as acute and chronic phase by clinical course.

Inclusions: Inflammation of duodenum

Exclusions: Crohn disease (DD70)

DA51.0 Helicobacter-pylori associated duodenitis

Duodenitis with Helicobacter pylori infection. H. pylori can be colonized on gastric metaplasia epithelium at bulb, and induce duodenitis.

DA51.1 Eosinophilic duodenitis

A disease characterised by eosinophilic infiltration of various layers of duodenum in the absence of any known cause of eosinophilia.

DA51.2 Lymphocytic duodenitis

Chronic duodenitis characterised by a dense infiltration of benign lymphocytes into the epithelium and lamina propria. Lymphocytic duodenitis may present early gluten-induced damage.

DA51.3 Allergic duodenitis

Duodenitis due to allergic disorders.

DA51.4 Duodenitis of unknown aetiology with specific endoscopic or pathologic features

Duodenitis of unknown etiology showing specific endoscopic or pathological findings, including acute haemorrhagic duodenitis and Granulomatous duodenitis.

DA51.40 Acute haemorrhagic duodenitis of unknown aetiology

DA51.41 Granulomatous duodenitis of unknown aetiology

A rare disease characterised by the presence of granulomas within the duodenal mucosa or submucosa. Common causes are Crohn’s disease (CD), disseminated sarcoidosis and infections (tuberculosis [TB], syphilis, fungal).

DA51.4Z Duodenitis of unknown aetiology with specific endoscopic or pathologic features, unspecified

DA51.5 Duodenitis due to external causes

Duodenitis caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.

DA51.50 Alcoholic duodenitis

Inclusions: Inflammation of the duodenal mucosa due to alcohol use

DA51.51 Drug-induced duodenitis

Acute or chronic duodenitis induced by taking some known duodenal mucosal damaged agents such as NSAIDs and aspirin.

DA51.52 Chemical duodenitis

Inclusions: Toxic duodenitis

DA51.53 Radiation duodenitis

DA51.5Y Duodenitis due to other specified external causes

DA51.5Z Duodenitis due to external causes, unspecified

DA51.6 Infectious duodenitis

DA51.60 Duodenal phlegmon

A spreading diffuse inflammatory process with formation of suppurative/purulent exudate or pus in the duodenal wall. It often develops to a defined pocket of pus, duodenal abscess. This is mainly due to the result of acute inflammation by bacterial infection.

DA51.6Y Other specified infectious duodenitis

DA51.6Z Infectious duodenitis, unspecified

DA51.Y Other specified duodenitis

DA51.Z Duodenitis, unspecified

DA52 Vascular disorders of the duodenum

This group incorporates vascular disorders principally affecting the blood vessels of the duodenum. They include vascular disorders of arteries, veins and capillaries that carry blood to and from the stomach.

DA52.0 Duodenal varices

Abnormally dilated veins developed as portosystemic shunts in the lining of duodenum in patients with portal hypertension. Once duodenal varices develop, they continue to grow, and bleeding from duodenal varices can be fatal.

DA52.1 Angiodysplasia of duodenum

Ectasia of duodenal submucosal veins and overlying mucosal capillaries. Most lesions are less than 10mm in size, and multiple lesions are frequent. On endoscopy, flat or slightly elevated, reddish, roundish or starry lesions are observed.

DA52.2 Arteriovenous malformation of duodenum

Arteriovenous malformation is a vascular lesion in which arteries and veins are tangled and not connected by capillaries. Dilated weak-walled blood vessels in the duodenum usually close to the inside surface. They appear as very red areas, and tend to bleed easily with minimal trauma.

DA52.Y Other specified vascular disorders of the duodenum

DA52.Z Vascular disorders of the duodenum, unspecified

DA53 Duodenal polyp

Protruding lesion on the duodenal epithelium caused by local overgrowth of duodenal epithelial cells.

Exclusions: Gastric heterotopia of duodenum (LB14)

adenoma or adenomatous polyp of the duodenum (2E92.2)

DA53.0 Hyperplastic duodenal polyp

Due to overgrowth of gastric foveolar type epithelial cells in duodenum.

DA53.Y Other specified duodenal polyp

DA53.Z Duodenal polyp, unspecified

DA5Y Other specified diseases of duodenum

DA5Z Diseases of duodenum, unspecified

Ulcer of stomach or duodenum (DA60‑DA63.Z)

DA60 Gastric ulcer

Gastric ulcer is defined as a distinct breach in the mucosa of the stomach as a result of caustic effects of acid and pepsin in the lumen. Histologically, gastric ulcer is identified as necrosis of the mucosa extending through the muscularis mucosae into the submucosa. In the endoscopic or radiological view, there is an appreciable depth of the lesion. When the break of epithelial lining is confined to the mucosa without penetrating through the muscularis mucosae, the superficial lesion is called ‘erosion’.

Inclusions: Mucosal defect of the stomach

Peptic ulcer of stomach

Exclusions: acute haemorrhagic erosive gastritis (DA42.72)

Malignant neoplasms of stomach (2B72)

DA60.0 Gastric erosion

Gastric erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Gastric erosion may constitute a phase of ulcer development or accompany some forms of gastric ulcer.

DA60.1 Helicobacter pylori associated gastric ulcer

Helicobacter pylori (H. pylori) is a gram-negative bacillus that is found in the mucous layer overlying gastric epithelium, within epithelial cells and attached to mucous cells, leading to inflammation. It accounts for the majority of gastric ulcer. H. pylori that involves the acid-producing mucosa of the stomach can lead to hypochlorhydria or achlorhydria, and subsequent gastric ulceration.

Exclusions: Helicobacter pylori associated and drug-induced gastric ulcer (DA60.2)

DA60.2 Helicobacter pylori associated and drug-induced gastric ulcer

DA60.3 Stress ulcer of stomach

Stress ulcers of stomach are acute mucosal lesions occurring in critically ill patients that may result in acute upper gastrointestinal bleeding. They are usually superficial erosions but can develop into ulcers. Stress ulcers of stomach may develop anywhere within the stomach but are more likely to occur in fundic mucosa, which lines the body and fundus of the stomach.

DA60.4 Eosinophilic gastric ulcer

Gastric ulcer caused by eosinophilic gastritis.

DA60.5 Lymphocytic gastric ulcer

Gastric ulcer caused by lymphocytic gastritis.

DA60.6 Gastric ulcer due to external causes

Gastric ulcer caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.

DA60.60 Alcohol-induced gastric ulcer

DA60.61 Chemical gastric ulcer

DA60.62 Drug-induced gastric ulcer

Medications such as NSAIDs can cause gastric ulcer. Other drugs that may increase the risk of ulceration include potassium chloride, concomitant use of steroids with NSAIDs, bisphosphonates, and mycophenolate mofetil.

Inclusions: Toxic gastric ulcer

Exclusions: Helicobacter pylori associated and drug-induced gastric ulcer (DA60.2)

DA60.63 Radiation gastric ulcer

DA60.6Y Other specified gastric ulcer due to external causes

DA60.6Z Gastric ulcer due to external causes, unspecified

DA60.7 Infectious secondary gastric ulcer

Gastric ulcer due to infectious diseases other than Helicobacter pylori, such as bacteria such as mycobacterium, virus, fungus and parasites.

Coding Note: Code also the causing condition

DA60.Y Other specified gastric ulcer

DA60.Z Gastric ulcer, unspecified

DA61 Peptic ulcer, site unspecified

Peptic ulcer is defined as a distinct breach in the mucosa of the gastrointestinal tract as a result of caustic effects of acid and pepsin in the lumen. A peptic ulcer may develop in any part of the gastrointestinal tract exposed to acid and pepsin. The most common locations are the stomach and duodenal bulb, but peptic ulcer may also develop in the oesophagus in gastro-oesophageal reflux diseases, and in the distal ileum as a result of a Meckel’s diverticulum lined with heterotopic gastric mucosa.

DA62 Anastomotic ulcer

Anastomotic ulcer develops following gastric resection or other procedures, such as gastroenterostomy, that involve the anastomosis of the stomach to some other portion of the gastrointestinal tract. In such cases an ulcer develops near the stoma; it is almost invariably in the efferent limb of the intestine, not in the stomach.

Exclusions: Primary ulcer of small intestine (DA94.0)

DA62.0 Anastomotic erosion

Anastomotic erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Anastomotic erosion may constitute a phase of ulcer development or accompany some forms of anastomotic ulcer.

DA62.1 Helicobacter pylori associated anastomotic ulcer

Helicobacter pylori associated anastomotic ulcer is an ulcer at the anastomosis that is associated with Helicobacter pylori infection. Helicobacter pylori infection is considered as one of the risk factors for anastomotic ulcer.

DA62.2 Drug-induced anastomotic ulcer

Drug-induced anastomotic ulcer is an ulcer at the anastomosis that is caused by drug ingestion. NSAID is considered as one of the risk factors for anastomotic ulcer.

DA62.3 Peptic anastomotic ulcer

Anastomotic ulcer, peptic is an ulcer resulting from the effects of gastric acid on the susceptible intestinal mucosa.

DA62.Y Other specified anastomotic ulcer

DA62.Z Anastomotic ulcer, unspecified

DA63 Duodenal ulcer

Duodenal ulcer is defined as a distinct breach in the mucosa of the duodenum as a result of caustic effects of acid and pepsin in the lumen. Histologically, duodenal ulcer is identified as necrosis of the mucosa extending through the muscularis mucosae into the submucosa. In the endoscopic or radiological view, there is an appreciable depth of the lesion. When the break of epithelial lining is confined to the mucosa without penetrating through the muscularis mucosae, the superficial lesion is called ‘erosion’.

Exclusions: Anastomotic ulcer (DA62)

DA63.0 Duodenal erosion

Duodenal erosion represents a mucosal breach extending up to, but not through, the muscularis mucosa. Duodenal erosion may constitute a phase of ulcer development or accompany some forms of duodenal ulcer.

DA63.1 Helicobacter-pylori associated duodenal ulcer

Helicobacter pylori (H. pylori) is a gram-negative bacillus that is found in the mucous layer overlying gastric epithelium, within epithelial cells and attached to mucous cells, leading to inflammation. In the case of duodenal ulcers, H. pylori is believed to infect the gastric antrum or ectopic gastric mucosa in the duodenum. This is associated with increased acid production and duodenal ulceration.

DA63.2 Helicobacter-pylori associated and drug-induced duodenal ulcer

DA63.3 Stress ulcer of duodenum

Stress ulcers of duodenum are acute mucosal lesions occurring in critically ill patients that may result in acute upper gastrointestinal bleeding. They are usually superficial erosions but can develop into ulcers.

DA63.4 Eosinophilic duodenal ulcer

Duodenal ulcer caused by eosinophilic duodenitis

DA63.5 Duodenal ulcer due to external causes

Duodenal ulcer caused by external substances, such as alcohol, radiation, chemical agent and by other external causes.

DA63.50 Drug-induced duodenal ulcer

Medications such as NSAIDs can cause duodenal ulcer. Other drugs that may increase the risk of ulceration include potassium chloride, concomitant use of steroids with NSAIDs, bisphosphonates, and mycophenolate mofetil.

Inclusions: Toxic duodenal ulcer

DA63.51 Radiation duodenal ulcer

DA63.52 Chemical duodenal ulcer

DA63.5Y Duodenal ulcer due to other specified external causes

DA63.5Z Duodenal ulcer due to external causes, unspecified

DA63.6 Infectious duodenal ulcer

Coded Elsewhere: Parasitic duodenal ulcer (1F61)

DA63.60 Bacterial duodenal ulcer

Duodenal ulcer caused by infection with bacteria. This includes mycobacterium, Treponema pallidum (syphilis bacterium) and other bacterial infections in the duodenum.

Exclusions: Helicobacter-pylori associated duodenal ulcer (DA63.1)

DA63.61 Viral duodenal ulcer

Duodenal ulcer caused by infection with virus. Infectious diseases such as cytomegalovirus and herpes simplex virus are often associated with duodenal ulcer.

DA63.62 Fungal duodenal ulcer

Duodenal ulcer caused by infection with fungus. This includes infection with candida and other fungal infections in the duodenum.

DA63.6Z Infectious duodenal ulcer, unspecified

DA63.Y Other specified duodenal ulcer

DA63.Z Duodenal ulcer, unspecified

DA7Z Diseases of the stomach or the duodenum, unspecified

Diseases of small intestine (DA90‑DA9Z)

This is a group of conditions characterised as being in or associated with the small intestine.

Exclusions: Ileostomy malfunction (DE12.0)

Diseases of duodenum (DA50‑DA5Z)

Coded Elsewhere: Neoplasms of the small intestine

Foreign body in small intestine (ND73.3)

Structural developmental anomalies of small intestine (LB15)

DA90 Nonstructural developmental anomalies of small intestine

Any congenital defect of small intestine that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some becomes evident later.

Coded Elsewhere: Maltase-glucoamylase deficiency (5C61.1)

Congenital sucrase-isomaltase deficiency (5C61.2)

Alpha, alpha trehalase deficiency (5C61.3)

Congenital lactase deficiency (5C61.61)

DA90.0 Syndromic diarrhoea

Syndromic diarrhoea (SD), also known as phenotypic diarrhoea (PD) or tricho-hepato-enteric syndrome (THE), is a congenital enteropathy presenting with early-onset of severe diarrhoea requiring parenteral nutrition (PN), associated with facial dysmorphism, woolly and poorly pigmented hair and liver disease, with extensive fibrosis or cirrhosis, in about half of the patients.

Inclusions: Phenotypic diarrhoea

DA90.1 Congenital intestinal transport defect

This is a congenital disease of the small intestinal mucosa that presents with intractable diarrhoea and malabsorption of nutrients in young children, due to defect of transporter of nutrients in enterocytes.

Coded Elsewhere: Glucose-galactose malabsorption (5C61.0)

Fructose malabsorption (5C61.40)

Acrodermatitis enteropathica (5C64.20)

Idiopathic bile acid malabsorption (DA96.02)

Hereditary megaloblastic anaemia due to transcobalamin deficiency (3A01.0)

Glycogen storage disease due to GLUT2 deficiency (5C51.3)

Lysinuric protein intolerance (5C60.Y)

Haptocorrin deficiency (5C63.0)

Hereditary folate malabsorption (5C63.1)

Vitamin B12 deficiency anaemia due to selective vitamin B12 malabsorption with proteinuria (3A01.Y)

DA90.2 Congenital intestinal motility disorders

This is a congenital disorder of the small intestinal intestine that presents severe impairment or change of bowel movement often associated with malabsorption of nutrients in young children.

Coded Elsewhere: Megacystis - microcolon - intestinal hypoperistalsis - hydronephrosis (LD2F.1Y)

DA90.Y Other specified nonstructural developmental anomalies of small intestine

DA90.Z Nonstructural developmental anomalies of small intestine, unspecified

DA91 Obstruction of small intestine

Hindrance of the passage of luminal contents in the small intestine. Obstruction of the small intestine can be partial or complete, and caused by intrinsic or extrinsic factors. Simple obstruction is associated with diminished or stopped flow of luminal contents. Strangulating obstruction is associated with impaired blood flow to the small intestine in addition to obstructed flow of luminal contents.

Inclusions: Occlusion of small intestine

Exclusions: Diverticular disease of small intestine (DC70‑DC72.Z)

Crohn disease of small intestine (DD70.1)

hernia involving small intestine (DD50.2)

ischaemic stricture of small intestine (DD31)

Paralytic ileus (DA93.0)

Intestinal obstruction of newborn (KB87)

DA91.0 Intussusception of small intestine

Intussusception occurs when a segment of bowel invaginates, or telescopes, into adjacent distal bowel, leading to obstruction and possibly ischemic injury.

DA91.1 Volvulus of small intestine

A volvulus is an abnormal twisting of the intestine around the axis of its own mesentery, resulting in obstruction of the more proximal bowel. Twisting of the mesentery may involve the mesenteric vessels and so make the involved loop particularly susceptible to strangulation and gangrene, with resulting perforation, peritonitis, and sepsis.

DA91.2 Intestinal adhesions or bands of small intestine with obstruction

Small bowel obstruction resulting from intraabdominal adhesion due to laparotomy, trauma, and intraabdominal inflammation such as endometriosis.

DA91.3 Obstructive ileus of small intestine due to impaction

Small bowel obstruction may result when a substance such as gallstone or enterolith is too large to traverse the small intestine, especially at the ileocecal valve.

DA91.30 Gallstone ileus of small intestine

Small bowel obstruction due to stenosis resulting from impaction of gallstones.

DA91.31 Enterolith of small intestine

This is a mineral concretion or calculus formed anywhere in the gastrointestinal system, but in this case the small intestine.

DA91.3Y Other specified obstructive ileus of small intestine due to impaction

DA91.3Z Obstructive ileus of small intestine due to impaction, unspecified

DA91.Y Other specified obstruction of small intestine

DA91.Z Obstruction of small intestine, unspecified

DA92 Other acquired anatomical alterations of small intestine

This group incorporates small intestinal disorders principally due to acquired morphological changes of the small intestine, except for obstruction of small intestine (EC).

Coded Elsewhere: Diverticular disease of small intestine (DC70-DC72.Z)

Perforation of small intestine (ME24.30)

Endometriosis of small intestine (GA10.C1)

DA92.0 Fistula of small intestine

A small intestinal fistula is defined as an abnormal communication between the small intestine and another epithelialized surface such as the skin or an adjacent loop of bowel.

Inclusions: Fistula of intestine, site unspecified

Exclusions: Fistula of duodenum (DA50.2)

Coded Elsewhere: Fistula of small intestine to vagina (GC04.11)

DA92.1 Pneumatosis intestinalis of small intestine

Pneumatosis intestinalis is a rare condition characterised by multiple, gas-filled cysts, typically within the subserosa and submucosa of the small intestine.

DA92.Y Other specified other acquired anatomical alterations of small intestine

DA92.Z Other acquired anatomical alterations of small intestine, unspecified

DA93 Motility disorders of small intestine

Disorders of small intestinal motility due to abnormal contractions, such as weak contractions and disorganised (unsynchronized) contractions. The loss of ability to coordinate motor activity may cause a variety of disorders including small intestinal distention and bacterial overgrowth.

DA93.0 Paralytic ileus

A type of ileus, a functional not mechanical obstruction of the small intestines, and a state of pathophysiologic inhibition of motor activity due to non-mechanical causes. The paralysis does not need to be complete, but the intestinal muscles must be so inactive that it leads to a functional blockage of the intestine.

Exclusions: Obstructive ileus of small intestine due to impaction (DA91.3)

Gallstone ileus of small intestine (DA91.30)

Coded Elsewhere: Transitory ileus of newborn (KB87.3)

DA93.Y Other specified motility disorders of small intestine

DA93.Z Motility disorders of small intestine, unspecified

DA94 Noninfectious enteritis or ulcer of small intestine

Noninfectious enteritis and ulcer of small intestine is inflammation or tissue defect in the small intestine of non-infectious origin, usually due to medication including chemotherapy or radiation therapy side effects; or allergic or systemic disorders. Its severity may vary from mild and inconvenient to severe and life-threatening.

Inclusions: Noninfectious small intestinal inflammation, erosion, ulcer or ulcer scar

Exclusions: Crohn disease of small intestine (DD70.1)

Functional diarrhoea (DD91.2)

Noninfectious neonatal diarrhoea (KB8C)

DA94.0 Primary ulcer of small intestine

Enteritis or ulcer of small intestine of unknown origin

DA94.00 Primary nonspecific ulceration of small intestine

Primary or simple ulcer of the small intestine occurring beyond the duodenum is rare. The lesion includes single ulcers within the jejunum and ileum of unknown etiology. Non-specific ulcer accompanied with Behcet disease is classified elsewhere in EGD.

Inclusions: Simple ulcer of small intestine

DA94.01 Chronic non-specific multiple ulcers of small intestine

In CNSU patients chronic non-specific multiple ulcers are predominantly found in the ileum, which are circular or irregular in shape. The margins of ulcers are always clear and the intervening mucosa appears normal. CNSU is often characterised by anaemia and hypoalbuminemia due to bleeding and protein loss from multiple ulcers.

DA94.02 Cryptogenic multifocal ulcerous stenosing enteritis

CMUSE is an independent, rare disease characterised by chronic diarrhoea and by non-specific small intestinal ulceration and ulcerative stenosis which responds to corticosteroid therapy.

DA94.0Y Other specified primary ulcer of small intestine

DA94.0Z Primary ulcer of small intestine, unspecified

DA94.1 Drug-induced or toxic enteritis of small intestine

Enteritis or ulcer of small intestine due to medication including mucosal damaged agents such as NSAIDs, aspirin and antibiotics, due to chemotherapy and due to chemical toxic substances.

DA94.2 Allergic or dietetic enteritis of small intestine

Enteritis or ulcer of small intestine due to allergic disorders including food allergy. This category includes both immediate-type (IgE mediated) and non-IgE-mediated intestinal hypersensitivity, and eosinophilic disorders of small intestine. Food protein-induced enterocolitis syndrome (EPIES) is also included here.

DA94.20 IgE mediated allergic enteritis of small intestine

Immediate type (IgE-mediated) enteric hypersensitivity due to exposure to an allergen in individuals previously sensitized. The symptoms are acute abdominal pain and diarrhoea and can be combined to other symptoms in cases of anaphylaxis.

DA94.21 Eosinophilic enteritis

This refers to a rare and heterogeneous condition of inflammation of small intestine characterised by patchy or diffuse eosinophilic infiltration of the intestinal tissue.

DA94.22 Food protein-induced enterocolitis syndrome

A non-IgE-mediated intestinal hypersensitivity cell-mediated persistent chronic inflammation of the enteric tract which primarily affects children. The most common causal foods are: cow’s milk, soy, rice, oat, meat. In cases of chronic exposure, the most frequent symptoms are emesis, diarrhoea, poor growth and lethargy. In cases of re-exposure after restriction, the patient can present emesis, diarrhoea, hypotension (15%) 2 hours after ingestion.

DA94.2Y Other specified allergic or dietetic enteritis of small intestine

DA94.2Z Allergic or dietetic enteritis of small intestine, unspecified

DA94.3 Enteritis or ulcer of small intestine due to other external causes

Enteritis and ulcer of small intestine induced by external causes, such as foreign body, radiation, trauma, and other external causes. Enteritis due to chemical and toxic substances is excluded from here and classified in EGB.

DA94.30 Enteritis or ulcer of small intestine due to foreign body

DA94.31 Enteritis or ulcer of small intestine due to radiation

DA94.32 Enteritis or ulcer of small intestine due to trauma

DA94.3Z Enteritis or ulcer of small intestine due to other external causes, unspecified

DA94.Y Other specified noninfectious enteritis or ulcer of small intestine

DA94.Z Noninfectious enteritis or ulcer of small intestine, unspecified

DA95 Coeliac disease

Coeliac disease is a permanent intolerance to gluten proteins, present in wheat, rye, and barley. It is an autoimmune disorder, characterised by a chronic inflammatory state of the small intestinal mucosa and submucosa, which can impair digestion and absorption of nutrients, leading to malnutrition.

Inclusions: Gluten-sensitive enteropathy

Nontropical sprue

Idiopathic steatorrhoea

DA96 Intestinal malabsorption or protein-losing enteropathy

Intestinal malabsorption is a diseased condition in which absorption of food nutrients across the intestinal tract is disturbed. Impairment of single or multiple nutrients may lead to malnutrition.

Protein-losing enteropathy is a diseased condition in which there is excessive loss of plasma protein into the intestine. More loss of proteins than synthesis may lead to hypoalbuminemia.

Exclusions: Crohn disease (DD70)

DA96.0 Intestinal malabsorption

Intestinal malabsorption (syndrome) occurs due to pathological interference with the normal physiological sequence of digestion (intraluminal process), absorption (mucosal process), and transport (post-mucosal events) of nutrients in the small intestine. The concept of intestinal failure is a life-threatening severe type of intestinal malabsorption due to short bowel, structural enterocyte defects, and intestinal dysmotility etc.

Coded Elsewhere: Postsurgical malabsorption, not elsewhere classified (DE13)

Neonatal malabsorption syndromes (KB89)

Amyloidosis of small intestine (5D00.0)

DA96.00 Bacterial overgrowth syndrome

Bacterial overgrowth syndrome is a term that describes clinical manifestations that occur when poor movement of intestinal contents allows certain normal intestinal bacteria to grow excessively, causing diarrhoea and poor absorption of nutrients (malabsorption). Various etiological processes can disrupt mechanisms that keep the number of these bacteria low. These include structural abnormalities (congenital or surgical) and disorders that cause decreased gastric acidity, reduced peristaltic activity, and mucosal damage or atrophy.

Coded Elsewhere: Bowel-associated dermatosis-arthritis syndrome (EB2Y)

DA96.01 Tropical sprue

Tropical sprue is a syndrome involving the entire small intestine that causes acute or chronic diarrhoea and malabsorption of nutrients of progressive severity that results in malnutrition and anaemia due to folic acid deficiency. The disorder occurs only among persons (mostly adults) who visit, or are residents of, certain tropical and subtropical areas. Histological changes consist of lengthening of the crypt area and broadening and shortening of the villi with chronic inflammation of small intestine. The cause of tropical sprue is not known, but excess levels of certain types of bacteria in the small intestines have been suggested, and antimicrobial therapy may result in cure of the intestinal abnormalities.

Inclusions: Tropical steatorrhoea

DA96.02 Malabsorption or intolerance of specific nutrients

Food intolerance is a term used for difficulty in digesting a food due to various physiological responses associated with a particular food, or compound found. Food intolerance should not be mistaken for food allergy, which is primarily involving the immune reaction against the food.

Coded Elsewhere: Lactose intolerance (5C61.6)

DA96.04 Short bowel syndrome

Having less than 200 cm of residual small bowel with or without colon in an adult and for children (< 18 yrs), less than 25% of the normal length of intestine for their respective age.

Exclusions: Congenital short bowel (LB15.2)

Coded Elsewhere: Short bowel syndrome in neonate (KB89.1)

DA96.05 Intestinal failure

The reduction of gut function below the minimum necessary for the absorption of macronutrients and/or water and electrolytes, such that intravenous supplementation is required to maintain health and/or growth.

DA96.0Y Other specified intestinal malabsorption

DA96.0Z Intestinal malabsorption, unspecified

DA96.1 Protein-losing enteropathy

Protein-losing enteropathy is a syndrome characterised by the severe loss of serum proteins into the intestine. It is not a single disease, but an atypical manifestation of other diseases, which involves intestinal mucosa as well as intestinal blood or lymphatic vessels.

Coded Elsewhere: Intestinal lymphangiectasia (BD92.0)

DA96.Y Other specified intestinal malabsorption or protein-losing enteropathy

DA96.Z Intestinal malabsorption or protein-losing enteropathy, unspecified

DA97 Certain vascular disorders of small intestine

The whole small intestine receives its blood supply from the superior mesenteric artery and the venous drainage is through the portal system via the superior mesenteric vein. Vascular disorders includes lesions in these vessels and capillary.

Exclusions: Ischaemic vascular disorders of intestine (DD30‑DD3Z)

Coded Elsewhere: Non-occlusive mesenteric ischaemia (DD31.0)

Segmental arterial mediolysis (BD52.0)

Vascular abnormality of small intestine due to injury or trauma (NB90.Y)

DA97.0 Angiodysplasia of small intestine

Small dilated submucosal vessels of small intestinal mucosa with perforating vessels going through the muscularis mucosae.

Coded Elsewhere: Hereditary haemorrhagic telangiectasia (LA90.00)

DA97.1 Arteriovenous malformation of small intestine

Vascular malformations of small intestine that result from a localised maldevelopment of part of the primitive vascular plexus and consist of abnormal arteriovenous communications without intervening capillaries. They vary in size, ranging from massive lesions that are fed by multiple vessels to lesions so small that they are hard to identify at arteriography, surgery, or autopsy, but relatively larger than angiodysplasia.

DA97.2 Vasculitis of mesenteric arteries

A part of systemic vasculitis involving the gastrointestinal tract which causes mesenteric ischemia. This includes systemic lupus erythematosus, polyarteritis nodosa, allergic granulomatous vasculitis (Churg-Strauss syndrome), and thromboangitis obliterans (Buerger’s disease).

DA97.3 Varices of small intestine

The dilation of venous plexus in the small intestine.

Exclusions: Duodenal varices (DA52.0)

DA97.Z Certain vascular disorders of small intestine, unspecified

DA98 Polyps of small intestine

Polyps of small intestine are benign mushroom-like abnormalities of the small intestine that may have a stalk or be flat with a stalk. (Polyps of small intestine are any mass of tissue that arises from the small intestinal wall and protrudes into the lumen.)

Exclusions: Adenoma of small intestine (2E92.3)

Adenomatous polyp of small intestine (2E92.3)

Polyposis syndrome (2E92.40)

DA98.0 Hamartoma of small intestine

Hamartoma of small intestine is a non-neoplastic mass of indigenous tissue in the small intestine.

DA98.1 Hyperplastic polyp of small intestine

Hyperplastic/metaplastic polyps of small intestine usually result from the abnormal maturation of the mucosal cells of the small intestines and are usually of small size.

DA98.2 Inflammatory fibroid polyp of small intestine

Inflammatory fibroid polyp (IFP) is a rare tumour and it presents either as a solitary large or sessile lesion that arises in the submucosa. It is characterised by spindle and stellate cells set in an inflammatory, myxoid stroma.

DA98.3 Lymphoid hyperplasia of small intestine

Lymphoid hyperplasia of small intestine is a formation of well differentiated lymphoid tissue due to enhanced cell division in the small intestinal mucosa.

DA98.Y Other specified polyps of small intestine

DA98.Z Polyps of small intestine, unspecified

DA9Y Other specified diseases of small intestine

DA9Z Diseases of small intestine, unspecified

Diseases of appendix (DB10‑DB1Z)

Coded Elsewhere: Neoplasms of the appendix

DB10 Appendicitis

Appendicitis is a condition characterised by inflammation of the vermiform appendix.

DB10.0 Acute appendicitis

Acute inflammation and enlargement of the vermiform appendix. It has been recognised as one of the most common causes of severe acute abdominal pain worldwide. Most cases require appropriate medical treatment or removal of the inflamed appendix. If untreated, mortality is high, mainly because of the risk of rupture leading to peritonitis and shock. In this category acute appendicitis only due to common bacterial infection is included, and appendicitis due to specific organisms is ruled out from here, and described elsewhere.

DB10.00 Acute appendicitis with generalised peritonitis

This is a condition characterised by acute inflammation of the vermiform appendix that is extending into the free, not contained, inflammation of the peritoneum. There is usually a free perforation and surgical treatment is recommended.

Inclusions: Acute appendicitis with free perforation to the abdominal cavity

acute appendicitis with diffuse peritonitis following rupture or perforation

DB10.01 Acute appendicitis with localised peritonitis

This condition is characterised by acute inflammation of the vermiform appendix with peritonitis that is contained into an abscess or phlegmone. There is often an underlying covered perforation of appendix with leakage from the appendix lumen.

Inclusions: Acute appendicitis with contained perforation to a localised abscess

DB10.02 Acute appendicitis without localised or generalised peritonitis

This condition is characterised by acute inflammation of the veriform appendix in that there is no mention about the extent of the peritonitis. Acute appendicitis without peritonitis is included here. Acute appendicitis with no perforation or abscess, and simply phlegmonous or suppurative appendicitis, these can usually be treated conservatively, are also included here.

DB10.1 Chronic appendicitis

A correctly diagnosed non-acute form of appendicitis. Chronic appendicitis is a disorder caused by inflammation of the appendix over a period of time. While acute appendicitis shows the typical manifestation of an inflamed appendix, chronic appendicitis may cause symptoms related to abdominal discomfort or more generalised symptoms. In this category chronic appendicitis only due to common bacterial infection is included, and appendicitis due to specific organisms is ruled out from here, and described elsewhere.

DB10.Y Other specified appendicitis

DB10.Z Appendicitis, unspecified

DB11 Certain specified diseases of appendix

Diseases of appendix other than appendicitis or neoplasm. This includes intussusception, mucocele, hyperplasia, appendicular concretions, diverticulum, fistula and other specified diseases of appendix.

Exclusions: Appendicitis (DB10)

Neoplasms of the appendix ()

DB11.0 Megaloappendix

The vermiform appendix is an organ that can have variable sizes, locations as well as functional potentials. This refers to the longer and the larger appendix than normal size.

DB11.1 Hyperplasia of appendix

Hyperplasia of appendix is the rapid growth proliferation of normal lymphoid cells that resemble lymphoid tissue.

DB11.2 Appendicular concretions

A condition of the appendix filled with calcification

DB11.3 Diverticulum of appendix, acquired

A condition of an outpouching of a hollow structure of the appendix.

DB11.4 Fistula of appendix

A condition of an abnormal passageway between the appendix and neighbour organs.

DB11.5 Intussusception of appendix

A condition in which a part of the appendix has invaginated into another section of the appendix. Complete invagination of the appendix into the caecum may progress to a colo-colic and/or ileo-colic intussusception.

DB11.6 Mucocele of appendix

Mucocele of the appendix is a cystic, dilated appendix filled with mucin. Simple mucocele is not a neoplasm and results from chronic obstruction of the proximal lumen, usually by fibrous tissue.

DB1Y Other specified diseases of appendix

DB1Z Diseases of appendix, unspecified

Diseases of large intestine (DB30‑DB3Z)

Coded Elsewhere: Neoplasms of the large intestine

Structural developmental anomalies of large intestine (LB16)

Diverticular disease of large intestine (DC80-DC82.Z)

Polyposis syndrome (2E92.40)

DB30 Obstruction of large intestine

Hindrance of the passage of luminal contents in the large intestine. Obstruction of the large intestine can be partial or complete, and caused by intrinsic or extrinsic factors. Simple obstruction is associated with diminished or stopped flow of luminal contents. Strangulating obstruction is associated with impaired blood flow to the large intestine in addition to obstructed flow of luminal contents.

Exclusions: Paralytic ileus of large intestine (DA93.0)

DB30.0 Intussusception of the large intestine

Intussusception occurs when a segment of bowel invaginatetes, or telescopeds, into adjacent distal bowel, leading to obstruction and possibly ischemic injury. Colonic intussusception is a relatively uncommon condition that is most frequent in the early years of life. There are three main varieties: caecocolic, colocolic and sigmoidrectal.

DB30.1 Volvulus of large intestine

A volvulus is an abnormal twisting of the intestine around the axis of its own mesentery, resulting in obstruction of the more proximal bowel. Twisting of the mesentery may involve the mesenteric vessels and so make the involved loop particularly susceptible to strangulation and gangrene, with resulting perforation, peritonitis, and sepsis. The classical sites of large intestinal volvulus are the caecum and the sigmoid colon, although there are reports of volvulus of the transverse colon and the splenic flexure.

DB30.2 Adhesions of large intestine with obstruction

Large bowel obstruction resulting from intraabdominal adhesion due to laparotomy, trauma, and intraabdominal inflammation such as endometriosis.

DB30.3 Impaction of large intestine

Large bowel obstruction may result when a substance such as gallstone, foreign body, or enterolith, but not faecal, is too large to traverse the large intestine.

Inclusions: Impaction of large bowel

Exclusions: faecal impaction (ME05.0)

DB30.4 Stenosis of the rectum

Rectal stenosis is defined as narrowing of the rectum.

DB30.Y Other specified obstruction of large intestine

DB30.Z Obstruction of large intestine, unspecified

DB31 Other acquired anatomical alterations of large intestine

This group incorporates acquired large intestinal disorders principally due to morphological changes of the colon and rectum. Diverticular diseases and obstruction of large intestine are classified in GB a GD, respectively.

Exclusions: Obstruction of large intestine (DB30)

Diverticular disease of large intestine (DC80‑DC82.Z)

Coded Elsewhere: Perforation of large intestine (ME24.31)

Endometriosis of large intestine (GA10.C1)

DB31.0 Fistula of large intestine

Fistula of large intestine is defined as an abnormal communication between the large intestine and another epithelialized surface such as the skin, an adjacent organ or an adjacent loop of bowel. Colovesical fistula is the most common, but colovaginal, colocolic, coloileal, colocutaneous, and coloanal fistulae have been described. Fistulas due to Crohn disease are excluded from here.

Coded Elsewhere: Fistula of large intestine to vagina (GC04.12)

Rectovaginal fistula (GC04.16)

DB31.1 Pneumatosis intestinalis of large intestine

This refers to pneumatosis intestinalis in the large intestine, which is a condition characterised by multiple, gas-filled cysts, typically within the subserosa and submucosa of the intestine.

DB31.2 Rectal prolapse

Rectal mucosal prolapse refers to abdominal descent of the rectal mucosa. The best recognised site of the mucosal prolapse is the anterior wall of the rectum.

Inclusions: Prolapse of rectal mucosa

DB31.Y Other specified other acquired anatomical alterations of large intestine

DB31.Z Other acquired anatomical alterations of large intestine, unspecified

DB32 Motility disorders of large intestine

Disorders of colonic motility due to abnormal contractions, such as spasms and colonic paralysis. The loss of ability to coordinate motor activity may cause a variety of disorders including colonic distention and severe constipation.

Coded Elsewhere: Paralytic ileus of large intestine (DA93.0)

Paralytic ileus of small intestine or colon (DA93.0)

DB32.0 Pseudo-obstruction of colon

Colonic pseudo-obstruction is a rare condition with symptoms of decreased ability of the colon to push fluid, food and air through like those caused by a colonic obstruction, or blockage. The clinical and radiological findings are often similar to true obstruction, but no true mechanical blockage is found. The symptoms generally includes dyspepsia, chronic constipation and, in the moments where appear abdominal colic. Ogilvie syndrome: acute pseudoobstruction of the colon in severely ill debilitated patients is included here as acute form.

DB32.1 Slow transit constipation

Slow transit constipation (STC) typically involves the unusually slow passage of luminal contents through the large intestine. This can lead to chronic problems, such as constipation and uncontrollable soiling and could require colectomy.

DB32.2 Megacolon

Megacolon is a descriptive term indicating an abnormal dilation of large intestine. The dilatation is often accompanied by a paralysis of the peristaltic movements of the bowel.

Coding Note: Code also the causing condition

Exclusions: Congenital megacolon (LB16.1)

Hirschsprung disease (LB16.1)

DB32.20 Toxic megacolon

Toxic megacolon is an acute form of colonic distension characterised by a very dilated colon, accompanied by abdominal distension (bloating), and sometimes fever, abdominal pain, or shock. "Toxic" means that this complication occurs with inflammation. Toxic megacolon is a rare, life-threatening widening of the large intestine that occurs within a few days, occurring as a complication of inflammatory bowel disease, such as ulcerative colitis and Crohn disease.

Coding Note: Code also the causing condition

DB32.2Y Other specified megacolon

Coding Note: Code also the causing condition

DB32.2Z Megacolon, unspecified

Coding Note: Code also the causing condition

DB32.3 Acquired hypoganglionosis of large intestine

Acquired hypoganglionosis is characterised as a degeneration of ganglion cells and gliosis histologically. The prognosis is usually good following resection of the affected bowel.

Exclusions: Congenital hypoganglionosis of large intestine (LB16.3)

DB32.Y Other specified motility disorders of large intestine

DB32.Z Motility disorders of large intestine, unspecified

DB33 Certain noninfectious colitis or proctitis

Noninfectious colitis and proctitis is inflammation or tissue defect in the large intestine of non-infectious origin, but not included in inflammatory bowel diseases, including specific type of colitis, colitis due to medication including chemotherapy or radiation therapy side effects; or allergic or systemic disorders.

Exclusions: Inflammatory bowel diseases (DD70‑DD7Z)

Gastroenteritis or colitis of infectious origin (1A00‑1A40.Z)

DB33.0 Primary ulcer of colon

A condition with single or multiple ulcers (mucosal defect) develops in the rectum or colon. Ulcers of the colon can cause bleeding with straining in people with chronic constipation.

Inclusions: Simple ulcer of colon

DB33.1 Microscopic colitis

A condition of inflammation of the colon that is only detectable when the colon's lining is examined under a microscope. The endoscopic appearance of the inner colon lining is normal. There are two types of microscopic colitis: lymphocytic colitis and collagenous colitis.

DB33.10 Collagenous colitis

Collagenous colitis is characterised by chronic watery diarrhoea, normal radiological and endoscopic appearance of the colon, and a specific histopathological feature consisting in the presence of a subepithelial collagen band (10 mm or more) adjacent to the basal membrane, together with epithelial lymphocyte infiltration and chronic inflammation of the lamina propria.

DB33.11 Lymphocytic colitis

Lymphocytic colitis is an intestinal inflammatory disorder characterised by increased intraepithelial lymphocytes and manifesting as chronic watery diarrhoea, abdominal pain, nausea, incontinence and faecal urgency. Together with collagenous colitis it makes up a group known as microscopic colitis.

DB33.1Y Other specified microscopic colitis

DB33.1Z Microscopic colitis, unspecified

DB33.2 Allergic or dietetic colitis

Colitis and proctitis due to allergic disorders including food allergy. This category includes both immediate-type (IgE mediated) and non-igE-mediated colonic hypersensitivity, and eosinophilic disorders of large intestine. Food protein-induced proctitis/colitis of infants is also included here.

DB33.20 Food protein-induced proctitis or colitis of infants

A non-IgE-mediated intestinal hypersensitivity (in the absence of IgE antibodies) induced by food protein that induces inflammatory response mainly to the rectum and distal sigmoid colon. This is a condition in infants that results from an immune response triggered by proteins in the diet mainly milk (through breast-feeding). Patients usually appear healthy and have normal, soft stools that contain flecks or streaks of blood. The diagnosis is usually made based upon the resolution of symptoms upon withdrawal of the presumed food antigen. The usual onset is in the first 2 months of life but it also occurs in infants from 1 day to 6 months of age.

DB33.2Y Other specified allergic or dietetic colitis

DB33.2Z Allergic or dietetic colitis, unspecified

DB33.3 Diversion colitis

An inflammatory condition that occurs in segments of the colon and rectum that are diverted from the faecal stream by surgery.

DB33.4 Colitis or proctitis due to external causes

Colitis and proctitis induced by external causes, such as chemical and toxic substances, foreign body, radiation, trauma, and other external causes.

Exclusions: Gastroenteritis or colitis of infectious origin (1A00‑1A40.Z)

DB33.40 Chemical colitis or proctitis

This refers to condition of inflammation of large intestine caused by chemical or toxic substances.

DB33.41 Radiation-induced colitis

This refers to inflammation of the large intestine and colonic ulcer due to radiation.

DB33.42 Radiation proctitis

Radiation proctitis is a rare rectal disease directly induced by pelvic radiotherapy and characterised by rectal bleeding, change in bowel habits, tenesmus and sepsis.

DB33.43 Drug-induced colitis

Colitis or ulcer of large intestine due to medication including mucosal damaged agents such as NSAIDs, antibiotics, chemotherapy drugs, and other medications.

Inclusions: Drug-induced proctitis

Drug-induced colonic ulcer

Coded Elsewhere: Pseudomembranous colitis (1A04)

DB33.4Y Other specified colitis or proctitis due to external causes

DB33.4Z Colitis or proctitis due to external causes, unspecified

DB33.Y Other specified noninfectious colitis or proctitis

DB33.Z Certain noninfectious colitis or proctitis, unspecified

DB34 Certain vascular disorders of large intestine

The whole large intestine receives its blood supply from colonic branches of the superior mesenteric artery and the inferior mesenteric artery, and the venous drainage is through the portal system via the superior and inferior mesenteric vein. Vascular disorders includes lesions in these vessels and capillary.

Exclusions: Ischaemic vascular disorders of intestine (DD30‑DD3Z)

Coded Elsewhere: Ischaemic colitis (DD31.00)

Vascular disorders of large intestine due to injury or trauma (NB90.Y)

DB34.0 Angiodysplasia of colon

Small dilated submucosal vessels of colonic mucosa with perforating vessels going through the muscularis mucosae.

DB34.1 Arteriovenous malformation of large intestine

Vascular malformations of large intestine that result from a localised maldevelopment of part of the primitive vascular plexus and consist of abnormal arteriovenous communications without intervening capillaries. They vary in size, ranging from massive lesions that are fed by multiple vessels to lesions so small that they are hard to identify at arteriography, surgery, or autopsy, but relatively larger than angiodysplasia.

DB34.2 Vasculitis of large intestine

DB34.3 Varices of large intestine

Abnormally dilated veins in the lining of large intestine. Intestinal varices represent varices at an unusual site in patients with cirrhosis and portal hypertension.

DB34.4 Acute haemorrhagic rectal ulcer

Acute haemorrhagic rectal ulcer is regarded as an acute ischemic mucosal disorder that occurs in elderly patients who are suffering from incipient blood flow reduction due to arteriosclerotic factors. These patients are often bedridden, and this causes a decrease in mucosal blood flow in the lower rectum, which in turn triggers this pathology.

DB34.Y Other specified vascular disorders of large intestine

DB34.Z Vascular disorders of large intestine, unspecified

DB35 Polyp of large intestine

Polyps are abnormal growths rising from the lining of the large intestine that protrude into the intestinal lumen. Polyps can cause bleeding, and over time, can develop into cancers.

Exclusions: Polyposis syndrome (2E92.40)

Malignant neoplasms of colon (2B90)

Coded Elsewhere: Adenomatous polyp of the colon (2E92.4Y)

DB35.0 Hyperplastic polyp of large intestine

Hyperplastic polyps are truly benign growths, possessing no potential for progression to colorectal cancer. Hyperplastic polyps pathologically lack dysplasia.

Inclusions: Hyperplastic nodule of large intestine

Serrated polyp of large intestine

DB35.1 Inflammatory polyp of large intestine

Inflammatory polyps occur as a result of the chronic inflammation that takes place in the colon and rectum.

Exclusions: Crohn disease of large intestine (DD70.3)

DB35.2 Benign lymphoid polyp of large intestine

Benign lymphoid polyps are associated with hyperplasia (enhanced cell division) of lymphoid tissue in the colonic mucosa. It is seen in parts of the intestine where lymphoid tissues are concentrated like the ileum of the small intestine or rectum.

Inclusions: Focal lymphoid hyperplasia

DB35.3 Hamartomatous polyp of large intestine

The hamartomatous polyp is a non-neoplastic, benign tumour-like malformation resulting from an abnormal formation of normal tissue. It contains mesenchymal elements of excess vascular and/or fibrous stroma and glandular proliferation with cystic dilatation.

Exclusions: PTEN Hamartoma tumour syndrome (LD2D)

DB35.4 Inflammatory fibroid polyp of large intestine

Inflammatory fibroid polyp is a benign, non-encapsulated submucosal lesion, composed mainly of loose connective tissues, vessels and with an eosinophilic inflammatory component.

DB35.Y Other specified polyp of large intestine

DB35.Z Polyp of large intestine, unspecified

DB36 Certain infections of the large intestine

DB36.0 Colonic abscess

A condition of the colon, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by focal accumulation of purulent material in colonic tissue. This disease may present with back pain, abdominal pain, fever, rectal bleeding, or diarrhoea. Confirmation is commonly by advanced imaging.

DB36.1 Rectal abscess

A condition of the rectum, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the rectal area.

DB36.10 Perirectal abscess

A condition of the perirectal region, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by focal accumulation of purulent material within the perirectal region. This condition may present with perirectal pain and swelling, fever, chills, or constipation. Confirmation is commonly by advanced imaging.

Exclusions: Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

DB36.11 Ischiorectal abscess

A condition of the rectum, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the ischiorectal space. This condition presents with pain in the perianal region, back pain, swelling, or fever. Confirmation is commonly by advanced imaging.

Inclusions: Abscess of ischiorectal fossa

DB36.12 Rectal cellulitis

DB36.Y Other specified infections of the large intestine

DB36.Z Certain infections of the large intestine, unspecified

DB3Y Other specified diseases of large intestine

DB3Z Diseases of large intestine, unspecified

Diseases of anal canal (DB50‑DB7Z)

Coded Elsewhere: Neoplasms of the anal canal

Structural developmental anomalies of anal canal (LB17)

Acquired anatomical alterations of the anal canal (DB50‑DB5Z)

This group incorporates disorders principally due to morphological changes of the anus and anal canal.

Exclusions: congenital anomalies of the anal canal (LB17)

Anal abscess (DB70.00)

Coded Elsewhere: Haemorrhage of anus and rectum (ME24.A1)

Crohn disease of anal region (DD70.4)

Open wound of anus (NB51.Z)

DB50 Fissure or fistula of anal regions

Anal fissure and fistula are the common disorders of anal regions. An anal fissure is a superficial linear tear in the anoderm that is distal to the dentate line. An anal fistula is an inflammatory tract between the anal canal and the skin.

DB50.0 Anal fissure

An anal fissure is a linear break or tear in the mucosa that lines the anal canal. It may occur when hard or large stools are passed after defecation and typically cause pain and bright red anal bleeding.

DB50.1 Anal fistula

Anal fistula is an abnormal communication, hollow tract lined with granulation tissue connecting the primary opening inside the anal canal to a secondary opening in the perineal skin. They are usually associated with anorectal abscesses, and they are thought to be a chronic condition after an abscess evacuation.

DB50.2 Anorectal fistula

DB50.Y Other specified fissure or fistula of anal regions

DB50.Z Fissure or fistula of anal regions, unspecified

DB51 Stenosis of anal canal

DB52 Ulcer of anus

Ulcer of anus is tissue defect located in the anal regions, extending beyond the submucosa into the muscularis mucosa.

Inclusions: Ulcer of anus and rectum

Solitary ulcer of anus

Stercoral ulcer of anus

Coded Elsewhere: Drug-induced anal ulceration (EH76.Y)

DB53 Anal prolapse

This is a condition in which the rectal tissue looses its internal support and protrudes from the anus to the exterior of the body.

Inclusions: Prolapse of anal canal

DB5Y Other specified acquired anatomical alterations of the anal canal

DB5Z Acquired anatomical alterations of the anal canal, unspecified

Haemorrhoids or perianal venous conditions (DB60‑DB6Z)

Haemorrhoids are anatomical structures of swollen veins of the rectal plexus in the walls of the anal canal and/or under the skin around the anus. The term haemorrhoids is usually related to the symptoms caused by haemorrhoids resulting in bleeding and painful swelling when they become enlarged, inflamed, thrombosed, or prolapsed. Haemorrhoids are classified according to the degree of prolapse, although this may not always reflect the severity of symptoms.

Inclusions: varicose veins of anus and rectum

DB60 Haemorrhoids

A prolapse of vascular cushions resulting in bleeding and painful swelling in the anal canal. Internal haemorrhoids are swollen veins inside the anal canal and one in a vein of the superior rectal plexus, originating above the pectinate line and covered by mucous membrane.

Internal haemorrhoids are classified according to the degree of prolapse, although this may not always reflect the severity of symptoms.

Inclusions: piles

Coded Elsewhere: Haemorrhoids in pregnancy (JA61.4)

Haemorrhoids in the puerperium (JB41.2)

DB60.0 First degree haemorrhoids

(grade I): First-degree haemorrhoids bulge into the anal canal and sometimes bleed, but do not prolapse through the anus.

Inclusions: Haemorrhoids (bleeding) without prolapse outside of anal canal

DB60.1 Second degree haemorrhoids

(grade II): Second-degree haemorrhoids prolapse from the anus during bowel movements but then withdraw back up into the anal canal, spontaneously.

Inclusions: Haemorrhoids (bleeding) that prolapse with straining, but retract spontaneously

DB60.2 Third degree haemorrhoids

(grade III): Third-degree haemorrhoids remain prolapsed unless pushed gently back into the anal canal, and they can be reduced manually.

Inclusions: Haemorrhoids (bleeding) that prolapse with straining, and require manual reduction back inside the anal canal

DB60.3 Fourth degree haemorrhoids

(grade IV): Fourth-degree haemorrhoids cannot be pushed back into the anal canal and permanently prolapsed.

Inclusions: Haemorrhoids (bleeding) with prolapsed tissue that cannot be manually reduced

DB60.Z Haemorrhoids, unspecified

DB61 Perianal venous thrombosis

Extremely painful cherry like lesions under the perianal skin containing clotted blood have been attributed to rupture of a blood vessel with haematoma. However, histology confirmed that these lesions are thrombi lying within the thin-walled vessels of the external anal plexus.

Inclusions: perianal thrombosis

Perianal haematoma (nontraumatic)

DB62 Residual haemorrhoidal skin tags

This refers to residual small benign tumours that form primarily in areas where the skin forms creases, especially in the anal canal which help with stool control.

DB6Y Other specified haemorrhoids or perianal venous conditions

DB6Z Haemorrhoids or perianal venous conditions, unspecified

DB70 Infections of the anal region

Infections of anal canal caused by various microorganisms including bacteria, virus, fungus, parasite and the other specified agents.

Coded Elsewhere: Anal warts (1A95.0)

Primary anal syphilis (1A61.1)

Herpes simplex infection of perianal skin or rectum (1A94.1)

Gonococcal infection of anus (1A72.2)

Infections of the anus or perianal skin (EG61)

Tuberculosis of anal canal (1B12.7)

DB70.0 Abscess of anal regions

A condition of the anal and rectal region, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the anal or rectal region.

Coded Elsewhere: Ischiorectal abscess (DB36.11)

DB70.00 Anal abscess

A condition of the anus, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the perianal crypts or glands. This condition may present with pain and swelling in the perianal region, or fever. Confirmation is commonly by rectal examination.

Inclusions: Perianal abscess

Exclusions: Intrasphincteric abscess (DB70.02)

Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

DB70.01 Anorectal abscess

DB70.02 Intrasphincteric abscess

A condition of the intrasphincteric space, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material between the internal and external anal sphincter. Confirmation is commonly by ultrasonography or advanced imaging.

DB70.0Y Other specified abscess of anal regions

DB70.0Z Abscess of anal regions, unspecified

DB70.Y Other specified infections of the anal region

DB70.Z Infections of the anal region, unspecified

DB71 Anal polyp

Abnormal mushroom-like growth sticking out from the epithelium rising from the lining of the anus and anal canal.

DB71.0 Inflammatory anal polyp

Inflammatory polyp is an abnormal, mushroom-like growth sticking out from the mucous membrane that lines the anus. This mass is a reaction to some type of chronic inflammation in the anus.

DB71.1 Lymphoid polyp

Lymphoid polyp is a benign, focal or diffuse small polypoid lesion composed of well-differentiated lymphoid tissue.

DB71.2 Hypertrophied anal papillae

The enlargement of existing anal papillae is a consequence of chronic inflammation and fibrotic proliferation within the anorectal zone, which is known as hypertrophied or fibrous anal polyp.

DB71.Y Other specified anal polyp

DB71.Z Anal polyp, unspecified

DB72 Certain specified diseases of anal canal

Coded Elsewhere: Crohn disease of anal region (DD70.4)

Anal pruritus (EG60)

Foreign body in anus or rectum (ND73.5)

DB72.0 Anal spasm

Spasm of the anal sphincter muscle.

DB72.Z Certain specified diseases of anal canal, unspecified

DB7Y Other specified diseases of anal canal

DB7Z Diseases of anal canal, unspecified

Diseases of liver (DB90‑DB9Z)

Exclusions: Unspecified jaundice (ME10.1)

Coded Elsewhere: Neoplasms of the liver

Structural developmental anomalies of liver (LB20.0)

Metabolic or transporter liver disease (5C90)

Viral hepatitis (1E50-1E5Z)

DB90 Infectious liver disease

Exclusions: Viral hepatitis (1E50‑1E5Z)

Coded Elsewhere: Dengue (1D20-1D2Z)

Yellow fever (1D47)

Cytomegaloviral hepatitis (1D82.0)

Hepatitis due to Toxoplasma gondii (1F57.0)

Herpes simplex hepatitis (1F00.Y)

DB90.0 Abscess of liver

A condition of the liver, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the liver. This condition may present with fever, abdominal pain, or shock. Confirmation is by advanced imaging or ultrasonography.

Exclusions: pylephlebitis without liver abscess (DB98.3)

Coded Elsewhere: Amoebic liver abscess (1A36.10)

DB90.Y Other specified infectious liver disease

DB90.Z Infectious liver disease, unspecified

DB91 Acute or subacute hepatic failure

Acute and subacute liver failure is characterised by onset of coagulopathy and/or hepatic encephalopathy within 8 weeks of onset of symptoms in a patient without previously known liver diseases.

Exclusions: Chronic viral hepatitis (1E51)

Alcoholic hepatitis (DB94.1)

Alcoholic cirrhosis of liver with hepatic encephalopathy (DB94.3)

Hepatic failure complicating abortion, ectopic or molar pregnancy (JA00‑JA0Z)

Icterus of fetus and newborn (KA87)

Non-alcoholic fatty liver disease with hepatic encephalopathy (DB92)

Chronic hepatic failure due to portosystemic shunt (DB98)

Drug-induced or toxic liver disease (DB95)

Hepatic encephalopathy (DB97)

Liver disorders in pregnancy, childbirth or the puerperium (JA65.0)

DB91.0 Acute or subacute hepatic failure due to hepatitis virus

Acute infection of hepatitis A, B, C, D and E viruses can cause acute and subacute hepatic failure. The prognosis varies depending on the virus.

DB91.1 Other acute or subacute hepatic failure

Other causes of acute and subacute hepatic failure are drugs, toxic agents, metabolic diseases (particularly Wilson’s disease), ischemic diseases, autoimmune hepatitis, and unknown diseases.

DB91.Z Acute or subacute hepatic failure, unspecified

DB92 Non-alcoholic fatty liver disease

NAFLD is characterised by fatty liver related to insulin resistance in the absence of significant alcohol consumption. It embraces a pathological spectrum from simple steatosis to steatohepatitis. 10-20% of cases have steatohepatitis (non-alcoholic steatohepatitis: NASH), which can progress to cirrhosis and hepatocellular carcinoma.

Exclusions: Reye syndrome (8E46)

Acute fatty liver of pregnancy (JA65.0)

Drug-induced or toxic liver disease (DB95)

Chronic hepatitis C (1E51.1)

Alcoholic liver disease (DB94)

inherited defects in mitochondrial metabolism (5C53)

DB92.0 Non-alcoholic fatty liver disease without non-alcoholic steatohepatitis

DB92.1 Non-alcoholic steatohepatitis

Non-alcoholic steatohepatitis (NASH) is a histological form of Non-alcoholic fatty liver disease (NAFLD) in which the key features are histological evidence of hepatocyte injury (such as ballooning or Mallory hyaline) and substantial lobular inflammation. NASH is often associated with fibrosis in pericentral and perisinusoidal distribution (a portal fibrosis pattern also exists, particularly in children). NASH is the clinically progressive form of NAFLD with clinical outcomes including cardiovascular events, and cirrhosis or hepatocellular carcinoma. While novel biomarkers for NASH have been reported, histology remains the gold standard for diagnosis.

DB92.Y Other specified non-alcoholic fatty liver disease

DB92.Z Non-alcoholic fatty liver disease, unspecified

DB93 Hepatic fibrosis or cirrhosis

Exclusions: Drug-induced or toxic liver disease with fibrosis or cirrhosis of liver (DB95.5)

Alcoholic cirrhosis of liver without hepatitis (DB94.3)

Alcoholic liver fibrosis (DB94.2)

Fibropolycystic liver disease (LB20.00)

Congenital hepatic fibrosis (LB20.00)

Chronic viral hepatitis with cirrhosis (1E51)

Non-alcoholic steatohepatitis (DB92.1)

Non-alcoholic fatty liver disease (DB92)

Cardiac cirrhosis (DB98.8)

Alcoholic hepatitis with cirrhosis (DB94.10)

Cardiac fibrosis and cirrhosis of liver (DB98.8)

DB93.0 Hepatic fibrosis

Hepatic Fibrosis is defined as an excess deposition of the components of extracellular matrix (i.e. collagens, glycoproteins, proteoglycans) within the liver. This response to liver injury potentially is reversible. In contrast, in most patients, cirrhosis is not a reversible process.

Inclusions: hepatic sclerosis

hepatic fibrosis with hepatic sclerosis

Exclusions: Alcoholic liver fibrosis (DB94.2)

Congenital hepatic fibrosis (LB20.00)

Drug-induced or toxic liver disease with fibrosis or cirrhosis of liver (DB95.5)

Coded Elsewhere: Hepatic fibrosis due to Schistosomiasis without portal hypertension (1F86.Z)

DB93.1 Hepatic cirrhosis

Hepatic (liver) cirrhosis is the end stage of fibrosis of the liver caused by many kinds of liver diseases and conditions. Diffuse nodulation of liver due to fibrous bands subdividing liver into regenerative nodules. Blood vessels reach outflow through resistant collagen which contributes to the portal hypertension. Liver cirrhosis is usually irreversible. Some patients with cirrhosis in the early stage are asymptomatic, and other patients in the advanced stage showed signs and symptoms caused by decreased hepatic synthetic function, portal hypertension or decreased detoxification function.

Coding Note: Code also the causing condition

Exclusions: Alcoholic cirrhosis of liver without hepatitis (DB94.3)

Alcoholic hepatitis with cirrhosis (DB94.10)

Congenital cirrhosis of liver (KB80‑KB8Z)

Secondary biliary cirrhosis (DB93)

Cardiac fibrosis and cirrhosis of liver (DB98.8)

Drug-induced or toxic liver disease with fibrosis or cirrhosis of liver (DB95.5)

DB93.2 Certain specified fibrosis or cirrhosis of liver

This is other formation of excess fibrous connective tissue in an organ or tissue in a reparative or reactive process and chronic liver disease characterised by replacement of liver tissue by fibrosis, scar tissue and regenerative nodules.

Inclusions: Biliary cirrhosis, unspecified

Coded Elsewhere: Joubert syndrome with hepatic defect (LD20.0Y)

DB93.20 Hereditary North American Indian childhood cirrhosis

Hereditary North American Indian childhood cirrhosis is a severe autosomal recessive intrahepatic cholestasis that has only been described in aboriginal children from northwestern Quebec. Manifesting first as transient neonatal jaundice, the disease evolves into periportal fibrosis and cirrhosis during a period ranging from childhood to adolescence.

DB93.21 Idiopathic copper-associated cirrhosis

Idiopathic copper-associated cirrhosis is a rare copper-overload liver disease characterised by a rapidly progressive liver cirrhosis from the first few years of life leading to hepatic insufficiency and harbouring a specific pathological aspect: pericellular fibrosis, inflammatory infiltration, hepatocyte necrosis, absence of steatosis, poor regeneration and histochemical copper staining.

DB93.Y Other specified hepatic fibrosis or cirrhosis

DB94 Alcoholic liver disease

Alcoholic liver disease is damage to the liver and its function due to excessive intake of alcohol over a prolonged period of time. The diagnosis is made by a history of excessive intake of alcohol and exclusion of other causes of liver disease. However, it is important to note that excessive alcohol intake interacts with other causes of chronic liver disease to worsen the pathological severity and clinical outcome; important (relatively common) examples are with chronic hepatitis C, obesity and diabetes-related fatty liver, and haemochromatosis.

DB94.0 Alcoholic fatty liver

Alcoholic fatty liver is abnormal retention of lipids in liver cells evident as stainable fat (steatosis) due to excessive intake of alcohol. It is the earliest stage of alcoholic liver disease. It is difficult to histologically distinguish alcoholic fatty liver from non-alcoholic fatty liver. Diagnosis is dependent on history of level of alcohol intake (see definition of NAFLD (Non-alcoholic fatty liver disease)).

DB94.1 Alcoholic hepatitis

Alcoholic hepatitis is injury and inflammation of the liver caused by excessive intake of alcohol. It is characterised by infiltration by neutrophils, ballooning degeneration of hepatocytes and deposit of Mallory hyaline bodies. Alcoholic hepatitis often occurs concomitantly in patients with other forms of alcoholic liver disease such as fatty liver (alcoholic steatohepatitis), liver fibrosis and cirrhosis.

DB94.10 Alcoholic hepatitis with cirrhosis

This is an inflammation of the liver due to excessive intake of alcohol, consequence of liver disease characterised by replacement of liver tissue by fibrosis, scar tissue and regenerative nodules.

DB94.1Y Other specified alcoholic hepatitis

DB94.1Z Alcoholic hepatitis, unspecified

DB94.2 Alcoholic liver fibrosis

Alcoholic fibrosis of liver is defined as an excess deposition of the collagens and extracellular matrix within the liver as evident histologically, caused by excessive intake of alcohol.

Inclusions: Alcoholic sclerosis of liver

DB94.3 Alcoholic cirrhosis of liver without hepatitis

Alcoholic cirrhosis is an advanced pathological stage of alcoholic liver disease characterised by diffuse fibrosis that links portal tracts and central veins, distortion of the hepatic architecture and the formation of regenerative nodules. It often occurs with alcoholic hepatitis.

Exclusions: Alcoholic hepatitis with cirrhosis (DB94.10)

DB94.Y Other specified alcoholic liver disease

DB94.Z Alcoholic liver disease, unspecified

DB95 Drug-induced or toxic liver disease

Drug-induced and toxic liver disease is hepatotoxicity as injury to the liver that is associated with impaired liver function caused by exposure to a drug or another noninfectious agent.

Exclusions: Budd-Chiari syndrome (DB98.5)

Alcoholic liver disease (DB94)

DB95.0 Drug-induced or toxic liver disease with acute hepatic necrosis or acute hepatitis

This is an acute hepatocellular injury that develops within 1 to 20 weeks after starting treatment. The histological lesions consist mainly of focal, zonal or bridging necrosis, but lobular and portal tract inflammation evident with drug hepatitis. Extrahepatic features of drug hypersensitivity, including rash, lymphadenopathy, eosinophilia or other systemic features, are observed in some cases.

DB95.1 Drug-induced or toxic liver disease with chronic hepatitis

This is the chronic form of drug-induced liver injury that almost always depends on continued exposure to the agent, and is characterised by interface hepatitis, bridging necrosis, and fibrosis.

DB95.10 Drug-induced or toxic liver disease with chronic hepatitis with cirrhosis

This is the chronic form of drug-induced liver injury characterised by interface hepatitis, bridging necrosis and fibrosis, with the development of cirrhosis.

DB95.11 Drug-induced or toxic liver disease with chronic hepatitis without cirrhosis

DB95.1Y Other specified drug-induced or toxic liver disease with chronic hepatitis

DB95.1Z Drug-induced or toxic liver disease with chronic hepatitis, unspecified

DB95.2 Drug-induced or toxic liver disease with cholestasis

This is a drug-induced cholestatic liver injury where the symptoms of pruritus and jaundice are often prominent, and elevated serum alkaline phosphatase is the dominant biochemical finding.

Inclusions: Cholestasis with hepatocyte injury

DB95.20 Chronic drug-induced or toxic liver disease with cholestasis

This is a chronic cholestasis defined by persistence of drug-induced cholestatic liver injury for more than 3 months.

DB95.2Y Other specified drug-induced or toxic liver disease with cholestasis

DB95.2Z Drug-induced or toxic liver disease with cholestasis, unspecified

DB95.3 Drug-induced or toxic liver disease with fatty liver

This is a drug-induced fatty liver that consists of three types of steatosis, including microvesicular steatosis, macrovesicular steatosis, and phospholipidosis.

DB95.30 Drug-induced or toxic liver disease with chronic fatty liver disease

This is a chronic drug-induced steatosis characterised by relatively large triglyceride globules, which effectively fill the hepatocyte, displace the nucleus and other intracellular constituents to the periphery. Some patients show steatohepatitis, steatosis with focal necrosis and inflammatory cell infiltrate, leading to the development of cirrhosis.

DB95.3Y Other specified drug-induced or toxic liver disease with fatty liver

DB95.3Z Drug-induced or toxic liver disease with fatty liver, unspecified

DB95.4 Drug-induced or toxic liver disease with granulomatous hepatitis

DB95.5 Drug-induced or toxic liver disease with fibrosis or cirrhosis of liver

This is a drug-induced hepatic fibrosis as the end result of chronic hepatitis, chronic hepatotoxicity, steatohepatitis, or chronic cholestasis with bile duct injury.

DB95.6 Drug-induced or toxic liver disease with vascular disorders of the liver

Drug-associated disorders, leading to portal hypertension independent of primary liver disease, include hepatic vein thrombosis, hepatic veno-occlusive disease, non-cirrhotic portal hypertension, and nodular regenerative hyperplasia.

DB95.7 Drug-induced or toxic liver disease with liver tumours

Medication and chemical exposure have been associated with many forms of hepatic neoplasms, including focal nodular hyperplasia, hepatic adenoma, hepatocellular carcinoma, cholangiocarcinoma and angiosarcoma.

DB95.Y Other specified drug-induced or toxic liver disease

DB95.Z Drug-induced or toxic liver disease, unspecified

DB96 Autoimmune liver disease

Autoimmune liver diseases are generally forms of chronic liver disease in which the etiology is unclear but autoimmune mechanisms are evident or postulated for the development of the disease. The primary target organ is the liver and/or biliary system. It can progress to liver cirrhosis.

DB96.0 Autoimmune hepatitis

Autoimmune hepatitis is a chronic hepatitis, which can progress to liver cirrhosis, generally featured by the presence of circulating autoantibodies and hyperglobulinemia. It has been subdivided into three main categories according to the autoantibodies detected.

DB96.1 Primary biliary cholangitis

Primary biliary cholangitis is characterised by progressive destruction and disappearance of the intralobular bile duct epithelial cells leading to cholestasis (high alkaline phosphatase and GGT {gamma glutamyl transferase}) and eventually liver cirrhosis and liver failure, generally associated with the presence of circulating antimitochondrial antibodies and an increase of serum IgM levels.

Inclusions: chronic nonsuppurative destructive cholangitis

Exclusions: Hepatic fibrosis or cirrhosis (DB93)

Alcoholic cirrhosis of liver without hepatitis (DB94.3)

Primary sclerosing cholangitis (DB96.2)

DB96.10 Primary biliary cholangitis with overlap syndrome

DB96.1Y Other specified primary biliary cholangitis

DB96.1Z Primary biliary cholangitis, unspecified

DB96.2 Primary sclerosing cholangitis

Primary sclerosing cholangitis is a chronic disease which shows focal or multifocal strictures of intra- and/or extra-hepatic bile ducts without any apparent causes, leading to cholestasis and ultimately liver cirrhosis and liver failure.

DB96.20 Primary sclerosing cholangitis with cirrhosis

Primary sclerosing cholangitis with cirrhosis is primary sclerosing cholangitis complicated with liver cirrhosis.

DB96.2Y Other specified primary sclerosing cholangitis

DB96.2Z Primary sclerosing cholangitis, unspecified

DB96.Y Other specified autoimmune liver disease

DB96.Z Autoimmune liver disease, unspecified

DB97 Certain specified inflammatory liver diseases

Inclusions: Nonspecific reactive hepatitis

Exclusions: Drug-induced or toxic liver disease (DB95)

Acute viral hepatitis (1E50)

Acute or subacute hepatic failure (DB91)

Chronic viral hepatitis (1E51)

Infectious liver disease (DB90)

Phlebitis of portal vein (DB98.3)

Coded Elsewhere: Hepatic sarcoidosis (4B20.2)

DB97.0 Idiopathic granulomatous hepatitis

DB97.1 Hepatic berylliosis

DB97.2 Chronic hepatitis, not elsewhere classified

Inclusions: Chronic hepatitis, unspecified

Other specified chronic hepatitis

Exclusions: hepatitis (chronic): granulomatous NEC (DB97.0)

Drug-induced or toxic liver disease (DB95)

hepatitis (chronic): viral (1E50‑1E5Z)

hepatitis (chronic): alcoholic (DB94.1)

DB97.Y Other specified inflammatory liver disease

DB97.Z Inflammatory liver disease, unspecified

DB98 Vascular disorders of the liver

Vascular disorders of the liver are conditions where the hepatic blood flow is deranged due to damage, malformation and obstruction of hepatic artery, portal vein and hepatic vein.

Coded Elsewhere: Hereditary haemorrhagic telangiectasia (LA90.00)

Congenital portosystemic shunt (LA90.21)

DB98.0 Infarction of liver

Infarction of the liver is hepatic damage caused by limited blood supply to the liver due to obstruction or reduced blood flow of hepatic artery, portal vein or both.

DB98.1 Peliosis hepatis

Inclusions: Hepatic angiomatosis

DB98.2 Nodular regenerative hyperplasia of liver

Nodular regenerative hyperplasia of the liver is a rare disorder characterised by diffuse micronodular transformation of the hepatic parenchyma without fibrous septa between the nodules.

DB98.3 Portal vein thrombosis

Portal vein thrombosis is a condition where the portal vein and/or its branches are obstructed, mainly by a blood clot or malignant tumour invasion.

Inclusions: Phlebitis of portal vein

DB98.4 Splenic vein thrombosis

Splenic vein thrombosis is a condition where the splenic vein is obstructed, mainly by a blood clot or malignant tumour invasion.

DB98.5 Budd-Chiari syndrome

Budd-Chiari syndrome is caused by obstruction of hepatic venous outflow involving either the hepatic veins or the terminal segment of the inferior vena cava and leading to hepatic congestion and ischemic necrosis. Severity depends on the speed of onset and extent of the obstruction.

Obstructions are generally caused by thrombosis in primary BCS, while secondary BCS results from tumour invasion into the lumen or compression of the vein by an expansive lesion. The principle manifestations of BCS are ascites leading to undernutrition and renal insufficiency, gastrointestinal haemorrhage due to portal hypertension, and hepatic insufficiency resulting in encephalopathy and severe infections. Asymptomatic forms have also been reported.

DB98.6 Hepatic veno-occlusive disease

Hepatic veno-occlusive disease (hepatic VOD) is a liver disease resulting from toxic injury to the hepatic sinusoidal capillaries that leads to obstruction of the small hepatic veins. The clinical picture is characterised by painful hepatomegaly, jaundice, oedemas, and ascites.

Exclusions: Budd-Chiari syndrome (DB98.5)

Hepatic veno-occlusive disease - immunodeficiency syndrome (4A01.33)

DB98.7 Portal hypertension

Portal hypertension is abnormal increase of portal vein pressure, which induces development of collateral vessels of portal vein including oesophageal and cardiac varices. It also contributes to development of ascites.

DB98.70 Idiopathic portal hypertension

DB98.71 Non-cirrhotic portal fibrosis

DB98.72 Partial nodular transformation of liver

DB98.73 Splanchnic arteriovenous fistula

DB98.74 Secondary portal hypertension

This is secondary hypertension (high blood pressure) in the portal vein system, which is composed by the portal vein, and its branches and tributaries.

Exclusions: Partial nodular transformation of liver (DB98.72)

Splanchnic arteriovenous fistula (DB98.73)

Coded Elsewhere: Portal hypertension in schistosomiasis (1F86.Z)

DB98.7Y Other specified portal hypertension

DB98.7Z Portal hypertension, unspecified

DB98.8 Passive congestion of liver

A condition of congestion, due to impaired venous drainage, typically by right heart failure, that affects the liver.

Exclusions: Hepatic veno-occlusive disease (DB98.6)

Budd-Chiari syndrome (DB98.5)

DB98.9 Hepatic artery aneurysm

An aneurysm which develops on the hepatic artery. Causes of the aneurysm include arteriosclerosis, vasculitis, trauma and infection.

DB98.A Hepatic haemorrhage

Traumatic or nontraumatic spontaneous bleeding in the liver. The most common cause of the latter is the rupture of liver tumours.

Exclusions: Hepatic haemorrhage due to hepatocellular carcinoma (2C12.02)

Coded Elsewhere: Neonatal hepatic haemorrhage (KA83.3)

DB98.B Ischaemia reperfusion injury of liver

Liver injury caused by reperfusion of blood after non-lethal ischaemia of the liver.

Inclusions: Ischaemic hepatitis

DB98.Y Other specified vascular disorders of the liver

DB98.Z Vascular disorders of the liver, unspecified

DB99 Certain specified diseases of liver

This is a group of conditions characterised as being in or associated with the liver that are not classified elsewhere.

Exclusions: cystic disease of liver (congenital) (LB20.00)

hepatic vein thrombosis (BD71)

toxic liver disease (DB95)

hepatomegaly NOS (ME10.00)

portal vein thrombosis (DB98.3)

amyloid degeneration of liver (5D00.0)

alcoholic liver disease (DB94)

Coded Elsewhere: Liver disorders in pregnancy, childbirth or the puerperium (JA65.0)

Cirrhotic cardiomyopathy (BC43.Y)

DB99.0 Chronic liver disease

DB99.1 Hepatic cyst

This is a closed sac, having a distinct membrane and division compared to the nearby tissue. It may contain air, fluids, or semi-solid material of the liver.

Inclusions: Simple cyst of liver

DB99.10 Polycystic liver disease

Polycystic liver disease is a genetic disorder characterised by the appearance of numerous cysts spread throughout the liver.

DB99.1Y Other specified hepatic cyst

DB99.1Z Hepatic cyst, unspecified

DB99.2 Hepatorenal syndrome

Exclusions: Hepatorenal syndrome following labour or delivery (JB44.4)

DB99.3 Portopulmonary hypertension

This is the coexistence of portal and pulmonary hypertension, and is a serious complication of liver disease, present in 0.25 to 4% of all patients suffering from cirrhosis.

DB99.4 Hepatopulmonary syndrome

This is a syndrome of shortness of breath and hypoxemia (low oxygen levels in the blood of the arteries) caused by vasodilation (broadening of the blood vessels) in the lungs of patients with liver disease.

DB99.5 Hepatic encephalopathy

Hepatic encephalopathy is a complication of liver cirrhosis and a hallmark of acute liver failure, and is also observed in patients with portosystemic shunts without cirrhosis. Hepatic encephalopathy is characterised by personality changes, intellectual impairment, flapping tremor and a decreased consciousness level. In the advanced stages it is called hepatic coma, which may lead to death. The diagnosis of hepatic encephalopathy is made primarily by recognition of neuropsychiatric changes occurring in a patient with liver disease, after exclusion of brain diseases.

Coding Note: Code also the causing condition

Exclusions: Chronic liver disease (DB99.0)

DB99.6 Intrahepatic cholestasis, not elsewhere classified

Exclusions: Metabolic liver disease (5C90)

Neonatal jaundice due to isoimmunization (KA84.0)

Neonatal hyperbilirubinaemia (KA87)

Progressive familial intrahepatic cholestasis (5C58.03)

Benign recurrent intrahepatic cholestasis (5C58.04)

Chronic cholestasis (DC10.02)

Coded Elsewhere: Hepatic amyloidosis with intrahepatic cholestasis (5D00.0)

DB99.60 Cholestasis of parenteral nutrition

This is a condition where bile cannot flow from the liver to the duodenum, so one must feed a person intravenously, bypassing the usual process of eating and digestion.

DB99.6Y Other specified intrahepatic cholestasis, not elsewhere classified

DB99.6Z Intrahepatic cholestasis, not elsewhere classified, unspecified

DB99.7 Hepatic failure without mention whether acute or chronic

DB99.8 Chronic hepatic failure

DB99.Y Other diseases of liver

DB9Z Diseases of liver, unspecified

Diseases of gallbladder or biliary tract (DC10‑DC1Z)

This is a group of conditions characterised as being in or associated with the gallbladder (an organ) and the biliary tract (the passageways for bile).

Coded Elsewhere: Neoplasms of the gallbladder or biliary tract

Structural developmental anomalies of gallbladder (LB20.1)

Structural developmental anomalies of bile ducts (LB20.2)

Structural developmental anomalies of gallbladder or bile ducts (LB20.Z)

DC10 Acquired anatomical alterations of gallbladder or bile ducts

This considers the structure in the alterations of the gall bladder and the long tube-like structures that carry bile.

Exclusions: Congenital anomalies of gall bladder and bile ducts (LB20)

Coded Elsewhere: Perforation of gallbladder or bile ducts (ME24.35)

DC10.0 Obstruction of gallbladder or bile ducts

This is obstruction in the small organ that aids mainly in fat digestion and concentrates bile produced by the liver and in any of a number of long tube-like structures that carry bile.

Exclusions: Obstruction of gall bladder and bile ducts: with cholelithiasis (DC11)

DC10.00 Obstruction of cystic duct

DC10.01 Obstruction of gall bladder

DC10.02 Obstruction of bile duct

Exclusions: with cholelithiasis (DC11)

DC10.0Y Other specified obstruction of gallbladder or bile ducts

DC10.0Z Obstruction of gallbladder or bile ducts, unspecified

DC10.1 Hydrops of gallbladder

Abnormal accumulation of serous fluid in the gallbladder

DC10.2 Fistula of gallbladder or bile duct

This is an abnormal connection or passageway between gallbladder or bile duct and other organs.

DC10.3 Polyp of gallbladder

The deposits of cholesterol and triglyceride in the gallbladder wall, projecting into the lumen.

Exclusions: Adenoma of gallbladder (2E92.6)

DC10.4 Cholesterolosis of gallbladder

Inclusions: Strawberry gallbladder

DC10.Y Other specified acquired anatomical alterations of gallbladder or bile ducts

DC10.Z Acquired anatomical alterations of gallbladder or bile ducts, unspecified

DC11 Cholelithiasis

Cholelithiasis is calculus of gallbladder, cystic duct or bile duct. Most stones in the gallbladder are asymptomatic, but the most common initial symptom is biliary colic before the development of complications, including acute cholecystitis or cholangitis.

DC11.0 Calculus of gallbladder or cystic duct with acute cholecystitis

Stones in gallbladder or cystic duct present with acute inflammation of the gall bladder wall typically follows the cystic duct obstruction by the stone.

DC11.1 Calculus of gallbladder or cystic duct with other cholecystitis

Stones in gallbladder or cystic duct present with inflammation of the gall bladder wall and bile duct.

DC11.2 Calculus of gallbladder or cystic duct with cholangitis

DC11.3 Calculus of gallbladder or cystic duct without cholecystitis or cholangitis

Stones in gallbladder present without inflammation of the gall bladder wall and bile duct.

DC11.4 Calculus of bile duct with cholangitis

Stones in bile duct present with inflammation of bile duct.

Inclusions: Choledocholithiasis with cholangitis

DC11.5 Calculus of bile duct with cholecystitis

Stones in bile duct present with inflammation of gallbladder wall.

DC11.6 Calculus of bile duct without cholangitis or cholecystitis

Stones in bile duct present without inflammation of gallbladder wall and bile duct.

DC11.7 Intrahepatic cholelithiasis

DC11.Y Other specified cholelithiasis

DC11.Z Cholelithiasis, unspecified

DC12 Cholecystitis

Inflammation of gallbladder wall by infection of various organism and/or unspecified disorders.

Exclusions: Cholelithiasis (DC11)

DC12.0 Acute cholecystitis

Acute inflammation of the gall bladder wall typically follows the cystic duct obstruction. The inflammation is evoked by mechanical, chemical, vascular, and bacterial inflammatory factors.

Inclusions: acute acalculous cholecystitis

DC12.00 Acute on chronic cholecystitis

DC12.0Y Other specified acute cholecystitis

DC12.0Z Acute cholecystitis, unspecified

DC12.1 Chronic cholecystitis

Chronic inflammation of the gall bladder wall resulted from repeated acute cholecystitis or from mechanical irritation of the gall bladder wall by unspecified disorders

Inclusions: chronic acalculous cholecystitis

DC12.Y Other specified cholecystitis

DC12.Z Cholecystitis, unspecified

DC13 Cholangitis

Exclusions: chronic nonsuppurative destructive cholangitis (DB96.1)

cholangitis with cholelithiasis (DC11.4)

Primary sclerosing cholangitis (DB96.2)

DC14 Certain specified biliary diseases

This is a group of conditions characterised as being in or associated with the biliary tract, the passageway for bile, which are not classified elsewhere.

Exclusions: Malignant neoplasms of hepatobiliary system (2B70‑2C1Z)

Carcinoma in situ of gallbladder, biliary tract or ampulla of Vater (2E61.3)

Benign neoplasm of gallbladder, extrahepatic bile ducts or ampulla of Vater (2E92.6)

DC14.0 Haemorrhage of bile duct

Inclusions: Haemobilia

DC14.1 Postcholecystectomy syndrome

This describes the presence of abdominal symptoms after surgical removal of the gallbladder. Symptoms may include nausea and vomiting, bloating and diarrhoea, and pain in the upper right abdomen. The pain is often ascribed to discoordination of biliary sphincter of Oddi.

DC14.2 Dyskinesia of sphincter of Oddi

This is a movement disorder which consists of adverse effects including diminished voluntary movements and the presence of involuntary movements in the muscular valve that controls the flow of digestive juices (bile and pancreatic juice) through the ampulla of Vater into the second part of the duodenum.

Inclusions: Dysfunction of sphincter of Oddi

Malfunctioning of sphincter of Oddi

DC14.3 Adenomyomatosis of gallbladder

This is a condition of an abnormal gallbladder wall. There can be overgrowth of mucosa, thickened muscle, and Rokitansky-Aschoff sinuses.

DC14.Y Other biliary diseases

DC14.Z Biliary disease, unspecified

DC1Y Other specified diseases of gallbladder or biliary tract

DC1Z Diseases of gallbladder or biliary tract, unspecified

Diseases of pancreas (DC30‑DC3Z)

This is a group of conditions characterised as being in or associated with the pancreas.

Coded Elsewhere: Neoplasms of pancreas

Structural developmental anomalies of pancreas (LB21)

DC30 Cystic diseases of the pancreas

This is a closed sac, having a distinct membrane and division compared to the nearby tissue, which may contain air, fluids, or semi-solid material, of the pancreas.

DC30.0 Cyst of pancreas

Coded Elsewhere: Congenital pancreatic cyst (LB21.Y)

DC30.1 Pseudocyst of pancreas

DC30.Y Other specified cystic diseases of the pancreas

DC30.Z Cystic diseases of the pancreas, unspecified

DC31 Acute pancreatitis

Inflammation of the pancreas with sudden onset. Pathological changes range from oedema to necrosis. While mild cases often recover without complications, severe cases have high mortality due to systemic complications despite intensive treatment.

Coded Elsewhere: Cytomegaloviral pancreatitis (1D82.1)

Pancreatitis due to mumps virus (1D80.4)

DC31.0 Acute idiopathic pancreatitis

Acute pancreatitis of which etiology cannot be identified. It should be diagnosed by exclusion of alcohol, gallstone, and other possible etiologies.

DC31.1 Acute alcohol-induced pancreatitis

Acute pancreatitis associated with alcohol consumption. Although alcohol consumption is a major cause of this disease, the diagnosis should be made after exclusion of other etiologies.

DC31.2 Acute biliary pancreatitis

Acute pancreatitis associated with gallstone. Although gallstone is a major etiology, the diagnosis should be made after exclusion of other etiologies. Bile reflux into pancreatic duct caused by an impacted stone at the duodenal papilla is assumed to be a cause.

Inclusions: Gallstone pancreatitis

DC31.3 Acute drug-induced pancreatitis

Acute pancreatitis caused by drug administration. Some diuretics, anti-tumour or antibiotic drugs, estrogen-containing contraceptives, azathioprine and others have been reported to induce acute pancreatitis.

DC31.4 Hereditary acute pancreatitis

This is a recurrent acute inflammation of pancreas characterised by episodes of severe abdominal pain. Several genetic mutations are associated with this pancreatitis. Onset of the disease is generally under 20 years old, but it can be at any age.

DC31.5 Acute exacerbation of chronic pancreatitis

DC31.Y Other specified acute pancreatitis

DC31.Z Acute pancreatitis, unspecified

DC32 Chronic pancreatitis

Exclusions: Cystic fibrosis of pancreas with pancreatic insufficiency (DC30)

Pancreatic steatorrhoea (DC35.2)

DC32.0 Calcific pancreatitis

This is inflammation of the pancreas which requires immediate medical attention and hospitalization during an attack, which calcium salts build up in soft tissue, causing it to harden.

DC32.1 Groove pancreatitis

DC32.2 Hereditary chronic pancreatitis

Hereditary chronic pancreatitis is a very rare form of childhood onset chronic pancreatitis. With the exception of an earlier onset and a slower progression the clinical course, the morphological features and laboratory findings of HCP do not differ from those present in patients with alcoholic chronic pancreatitis.

DC32.3 Chronic alcohol-induced pancreatitis

DC32.4 Chronic idiopathic pancreatitis

This is an inflammation of the pancreas characterised by recurring or persistent abdominal pain, not associated with known risk factors.

DC32.5 Tropical pancreatitis

Tropical pancreatitis is a rare pancreatic disease of juvenile onset occurring mainly in tropical developing countries and characterised by chronic non-alcoholic pancreatitis manifesting with abdominal pain, steatorrhoea and fibrocalculous pancreatopathy. It is also commonly associated with the development of pancreatic calculi and pancreatic cancer at a much higher frequency than seen in ordinary chronic pancreatitis.

DC32.Y Other specified chronic pancreatitis

DC32.Z Chronic pancreatitis, unspecified

DC33 Autoimmune pancreatitis

Autoimmune pancreatitis (AIP) is a rare pancreatic disease characterised by chronic non-alcoholic pancreatitis that presents with abdominal pain, steatorrhoea, obstructive jaundice and responds well to steroid therapy and is seen in two subforms: type 1 AIP which affects elderly males, involves other organs and has increased immunoglobin G4 (IgG4) levels and type 2 AIP which affects both sexes equally but presents at a younger age and has no other organ involvement or increased IgG4 levels.

DC34 Obstructive pancreatitis

This is obstruction in the inflammation of the pancreas which requires immediate medical attention and hospitalization during an attack that has multiple causes and symptoms, which occurs when pancreatic enzymes (especially trypsin) that digest food are activated in the pancreas instead of the small intestine.

DC35 Certain specified diseases of pancreas

DC35.0 Atrophy of pancreas

DC35.1 Secondary pancreatic insufficiency

Coding Note: Code also the causing condition

DC35.2 Pancreatic steatorrhoea

DC35.Z Certain specified diseases of pancreas, unspecified

DC3Y Other specified diseases of pancreas

DC3Z Diseases of pancreas, unspecified

Diseases of peritoneum (DC50‑DC5Z)

This is the serous membrane that forms the lining of the abdominal cavity or the coelom—it covers most of the intra-abdominal (or coelomic) organs—in amniotes and some invertebrates.

Coded Elsewhere: Neoplasms of peritoneum or retroperitoneum

DC50 Peritonitis

Peritonitis is inflammation of the peritoneum, a condition marked by exudations in the peritoneum of serum, fibrin, cells, and pus.

Exclusions: Female pelvic peritonitis, unspecified (GA05.2)

peritonitis with or following: abortion or ectopic or molar pregnancy (JA05.0)

puerperal peritonitis (JB40.0)

peritonitis with or following diverticular disease of small intestine (DC70‑DC72.Z)

peritonitis with or following diverticular disease of large intestine (DC80‑DC82.Z)

periodic familial peritonitis (5D00.21)

Coded Elsewhere: Neonatal peritonitis (KB8B)

DC50.0 Primary peritonitis

Peritonitis without surgical source nor the evident source of the infecting and other agent.

DC50.00 Spontaneous bacterial peritonitis

Acute bacterial infection of ascetic fluid without the evident source of the infecting agent in the patient with liver cirrhosis, or in the patient receiving peritoneal dialysis

DC50.01 Other specified primary peritonitis

DC50.1 Secondary peritonitis

Peritonitis with evident source of an infecting agent or due to other diseases.

Coding Note: Code also the causing condition

Exclusions: Female pelvic peritonitis, unspecified (GA05.2)

Neonatal peritonitis (KB8B)

Genital tract or pelvic infection following abortion, ectopic or molar pregnancy (JA05.0)

Puerperal sepsis (JB40.0)

DC50.10 Eosinophilic peritonitis

10% or more eosinophils in peritoneal effluent at presentation, and its causes are often obscure. However, cases have been reported with allergic reactions, exposure to drugs such as vancomycin, fungal and viral infections, soon after catheter replacement, and icodextrin treatment

DC50.11 Mesenteric peritonitis

peritonitis due to mesenterial fat necrosis or saponification

DC50.12 Chronic proliferative peritonitis

Extensive peritoneal fibrosis in response to asbestos, continuous ambulatory peritoneal dialysis. Clinical intestinal obstruction due to massive peritoneal adhesions.

DC50.13 Peritonitis due to Streptococcus pneumoniae

This is an inflammation of the peritoneum due to a Gram-positive, alpha-haemolytic, aerotolerant anaerobic member of the genus Streptococcus.

DC50.1Y Other specified secondary peritonitis

Coding Note: Code also the causing condition

DC50.1Z Secondary peritonitis, unspecified

Coding Note: Code also the causing condition

DC50.2 Peritoneal abscess

A confined collection of inflammatory exudate in peritonitis.

DC50.Z Peritonitis, unspecified

DC51 Certain specified disorders of peritoneum or retroperitoneum

Exclusions: Ascites (ME04)

Coded Elsewhere: Pneumoperitoneum, originating in the perinatal period, due to primary pulmonary air leak syndromes (KB27.4)

DC51.0 Chylous ascites

Chylous ascites is a rare form of ascites caused by accumulation of lymph in the peritoneal cavity, usually due to intra-abdominal malignancy, liver cirrhosis or abdominal surgery complications, and present with painless but progressive abdominal distension, dyspnoea and weight gain.

DC51.1 Peritoneal adhesions

Disorders of peritoneum sticking by scar tissue or fibrosis

Exclusions: Adhesions of large intestine with obstruction (DB30.2)

Postprocedural pelvic peritoneal adhesions (GC73)

Intestinal adhesions or bands of small intestine with obstruction (DA91.2)

DC51.2 Haemoperitoneum

Blood retention in peritoneal cavity

Exclusions: traumatic retroperitoneal haemorrhage or haematoma (NB97.0)

DC51.Y Other specified disorders of peritoneum or retroperitoneum

DC5Z Diseases of peritoneum, unspecified

Diverticular disease of intestine (DC70‑DD1Z)

Diverticula are a major burden of illness in an aging population, presenting with bleeding or in form of a diverticulitis. Many are asymptomatic. Most diverticula (pseudodiverticula) occur in the colon, occurrence in the small intestine is also possible, but less frequent.

Exclusions: Gastric diverticulum (DA40.3)

Diverticulum of oesophagus, acquired (DA20.1)

Meckel diverticulum (LB15.0)

Diverticular disease of small intestine (DC70‑DC72.Z)

Diverticula can occur anywhere in the small intestine, but they are most common in the jejunum. They represent herniations through the mesenteric side of the bowel and are usually acquired. This refers to the clinical entity characterised by the presence of sac-like outpocketings of the intestinal mucosa and submucosa through weak points of the muscle layer of the small intestine. This contains both diverticulitis and diverticulosis.

Exclusions: Meckel diverticulum (LB15.0)

Diverticulum of duodenum (DA50.1)

Coded Elsewhere: Diverticulum of duodenum, with complication (DA50.1)

DC70 Diverticulitis of small intestine

When the pouches of small intestine (diverticula) become infected or inflamed, the condition is called diverticulitis. Diverticulitis may lead to several serious complications, such as small tears, called perforations and abscess, formation of fistula to adjacent organs, bleeding, or blockages in the lumen, and medical care is needed.

DC70.0 Diverticulitis of small intestine with complication

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the small intestine and results if one or some of these diverticula becomes inflamed, of the small intestine with complication.

DC70.00 Diverticulitis of small intestine with perforation or abscess

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the small intestine and results if one or some of these diverticula becomes inflamed, of the small intestine with perforation or abscess.

DC70.0Y Diverticulitis of small intestine with other specified complication

DC70.0Z Diverticulitis of small intestine with unspecified complication

DC70.1 Diverticulitis of small intestine without complication

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the small intestine and results if one or some of these diverticula becomes inflamed, of the small intestine without complication.

DC70.Z Diverticulitis of small intestine without specification of presence of complications

DC71 Diverticulosis of small intestine

Diverticulosis of small intestine is a condition characterised by the presence of multiple sack-like mucosal herniations called diverticula through weak points in the wall or lining of the small intestine. Small intestinal diverticula are far less common than colonic diverticula. Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience pain or discomfort in the abdomen, bloating, and bleeding.

DC71.0 Diverticulosis of small intestine with haemorrhage

This is the condition of having diverticula in the small intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the small intestine, with haemorrhage.

DC71.1 Diverticulosis of small intestine without haemorrhage

This is the condition of having diverticula in the small intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the small intestine, without haemorrhage.

DC71.Z Diverticulosis of small intestine, unspecified

DC72 Diverticulum of small intestine

This is a morphological condition in which there is a small pouch in the lining of the small intestine, bulging outward through a weak spot. Each pouch is called a diverticulum. The condition of having multiple diverticula with symptoms, or with inflammation is excluded from here.

DC72.0 Diverticulum of small intestine with haemorrhage

This is a morphological condition in which there is a small pouch called diverticulum in the lining of the small intestine, with haemorrhage.

DC72.1 Diverticulum of small intestine without haemorrhage

This is a morphological condition in which there is a small pouch called diverticulum in the lining of the small intestine, without haemorrhage.

DC72.Z Diverticulum of small intestine, no specification about presence or absence of haemorrhage

Diverticular disease of large intestine (DC80‑DC82.Z)

This refers to the clinical entity characterised by the presence of sac-like outpocketings of the colonic mucosa and submucosa through weak points of the muscle layer of the large intestine. This contains both diverticulitis and diverticulosis. Diverticular disease is used to describe a specific clinical disorder with defined radiological and pathological appearance, in which there is a characteristic muscle abnormality, usually, but not invariably accompanied by the presence of diverticula which may or may not be inflamed.

Exclusions: Diverticular disease of small and large intestine (DC90)

DC80 Diverticulitis of large intestine

Diverticulitis is applied when one or more diverticula are the source of visible macroscopic inflammation. It is often accompanied by pericolic abscess formation.

DC80.0 Diverticulitis of large intestine with complication

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the colon and results if one or some of these diverticula becomes inflamed, of the large intestine with complication.

DC80.00 Diverticulitis of large intestine with perforation or abscess

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the colon and results if one of these diverticula becomes inflamed, of the large intestine with perforation or abscess.

DC80.0Z Diverticulitis of large intestine with complication, unspecified

DC80.1 Diverticulitis of large intestine without complication

This develops from diverticulosis, which involves the formation of pouches (diverticula) on the outside of the colon and results if one or some of these diverticula becomes inflamed, of the large intestine without complication.

DC80.Z Diverticulitis of large intestine without specification of presence of complications

DC81 Diverticulosis of large intestine

The name diverticulosis is used merely to indicate the presence of multiple diverticula in the large intestine, with or without the accompanying muscle abnormalities found in classical diverticular disease. The condition of having multiple pouches (diverticula) is called diverticulosis. Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience crampy pain or discomfort in the lower abdomen, bloating, and constipation.

DC81.0 Diverticulosis of large intestine with haemorrhage

This is the condition of having diverticula in the large intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the large intestine, with haemorrhage.

DC81.1 Diverticulosis of large intestine without haemorrhage

This is the condition of having diverticula in the large intestine, which are outpocketings of the mucosa and submucosa through weaknesses of muscle layers in the wall of the large intestine, without haemorrhage.

DC81.Z Diverticulosis of large intestine, unspecified

DC82 Diverticulum of large intestine

This is a morphological condition in which typical pulsion type of consisting of a pouch of mucous membrane (including muscularis mucosae) projecting through and beyond the circular muscle layers of the bowel wall so that they come to lie in the pericolic fat and appendices epiploicae. Each pouch is called a diverticulum. The condition of having multiple diverticula with symptoms, or with inflammation is excluded from here.

DC82.0 Diverticulum of large intestine with haemorrhage

This is a morphological condition in which there is a small pouch called diverticulum in the lining of the large intestine, with haemorrhage.

DC82.1 Diverticulum of large intestine without haemorrhage

This is a morphological condition in which there is a small pouch called diverticulum in the lining of the large intestine, without haemorrhage.

DC82.Z Diverticulum of large intestine, unspecified

Diverticular disease of intestine of overlapping sites (DC90‑DC90)

DC90 Diverticular disease of small and large intestine

Diverticular disease of unspecified part of intestine (DD00‑DD02.Z)

DD00 Diverticulitis of unspecified part of intestine

DD00.0 Diverticulitis of unspecified part of intestine with complication

DD00.00 Diverticulitis of unspecified part of intestine with perforation or abscess

DD00.0Y Other specified diverticulitis of unspecified part of intestine with complication

DD00.0Z Diverticulitis of unspecified part of intestine with complication, unspecified

DD00.1 Diverticulitis of unspecified part of intestine without complication

DD00.Z Diverticulitis of unspecified part of intestine without specification of presence or absence of complications

DD01 Diverticulosis of unspecified part of intestine

DD01.0 Diverticulosis of unspecified part of intestine with haemorrhage

DD01.1 Diverticulosis of unspecified part of intestine without haemorrhage

DD01.Z Diverticulosis of unspecified part of intestine, unspecified

DD02 Diverticulum of unspecified part of intestine

DD02.0 Diverticular disease of unspecified part of intestine with haemorrhage

DD02.1 Diverticulum of unspecified part of intestine without complication

DD02.Z Diverticulum of unspecified part of intestine, unspecified

DD1Z Diverticular disease of intestine, unspecified

Ischaemic vascular disorders of intestine (DD30‑DD3Z)

Intestinal ischemia characterised by blood supply to the gastrointestinal tract that is inadequate to meet its metabolic demand

Exclusions: necrotizing enterocolitis of fetus or newborn (KB88)

Coded Elsewhere: Angiodysplasia of colon (DB34.0)

DD30 Acute vascular disorders of intestine

Intestinal ischaemia has an associated vascular block, usually due to atheroma, thrombus, or embolus but occasionally the result of an arteritis, vasculitis, or other condition.

Coded Elsewhere: Non-occlusive mesenteric ischaemia (DD31.0)

DD30.0 Acute mesenteric arterial infarction

Acute mesenteric arterial infarction is an ischemic disorder of sudden interruption of mesenteric arterial flow because of occlusion of mesenteric artery. This may be further subdivided into acute mesenteric arterial embolus (AMAE) and acute mesenteric arterial thrombosis (AMAT).

DD30.1 Acute mesenteric arterial ischaemia

Acute mesenteric ischemia is low flow states of mesenteric circulation, in which inadequate blood flow through the mesenteric circulation causes ischemia and eventual gangrene of the bowel wall. It can be caused by various conditions such as arterial occlusion, venous occlusion, strangulating obstruction, and hypoperfusion associated with nonocclusive vascular diseases.

DD30.2 Acute mesenteric venous occlusion

Acute mesenteric venous occlusion is an ischemic disorder of sudden interruption of mesenteric venous flow because of venous thrombosis.

DD30.Y Other specified acute vascular disorders of intestine

DD30.Z Acute vascular disorders of intestine, unspecified

DD31 Chronic vascular disorders of intestine

Chronic mesenteric ischaemia is a clinical syndrome characterised by recurrent abdominal pain and weight loss as a result of repeated transient episodes of insufficient intestinal blood flow, usually related with the increased metabolic demand associated with digestion.

DD31.0 Non-occlusive mesenteric ischaemia

Non-occlusive mesenteric ischaemia causes 20% to 30% of acute mesenteric ischaemia episodes. Mesenteric ischaemia without anatomic arterial or venous obstruction is due to mesenteric vasospasm, which can occur during periods of relatively low mesenteric flow, especially if there is underlying arterial atherosclerotic disease. Such low-flow state can result from heart failure, hypotension, or hypovolemia.

Coded Elsewhere: Acute non-occlusive mesenteric arterial ischaemia (DD30.1)

DD31.00 Ischaemic colitis

Ischemic colitis is the most common form of ischemic injury to the gut and occurs more frequently in elderly people. The disease can result from either occlusive or nonocclusive events, mainly in the territory of the inferior mesenteric artery, in colonic branches of the superior mesenteric artery, and in the superior and inferior mesenteric veins. The splenic flexure and rectosigmoid junction, where low perfusion exists, are commonly affected.

Coded Elsewhere: Acute ischaemic colitis (DD30.Z)

Fulminant ischaemic colitis (DD30.Z)

DD31.0Y Other specified non-occlusive mesenteric ischaemia

DD31.0Z Non-occlusive mesenteric ischaemia, unspecified

DD31.Y Other specified chronic vascular disorders of intestine

DD31.Z Chronic vascular disorders of intestine, unspecified

DD3Y Other specified ischaemic vascular disorders of intestine

DD3Z Ischaemic vascular disorders of intestine, unspecified

Hernias (DD50‑DD5Z)

A hernia is the protrusion of an organ or the fascia of an organ through the wall of the cavity that normally contains it. In this category hernia which relates to gastrointestinal organs is included.

DD50 Non-abdominal wall hernia

A hernia occurs through the foramen in the diaphragm, the pelvic wall and the other opening covered by peritoneum not through the abdominal wall.

DD50.0 Diaphragmatic hernia

A hernia occurs through the foramen in the diaphragm.

Inclusions: paraoesophageal hernia

Exclusions: Congenital diaphragmatic hernia (LB00.0)

Congenital hiatus hernia (LB13.1)

DD50.1 Pelvic hernia

A hernia occurs through the foramen in the pelvic wall.

DD50.2 Intra-abdominal hernia

A hernia occurs intra-abdominally through the opening covered by peritoneum.

DD50.20 Primary intra-abdominal hernia

A hernia occurs intra-abdominally and primarily through the opening covered by peritoneum without surgery and trauma.

Exclusions: congenital malpositioning of the intestine (LB18)

DD50.21 Secondary intra-abdominal hernia

A hernia occurs intra-abdominally and secondarily through the opening covered by peritoneum after abdominal surgery and trauma.

Coding Note: Code also the causing condition

DD50.2Y Other specified intra-abdominal hernia

DD50.2Z Intra-abdominal hernia, unspecified

DD50.Y Other specified non-abdominal wall hernia

DD50.Z Non-abdominal wall hernia, unspecified

DD51 Inguinal hernia

A hernia occurs when part of an internal organ bulges through a weak area of muscle. Most hernias occur in the abdomen. Inguinal hernia is the most common type and is in the groin.

Coding Note: Use additional codes, if desired, to identify complications such as obstruction or gangrene.

Inclusions: bubonocele

scrotal hernia

DD52 Femoral hernia

A femoral hernia is a protrusion of a loop of the intestine through a weakened abdominal wall, located in the lower abdomen near the thigh.

A hernia occurs when the contents of the abdomen (usually part of the small intestine) push through a weak point or tear the thin muscular wall of the abdomen, which holds the abdominal organs in place. Femoral hernias tend to occur more often in women than in men.

DD53 Umbilical hernia

A hernia occurs when part of an internal organ bulges through a weak area of muscle. An umbilical hernia is a protrusion of the peritoneum and fluid, omentum, or a portion of abdominal organ(s) through the umbilical ring. The umbilical ring is the fibrous and muscle tissue around the navel (belly-button). Small hernias usually close spontaneously without treatment by age 1 or 2. Umbilical hernias are usually painless and are common in infants.

Exclusions: Omphalocele (LB01)

Urachal cyst (LB03.0)

DD54 Paraumbilical hernia

Paraumbilical or periumbilical hernias occur next to and supra-umbilical occur just above the navel. Paraumbilical hernias are large abdominal defects through the linea alba in the region of the umbilicus and are usually related to diastasis of the rectus abdominis muscles.

Inclusions: Supraumbilical hernia

DD55 Epigastric hernia

A hernia occurs through the weak area of the upper abdomen between the umbilicus and the xiphoid on the linea alba. Although congenital epigastric hernias have been described in infants, they are usually considered an acquired condition.

DD56 Incisional hernia

A hernia occurs through the weak area on the incision of the past abdominal surgery or major abdominal trauma.

DD57 Parastomal hernia

A hernia occurs through the weak parastomal area after making stoma.

DD5Y Other specified hernias

DD5Z Hernias, unspecified

Inflammatory bowel diseases (DD70‑DD7Z)

Inflammatory bowel disease is a group of inflammatory conditions of the intestine of unknown aetiology. Regarding its pathogenesis, it is hypothesized that the mucosal immune system shows an aberrant response towards luminal antigens such as dietary factors and commensal microbiota in genetically susceptible individuals.

DD70 Crohn disease

Crohn disease is characterised by chronic and relapsing transmural inflammation extending through all layers of the small and/or large intestinal walls and has potential to involve the patient’s entire gastrointestinal tract.

Inclusions: Granulomatous enteritis

Regional enteritis

Intestinal ulcer and erosion due to Crohn disease

Exclusions: Ulcerative colitis (DD71)

Coded Elsewhere: Cutaneous or mucocutaneous Crohn disease (EE8Y)

DD70.0 Crohn disease of upper gastrointestinal tract

Crohn disease involved in upper gastrointestinal tract, such as oral cavity, oesophagus, stomach and duodenum.

DD70.1 Crohn disease of small intestine

Crohn disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involving the small intestine.

Exclusions: Crohn disease of both small and large intestine (DD70.5)

DD70.2 Crohn disease of appendix

Crohn disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involving the appendix.

DD70.3 Crohn disease of large intestine

Crohn’s disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involved in the large intestine.

Exclusions: Crohn disease of both small and large intestine (DD70.5)

DD70.4 Crohn disease of anal region

Crohn disease commonly involves the anus and perianal area and may precede any other gut involvement by years. The constellation of symptoms and signs which may occur include pruritus ani, maceration, skin tags, fissures, fistulae, erosions and secondary infection with abscesses.

DD70.5 Crohn disease of both small and large intestine

Crohn disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involved in both small and large intestine.

DD70.6 Crohn disease of anastomotic sites

Crohn disease, which is characterised by chronic and relapsing transmural inflammation, may affect any part of the digestive tract. This refers to Crohn disease involving anastomotic site of gastrointestinal tract, such as anastomotic ulcer due to Crohn disease.

DD70.Y Crohn disease of other specified site

DD70.Z Crohn disease, unspecified site

DD71 Ulcerative colitis

Ulcerative colitis is a chronic inflammatory disorder of unknown etiology that continuously causes ulcers in the lining of the rectum and colon. Inflammation is histologically restricted to the mucosa.

DD71.0 Ulcerative pancolitis

DD71.1 Left sided ulcerative colitis

Inclusions: left hemicolitis

DD71.2 Ulcerative rectosigmoiditis

DD71.3 Ulcerative proctitis

DD71.Y Other specified ulcerative colitis

DD71.Z Ulcerative colitis, unspecified

DD72 Indeterminate colitis

Indeterminate colitis is a chronic inflammatory disorder of the colon, for which a definitive diagnosis of neither Crohn’s disease or ulcerative colitis can be made.

DD7Y Other specified inflammatory bowel diseases

DD7Z Inflammatory bowel diseases, unspecified

Functional gastrointestinal disorders (DD90‑DD9Z)

Functional gastrointestinal disorder (FGID) is used to define several variable combinations of chronic or recurrent gastrointestinal (GI) symptoms that do not have an identified underlying pathophysiology, and that occur in the absence of underlying structural abnormalities. FGID may include a number of separate idiopathic disorders which affect different part of the gastrointestinal tract. FGID are the most common problem in gastroenterological practice. The Rome process has helped to define the functional gastrointestinal disorders.

Exclusions: Bodily distress disorder (6C20)

Hypochondriasis (6B23)

Symptoms, signs or clinical findings, not elsewhere classified (Chapter 21)

DD90 Functional oesophageal or gastroduodenal disorders

This group incorporates oesophageal and gastroduodenal disorders which principally present unpleasant upper gastrointestinal complaints without apparent morphological changes of oesophagus and gastroduodenum.

Exclusions: Bodily distress disorder (6C20)

Hypochondriasis (6B23)

DD90.0 Globus

Globus is a persistent or intermittent non-painful sensation of a lump or foreign body in the throat unrelated to swallowing without structural or motor disorder of the pharynx and/or oesophagus, often accompanying with acute anxiety or emotional conflicts.

DD90.1 Functional swallowing disorder

Functional dysphagia is a disorder having no structural abnormalities and absence of gastroesophageal reflux for dysphagia, characterised by sense of solid and/or liquid foods sticking, lodging, or passing abnormally through the oesophagus.

Inclusions: Functional dysphagia

Exclusions: dysphagia NOS (MD93)

DD90.2 Functional heartburn

Functional heartburn is a disorder having no structural abnormalities and absence of gastroesophageal reflux for heartburn, characterised by burning retrosternal discomfort or pain.

Exclusions: heartburn NOS (MD95)

DD90.3 Functional dyspepsia

Functional dyspepsia is a disorder defined as the presence of dyspepsia symptoms thought to originate from the gastroduodenal region, in the absence of any organic, systemic, or metabolic disease that is likely to explain the symptoms such as epigastric pain, epigastric burning, postprandial fullness, and early satiation.

Inclusions: Indigestion

Exclusions: Heartburn (MD95)

Dyspepsia NOS (MD92)

Coded Elsewhere: Chronic primary epigastric pain syndrome (MG30.00)

DD90.4 Functional nausea or vomiting

Functional nausea and vomiting is a disorder having no structural abnormalities for nausea and vomiting.

Exclusions: Nausea or vomiting NOS (MD90)

Coded Elsewhere: Cyclic vomiting syndrome (8A80.4)

DD90.5 Functional belching disorders

Functional belching disorders are having troublesome repetitive belching with observed excessive air swallowing and no evidence of excessive air swallowing.

Inclusions: Excessive belching, unspecified

Aerophagia

Exclusions: Belching NOS (MD91)

DD90.6 Adult rumination syndrome

Adult rumination syndrome is a disorder in adulthood characterised by the persistent or recurrent regurgitation of recently ingested food into the mouth with subsequent spitting or remastication and swallowing.

Exclusions: Rumination-regurgitation disorder (6B85)

Rumination-regurgitation (MB29.4)

DD90.Y Other specified functional oesophageal or gastroduodenal disorders

DD90.Z Functional oesophageal or gastroduodenal disorders, unspecified

DD91 Irritable bowel syndrome or certain specified functional bowel disorders

This group incorporates functional bowel disorders which principally present symptoms attributable to the intestinal tract in the absence of specific and unique organic pathology in the small and large intestine.

Inclusions: Functional intestinal disorders NOS

Exclusions: Bodily distress disorder (6C20)

Hypochondriasis (6B23)

DD91.0 Irritable bowel syndrome

Irritable bowel syndrome (IBS) is a functional bowel disorder in which abdominal pain or discomfort is associated with defecation or a change in bowel habit, and with features of disordered defecation.

Inclusions: irritable colon

DD91.00 Irritable bowel syndrome, constipation predominant

This is a bowel pattern subtype of irritable bowel syndrome, characterised by alteration of bowel habits with constipation predominant.

DD91.01 Irritable bowel syndrome, diarrhoea predominant

This is a bowel pattern subtype of irritable bowel syndrome, characterised by alteration of bowel habits with diarrhoea predominant.

DD91.02 Irritable bowel syndrome, mixed type

This is a bowel pattern subtype of irritable bowel syndrome, characterised by alteration of bowel habits having both diarrhoea and constipation. The subtype having diarrhoea and constipation alternatively often varying over time is also considered as synonymous.

DD91.03 Irritable bowel syndrome, unsubtyped

DD91.0Z Irritable bowel syndrome, type unspecified

DD91.1 Functional constipation

Functional constipation is a functional bowel disorder that presents as persistently difficult, infrequent, or seemingly incomplete defecation, which do not meet IBS criteria.

Exclusions: Constipation NOS (ME05.0)

Coded Elsewhere: Slow transit constipation (DB32.1)

DD91.2 Functional diarrhoea

Functional diarrhoea is a continuous or recurrent syndrome characterised by the passage of loose (mushy) or watery stools without abdominal pain or discomfort.

DD91.3 Functional bloating

Functional bloating is a recurrent sensation of abdominal distension, that may or may not be associated with measurable distension, but is not part of another functional bowel or gastroduodenal disorder.

DD91.4 Functional abdominal pain syndrome

Functional abdominal pain syndrome represents a pain syndrome attributed to the abdomen that is poorly related to gut function, is associated with some loss of daily activities, and has been present at least 6 months. The pain is constant, nearly constant, or at least frequently recurring. Also there is the lack of symptom relationship to food intake or defecation.

DD91.Y Other specified irritable bowel syndrome or functional bowel disorders

DD91.Z Irritable bowel syndrome or functional bowel disorders, unspecified

DD92 Functional anorectal disorders

This group incorporates anorectal disorders which principally present anorectal and defecation complaints without apparent morphological changes of anorectal regions. However, the distinction between organic and functional anorectal disorders may be difficult to make in individual patients.

Exclusions: Bodily distress disorder (6C20)

DD92.0 Functional faecal incontinence

Recurrent uncontrolled passage of faecal material in an individual with a developmental age of at least 4 years and one or more of the following;

a. Abnormal functioning of normally innervated and structurally intact muscles

b. Minor abnormalities of sphincter structure and/or innervation

c. Normal or disordered bowel habits

d. Psychological causes

Exclusions: Encopresis (6C01)

Encopresis with constipation or overflow incontinence (6C01.0)

Encopresis without constipation or overflow incontinence (6C01.1)

DD92.1 Functional anorectal pain

This group incorporates functional disorders which principally complaints pain in the anorectal regions. In this category two disorders (chronic proctalgia – Levator ani syndrome and proctalgia fugax) are distinguished on the basis of duration, frequency, and characteristic quality of pain.

DD92.2 Functional defaecation disorders

Functional defaecation disorders are characterised by paradoxical contraction or inadequate relaxation of the pelvic floor muscles during attempted defaecation (dyssynergic defaecation) or inadequate propulsive forces during attempted defaecation (inadequate defaecatory propulsion). The patients must satisfy diagnostic criteria for functional constipation.

Exclusions: Encopresis (6C01)

Encopresis with constipation or overflow incontinence (6C01.0)

Encopresis without constipation or overflow incontinence (6C01.1)

DD92.Y Other specified functional anorectal disorders

DD92.Z Functional anorectal disorders, unspecified

DD93 Functional digestive disorders of infants, toddlers or children

This group incorporates functional gastrointestinal disorders in infants and toddlers and disorders diagnosed more often in school-aged children and adolescents. These disorders include a variable combination of often age-dependent, chronic or recurrent symptoms not explained by structural or biochemical abnormalities.

Exclusions: Bodily distress disorder (6C20)

Hypochondriasis (6B23)

Rumination-regurgitation (MB29.4)

Rumination-regurgitation disorder (6B85)

DD93.0 Infant regurgitation

This is a functional regurgitation that presents frequently (greater than or equal to 2 times/day for greater than equal to 3 weeks) in infants during the first year of life, without retching, haematemesis, aspiration, apnoea, or feeding or swallowing difficulties, or abnormal posturing.

DD93.1 Infantile colic

This is a condition in which an otherwise healthy baby cries or displays symptoms of distress (cramping, moaning, etc.) frequently and for extended periods, without any discernible reason.

DD93.2 Infant dyschezia

DD93.Y Other functional digestive disorders of infants, neonates or toddlers

DD93.Z Functional digestive disorders of infants, toddlers or children, unspecified

DD94 Functional gallbladder disorder

This is a motility disorder that manifests symptomatically with biliary pain as consequence of either an initial metabolic disorder (supersaturated bile with cholesterol) or a primary motility alteration of gallbladder, at least initially, of any abnormalities of bile composition. There are normal liver enzymes, conjugated bilirubin and amylase/lipase.

DD95 Functional sphincter of Oddi disorder

This is a functional disorder of the sphincter of Oddi which defines motility abnormalities of sphincter of Oddi associated with prevention of bile and pancreatic juice from flowing through and a backup of the juice. It causes severe abdominal pain with elevated pancreatic enzymes, liver enzymes or both.

DD9Y Other specified functional gastrointestinal disorders

DD9Z Functional gastrointestinal disorders, unspecified

Postprocedural disorders of digestive system (DE10‑DE13)

This is a group of disorders associated with the digestive system that occur after medical procedures and are not classified elsewhere.

Exclusions: Radiation proctitis (DB33.42)

Coded Elsewhere: Postcholecystectomy syndrome (DC14.1)

Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Chronic dental injuries (DA08.2)

Radiation oesophageal ulcer (DA25.32)

Intramural haemorrhage of oesophagus (DA26.2)

Anastomotic ulcer (DA62)

Radiation oesophagitis (DA24.22)

Radiation gastritis (DA42.81)

Radiation gastric ulcer (DA60.63)

Radiation duodenal ulcer (DA63.51)

Radiation duodenitis (DA51.53)

Enteritis or ulcer of small intestine due to trauma (DA94.32)

Enteritis or ulcer of small intestine due to radiation (DA94.31)

Radiation-induced colitis (DB33.41)

Incisional hernia (DD56)

Short bowel syndrome (DA96.04)

Thermal oesophageal ulcer (NE02)

DE10 Vomiting following gastrointestinal surgery

Vomiting occurred following gastrointestinal surgery due to disturbance or inadequate movement of GI tract.

DE11 Dumping syndrome

Dumping syndrome is a group of signs and symptoms that develops most often in people who have had surgery to remove all or part of their stomach, or in whom surgically bypassed. It may occur early (during a meal or within 15-30 minutes after a meal with nausea, vomiting, abdominal pain, cramps, diarrhoea, dizziness, and heart palpitations) or late (1 to 3 hours after eating with sweating, weakness, fatigue, dizziness, lightheadedness, heart palpitations, and fainting).

DE12 Malfunction or complication of external stoma of digestive organs

Exclusions: Postsurgical leak (NE81.3)

Acute gastrointestinal bleeding, not elsewhere classified (ME24.90)

Acute postoperative haemorrhage (NE81.0)

Coded Elsewhere: Skin problem resulting from external stoma of digestive organs (EM0Y)

DE12.0 Colostomy or enterostomy malfunction or complication

DE12.1 Gastrostomy malfunction

DE13 Postsurgical malabsorption, not elsewhere classified

Inclusions: Postsurgical blind loop syndrome

Exclusions: Osteoporosis due to malabsorption (FB83.14)

DE2Y Other specified diseases of the digestive system

DE2Z Diseases of the digestive system, unspecified

CHAPTER 14

Diseases of the skin

This chapter has 246 four-character categories.

Code range starts with EA00

Diseases of the skin incorporate conditions affecting the epidermis, its appendages (hair, hair follicle, sebaceous glands, apocrine sweat gland apparatus, eccrine sweat gland apparatus and nails) and associated mucous membranes (conjunctival, oral and genital), the dermis, the cutaneous vasculature and the subcutaneous tissue (subcutis).

Inclusions: Diseases of the epidermis

Diseases of the dermis

Diseases of the epidermal appendages (hair, hair follicle, sebaceous glands, apocrine sweat gland apparatus, eccrine sweat gland apparatus and nails)

Diseases of subcutaneous tissue

Diseases of cutaneous vasculature

Coded Elsewhere: Malignant neoplasms involving the skin

Haematoma of surgical wound of skin (NE81.00)

Superficial incisional site infection (NE81.20)

Neonatal phototherapy burn (KC50)

Symptoms or signs involving the skin (ME60-ME6Y)

This chapter contains the following top level blocks:

* Certain skin disorders attributable to infection or infestation
* Inflammatory dermatoses
* Metabolic and nutritional disorders affecting the skin
* Genetic and developmental disorders affecting the skin
* Sensory and psychological disorders affecting the skin
* Skin disorders involving specific cutaneous structures
* Skin disorders involving certain specific body regions
* Skin disorders associated with pregnancy, the neonatal period and infancy
* Adverse cutaneous reactions to medication
* Skin disorders provoked by external factors
* Benign proliferations, neoplasms and cysts of the skin
* Disorders of the skin of uncertain or unpredictable malignant potential
* Cutaneous markers of internal disorders
* Postprocedural disorders of the skin
* Malignant neoplasms involving the skin

Certain skin disorders attributable to infection or infestation (EA00‑EA6Y)

Infections and infestations affecting the skin incorporate both direct invasion of the skin (including associated mucous membranes, hair and nails) by microorganisms or parasites and dermatoses arising from systemic or other distant infections (e.g. viral exanthems)

Coded Elsewhere: Certain parasitic infections or infestations affecting the skin

Infestation of the skin by ectoparasites

Pythiosis (1G60.1)

Protothecosis (1G60.2)

Mycetoma of unknown or unspecified type (1G60.0)

Certain skin disorders attributable to viral infection (EA00‑EA3Z)

This group incorporates both localised infection of the skin by virus (e.g. viral warts) and systemic or distant viral infections with important skin manifestations (e.g. viral exanthemata).

Coded Elsewhere: Pox virus infections of the skin

Human herpes virus infections involving skin or mucous membrane

Human papillomavirus infection of skin or mucous membrane (1E80-1E8Z)

Viral exanthems (EA00‑EA0Y)

Acute viral infections characterised by the appearance of a skin rash.

Coded Elsewhere: Measles without complication (1F03.0)

Rubella without complication (1F02.2)

Roseola infantum (1F01)

Erythema infectiosum (1F04)

Enteroviral vesicular stomatitis (1F05.0)

Foot and mouth disease (1F05.3)

Picornavirus infections presenting in the skin or mucous membranes (1F05)

EA00 Viral exanthem due to unknown or unspecified agent

An exanthematic rash with symptoms suggestive of a viral aetiology where the agent is either unknown or unspecified.

EA0Y Viral exanthem due to other specified virus

Certain dermatoses with suspected viral aetiology (EA10‑EA12)

Skin disorders for which there are indications but no proof that viral infection is responsible.

EA10 Pityriasis rosea

Pityriasis rosea is an acute, self-limiting skin disease, probably infective in origin, affecting mainly children and young adults, and characterised by a distinctive skin eruption and minimal constitutional symptoms. The cause of pityriasis rosea is uncertain, but many epidemiological and clinical features suggest that an infective agent may be implicated. In the majority of cases the disease follows a characteristic course whereby a so-called herald patch, larger than subsequent lesions, appears several days before the eruption of multiple oval scaly pink macules over the trunk and proximal limbs predominantly.

EA11 Papular purpuric gloves and socks syndrome

This acute acral dermatosis is characterised by an intensely pruritic papular and often purpuric eruption affecting the hands, wrists, feet and ankles. This is frequently accompanied by oral inflammation and ulceration, malaise and fever. It affects adults predominantly and had been linked to a range of viral infections, most commonly to parvovirus B19.

EA12 Infantile papular acrodermatitis

Infantile papular acrodermatitis (Gianotti-Crosti syndrome) is a cutaneous reaction pattern to a range of infective agents affecting predominantly young children aged from six months to two years. Agents implicated include hepatitis B virus, Epstein-Barr virus and a number of enteroviruses. The rash consists in a profuse eruption of 5-10 mm diameter dull red flat-topped papules which appear first on the thighs and buttocks, then on the extensor aspects of the arms, and finally on the face. There may be lymphadenopathy but the child is usually otherwise well and the eruption fades over the course of a few weeks.

Exclusions: Acrodermatitis chronica atrophicans (1C1G.14)

Acrodermatitis continua of Hallopeau (EA90.41)

Acrodermatitis enteropathica (5C64.20)

Acrodermatitis perstans (EA90.41)

Dermatoses from distant or systemic viral infection (EA20‑EA20)

Coded Elsewhere: Hairy leukoplakia (DA01.01)

Erythema multiforme provoked by viral infection (EB12.Y)

Skin disorders associated with Human immunodeficiency virus infection (EL3Y)

EA20 Necrolytic acral erythema

Necrolytic acral erythema is a distinctive acrally-located dermatosis affecting patients with active viral hepatitis C. It manifests principally on the dorsal surfaces of the feet and hands as well circumscribed dusky erythematous areas with flaccid blisters in its early stages and elevated scaly psoriasiform plaques in its chronic form. Microscopically there is keratinocyte necrosis in the upper epidermis.

EA3Z Unspecified skin disorder attributable to viral infection

Certain skin disorders attributable to bacterial infection (EA40‑EA5Z)

Disorders of the skin and/or subcutaneous tissues caused by bacteria which a) cause infection normally limited to the skin (e.g. erythrasma); b) characteristically involve the skin at the same time as other organs (e.g. syphilis); c) which may cause disease in the skin as well as in other organs (e.g. cutaneous tuberculosis) or d) which infect other organs but which may manifest in the skin as a result of release of toxins or other indirect mechanism (e.g. streptococcal toxic shock syndrome).

Exclusions: Asymptomatic colonization of the skin by virulent or therapy resistant bacteria (QD04)

Coded Elsewhere: Certain sexually transmissible bacterial infections affecting skin

Certain zoonotic bacterial infections involving the skin

Dermatoses due to certain filamentous bacteria

Pyogenic bacterial infections of the skin or subcutaneous tissues (1B70-1B7Z)

Non-pyogenic bacterial infections of the skin (1C44)

Yaws (1C1D)

Pinta (1C1E)

Endemic non-venereal syphilis (1C1F)

Cutaneous tuberculosis (1B12.8)

Leprosy (1B20)

Cutaneous non-tuberculous mycobacterial infection (1B21.2)

Acute meningococcaemia (1C1C.20)

Disseminated gonococcal infection (1A73)

Non-venereal treponematoses (1C4Z)

Systemic bacterial infection affecting skin (1C41)

Predominantly tropical or subtropical bacterial infections affecting skin (EA40‑EA40)

Coded Elsewhere: Cutaneous and subcutaneous melioidosis (1C42)

EA40 Tropical phagedaenic ulcer

Tropical (phagedaenic) ulcer is an acute or chronic skin disease seen in the tropics and subtropics that is characterised by necrosis of the epidermis and underlying superficial tissue. Ulcers may heal spontaneously, leaving regular depressed scars, but sometimes enlarge to enter a chronic phase. Chronic ulcers are often large and irregular in shape and may involve the whole circumference of a limb. Pseudoepitheliomatous changes can develop which may proceed to the development of frank squamous carcinoma. Vincent's organisms (Fusobacterium nucleatum and Borrelia vincentii) are thought to play a pathogenic role.

EA50 Toxin-mediated cutaneous reactions to distant or systemic bacterial infection

Coded Elsewhere: Scarlet fever (1B50)

Streptococcal toxic shock syndrome (1C45.0)

Staphylococcal toxic shock syndrome (1C45.1)

Toxic shock syndrome (1C45)

EA50.0 Erythema marginatum rheumaticum

A cutaneous exanthem occurring in up to 10% of cases of rheumatic fever. The rash appears as widespread pink or red macules or papules that expand centrifugally with central clearing to form annular or polycyclic erythematous plaques. The exanthem may persist intermittently for weeks to months.

EA50.1 Streptococcal toxin-mediated perineal erythema

Streptococcal toxin-mediated perineal erythema is characterised by a striking diffuse macular erythema in the perineum occurring abruptly after a streptococcal pharyngitis. It is often recurrent.

EA50.2 Staphylococcal scalded skin syndrome

A syndrome caused by an infection with the gram-positive bacteria Staphylococcus. This syndrome is characterised by fever, blisters, erythema, large areas of skin peel, or Nikolsky’s sign. Transmission is by direct or indirect contact with an infected individual, through fomites, or by iatrogenic transmission. Confirmation is by identification of Staphylococcus in a blood or skin sample.

Exclusions: Toxic epidermal necrolysis (EB13.1)

Coded Elsewhere: Neonatal staphylococcal scalded skin syndrome (EH11)

EA50.3 Staphylococcal scarlatina

An exanthem mediated by staphylococcal toxins from distant Staphylococcus aureus infection but without the systemic complications seen in staphylococcal toxic shock syndrome, of which it may be regarded as a mild form. Clinically it resembles scarlet fever.

Exclusions: Scarlatina NOS (1B50)

EA50.Y Other specified toxin-mediated cutaneous reactions to distant or systemic bacterial infection

EA50.Z Toxin-mediated cutaneous reactions to distant or systemic bacterial infection, unspecified

EA51 Skin complications of BCG immunisation

Complications secondary to immunization with attenuated Mycobacterium bovis (Bacillus Calmette-Guérin or BCG).

Exclusions: Cutaneous tuberculosis (1B12.8)

Coded Elsewhere: BCG-induced tuberculid (EA5Y)

Adverse reaction to BCG immunization (PK81.7)

EA5Y Cutaneous involvement by other specified bacterial infection

EA5Z Cutaneous involvement by unspecified bacterial infection

EA60 Certain skin disorders attributable to fungal infection

This group incorporates both localised infection of the skin by fungus (e.g. pityriasis versicolor) and systemic fungal infections with important skin manifestations (e.g. cutaneous cryptococcosis).

Coded Elsewhere: Candidosis of skin or mucous membranes (1F23.1)

Dermatophytosis (1F28)

Non-dermatophyte superficial dermatomycoses (1F2D)

Otomycosis (AA03)

EA60.0 Subcutaneous mycoses

Coded Elsewhere: Lobomycosis (1F2B)

Lymphocutaneous sporotrichosis (1F2J.0)

Fixed cutaneous sporotrichosis (1F2J.1)

Eumycetoma (1F29)

Chromoblastomycosis (1F24)

Conidiobolomycosis (1F26)

Cutaneous mucormycosis (1F2C)

Cutaneous or lymphocutaneous sporotrichosis (1F2J.Z)

Subcutaneous infections due to dematiaceous fungi (1F2Y)

EA60.1 Systemic mycoses affecting skin

Coded Elsewhere: Primary cutaneous coccidioidomycosis (1F25.11)

Disseminated paracoccidioidomycosis (1F2E.1)

Talaromycosis (1F2K)

Histoplasmosis due to Histoplasma duboisii (1F2A.1)

Disseminated adiaspiromycosis (1F2L.0)

Disseminated histoplasmosis capsulati (1F2A.Y)

Primary cutaneous blastomycosis (1F22)

Disseminated blastomycosis (1F22)

Mucocutaneous paracoccidioidomycosis (1F2E.Y)

Cutaneous cryptococcosis (1F27.Y)

EA60.Y Skin involvement in other specified fungal infection

EA60.Z Fungal infection of the skin, unspecified

EA6Y Cutaneous involvement by other specified infection or infestation

Inflammatory dermatoses (EA80‑EB7Y)

A large group of skin disorders in which inflammation plays an important role.

Exclusions: Napkin candidosis (1F23.12)

Bullous impetigo of the napkin area (1B72.0)

Dermatoses precipitated by drug therapy (EH71)

Dermatoses associated with specific classes of medication (EH76)

Coded Elsewhere: Nonorgan specific systemic autoimmune disorders involving the skin

Autoinflammatory disorders (4A60-4A6Z)

Dermatitis and eczema (EA80‑EA8Z)

Dermatitis and eczema are synonymous and describe an inflammatory reaction pattern in the skin characterised histologically by spongiosis with varying degrees of acanthosis, and a superficial perivascular lympho-histiocytic infiltrate. The clinical features may include itching, redness, scaling and clustered papulo-vesicles. The condition may be induced by a wide range of external and internal factors acting singly or in combination.

Exclusions: Dermatitis herpetiformis (EB44)

Periorificial dermatitis (ED90.1)

Cercarial dermatitis (1F86.4)

Coded Elsewhere: Allergic contact dermatitis (EK00)

Photo-allergic contact dermatitis (EK01)

Irritant contact dermatitis (EK02)

Contact dermatitis of external ear (EG40)

Allergic contact blepharoconjunctivitis (9A06.72)

Irritant contact blepharoconjunctivitis (EK02.11)

Contact gingivostomatitis (DA02.3)

Irritant contact dermatitis of hands (EK02.12)

Irritant contact dermatitis of vulva (EK02.13)

Dermatitis or eczema of eyelids (9A06.7)

Dermatitis or eczema of external ear

Eczematous nail dystrophy (EE13.5)

Dermatitis due to exogenous factors (EK5Y)

Eczematous drug eruption (EH6Y)

EA80 Atopic eczema

A chronic inflammatory genetically-determined eczematous dermatosis associated with an atopic diathesis (elevated circulating IgE levels, Type I allergy, asthma and allergic rhinitis). Filaggrin mutations resulting in impaired epidermal barrier function are important in its pathogenesis. Atopic eczema is manifested by intense pruritus, exudation, crusting, excoriation and lichenification. The face and non-flexural areas are often involved in infants; involvement of the limb flexures may be seen at any age. Although commonly limited in extent and duration, atopic eczema may be generalised and life-long.

Inclusions: atopic dermatitis

Coded Elsewhere: Atopic eczema of eyelids (9A06.70)

Atopic eczema of hands (EA85.20)

EA80.0 Infantile atopic eczema

Infantile atopic eczema is defined as atopic eczema present during the first year of life. It typically first manifests between the ages of 2 and 6 months: approximately 50% of people with atopic eczema first present in infancy. The face and non-flexural areas are commonly affected. The napkin area tends to be relatively spared. Involvement of the limb flexures, as is typical in childhood atopic eczema, is also often seen in infancy.

EA80.1 Childhood atopic eczema

Atopic eczema in children and adolescents first presenting or continuing after infancy up to age 19 years. Its prevalence is highest in northern latitudes (e.g. nearly 20% in Norwegian children as compared with 0.7% in Tanzanian children). The sites most characteristically involved are the elbow and knee flexures, sides of the neck, wrists and ankles. As the disease progresses, lichenification (skin thickening) becomes a typical clinical feature, especially in areas that can be easily reached and scratched. Discoid variants are more common in children of African and Asian ancestry.

EA80.2 Adult atopic eczema

Atopic eczema in adults (19 years or greater) may persist from childhood, recur in adulthood in individuals with a history of atopic eczema in childhood or, less commonly, may develop de novo in adult life.

EA80.Y Other specified forms of atopic eczema

EA80.Z Atopic eczema, unspecified

EA81 Seborrhoeic dermatitis and related conditions

A group of related inflammatory skin disorders affecting predominantly the scalp, face, upper trunk and flexures and characterised by variable amounts of erythema, scale, inflammation and exudation. It is thought that Malassezia yeasts play an important role in their pathogenesis. Although these disorders are common, they are seen with increased frequency and severity amongst persons infected with HIV.

Exclusions: Seborrhoea (ED91.2)

Coded Elsewhere: Infantile seborrhoeic dermatitis (EH40.0)

Seborrhoeic dermatitis of eyelids (9A06.71)

Seborrhoeic otitis externa (AA10)

Malassezia folliculitis (1F2D.1)

HIV-associated seborrhoeic dermatitis (EL3Y)

EA81.0 Seborrhoeic dermatitis of face

Seborrhoeic dermatitis affecting the face, most typically the nasolabial folds and chin.

Exclusions: Seborrhoea (ED91.2)

EA81.1 Seborrhoeic dermatitis of the scalp

Seborrhoeic dermatitis of the scalp is characterised by varying degrees of scaling, inflammation, exudation and crusting affecting the scalp. It may occur in isolation or may be accompanied by seborrhoeic dermatitis of other sites. It may be difficult to differentiate from scalp psoriasis. Pityriasis capitis (dandruff) is considered to represent a mild form of seborrhoeic dermatitis of the scalp.

Exclusions: Cradle cap (EH40.00)

Seborrhoea (ED91.2)

EA81.Y Seborrhoeic dermatosis of other specified type or distribution

EA81.Z Seborrhoeic dermatitis, unspecified

EA82 Nummular dermatitis

Cutaneous eruption otherwise known as discoid eczema characterised by discoid or coin-shaped plaques of eczema. The lesions usually occur on the extensor surfaces of the extremities, but the face and trunk may also be involved. The cause is unknown.

Coded Elsewhere: Nummular dermatitis of hands (EA85.2Y)

EA83 Lichen simplex or lichenification

If a circumscribed area of skin is subjected to repeated rubbing or scratching, localised epidermal thickening or lichenification will ensue. This may occur as a discrete patch within normal skin (lichen simplex) but frequently complicates eczema or other pruritic dermatoses.

EA83.0 Lichen simplex

Circumscribed pruritic lichenification of the skin of any origin. If a circumscribed area of skin is subjected to repeated rubbing or scratching, localised epidermal thickening or lichenification will ensue. The nape of the neck, genitalia, perianal area and lateral calf are commonly affected sites.

Inclusions: Neurodermatitis

EA83.00 Lichen simplex of vulva

Circumscribed pruritic lichenification of female external genitalia.

EA83.01 Lichen simplex of male genitalia

Circumscribed pruritic lichenification of male genitalia. The scrotum or the base of the penis are commonly affected sites.

EA83.02 Perianal lichen simplex

Circumscribed pruritic lichenification of perianal localisation.

EA83.0Y Lichen simplex of other specified site

EA83.0Z Lichen simplex of unspecified site

EA83.1 Secondary lichenification

Thickening of skin affected by a primary dermatosis as the result of repeated rubbing and scratching.

Coding Note: Code also the causing condition

EA84 Asteatotic eczema

Asteatotic eczema develops from asteatosis cutis. In the latter cracking and crazing of the epidermal stratum corneum produces a flaky skin with a reticulate erythema beneath the scales. It occurs particularly on the lower legs. It is more common in the elderly and is provoked by a combination of defatting and desiccation of the epidermis. If inflammation progresses then it may become more pruritic and eczematous, asteatotic eczema.

EA85 Dermatitis or eczema of hands and feet

Dermatitis (eczema) involving the hands and/or feet.

Inclusions: Dermatitis of hands and feet

Eczema of hands and feet

EA85.0 Vesicular dermatitis of hands and feet

An eczema of unknown cause affecting principally the palms, soles and sides of the fingers and toes. It is commonly known as pompholyx and is characterised by eruptions of itchy, often multiloculated blisters, which tend to rupture and become secondarily infected. It occurs most commonly in adolescents and young adults. Its relationship to other forms of eczema and to allergic sensitisation, especially to nickel, remains to be adequately elucidated.

EA85.1 Hyperkeratotic dermatitis of hands and feet

Form of eczema (dermatitis) characterised by highly irritable, scaly, fissured, hyperkeratotic patches on the palms and/or soles. The aetiology is unknown. This disorder takes a chronic course and may be extremely refractory to treatment.

EA85.2 Dermatitis of hands

Dermatitis or eczema involving predominantly the hands.

Coded Elsewhere: Irritant contact dermatitis of hands (EK02.12)

Vesicular dermatitis of hands (EA85.0)

Chronic relapsing vesiculosquamous dermatitis of hands (EA85.0)

Hyperkeratotic fissured palmar dermatitis (EA85.1)

EA85.20 Atopic eczema of hands

Atopic eczema involving predominantly the hands. Individuals with an atopic diathesis are particularly prone to hand eczema. It may be provoked by repeated contact with irritants at work as in hairdressers, cooks and health care workers. It may manifest in a discoid pattern of eczema.

EA85.2Y Other specified dermatitis of hands

EA85.2Z Dermatitis of hands, unspecified

EA85.3 Dermatitis of feet

Dermatitis (eczema) involving predominantly the feet.

Coded Elsewhere: Vesicular dermatitis of feet (EA85.0)

Hyperkeratotic fissured plantar dermatitis (EA85.1)

EA86 Dermatitis and eczema of lower legs

Dermatitis (eczema) affecting the lower legs, most commonly associated with lower limb venous insufficiency, lymphoedema and/or immobility.

Coded Elsewhere: Lower limb venous eczema (EF70)

EA86.0 Stasis dermatitis of the lower legs

A chronic eczematous process affecting the skin of the lower legs in association with chronic lower limb lymphoedema and immobility. It is often associated with lipodermatosclerosis. Failure of the normal "muscle pump" to aid venous return is an important component in the aetiology. It is common in the morbidly obese. It is characterised by low grade inflammation with variable scaling and desquamation.

EA87 Dermatitis or eczema of anogenital region

Dermatitis (eczema) affecting the external genitalia, crural folds and/or perianal skin.

EA87.0 Dermatitis or eczema of male genitalia

Dermatitis (eczema) involving male external genital organs.

EA87.1 Dermatitis or eczema of female genitalia

Dermatitis (eczema) affecting the female external genitalia.

Coded Elsewhere: Irritant contact dermatitis of vulva (EK02.13)

EA87.2 Dermatitis or eczema of perianal area

Dermatitis (eczema) involving perianal skin.

Coded Elsewhere: Perianal dermatitis of the newborn (KC21.2)

Irritant contact dermatitis of perianal skin (EK02.1Y)

EA87.Z Dermatitis or eczema of anogenital region, unspecified

EA88 Miscellaneous specified eczematous dermatoses

A heterogeneous group of eczematous dermatoses not classified elsewhere.

EA88.0 Infectious dermatitis

Infective dermatitis (infective eczematoid dermatitis) is an acute exudative dermatitis developing on normal skin surrounding a focus of suppurative infection. Such foci include infected wounds, suppurating sinuses and acute inflammatory fungal and/or bacterial infection of the toe clefts. The dermatitis may spread well beyond the skin directly affected by the suppuration.

Inclusions: Infective eczematoid dermatitis

Coded Elsewhere: Infectious dermatitis of the forefeet (EA85.3)

EA88.00 Human T-cell lymphotropic virus type 1 associated infective dermatitis of childhood

An inflammatory dermatitis of childhood which develops in a minority of children with HTLV‐1 infection, acquired usually via breast milk from an infected mother. Although the disease may clear spontaneously in adolescence, there is a high risk of development of Human T-cell lymphotropic virus-associated myelopathy (tropical spastic paraparesis) in later life. The onset is most frequent between the ages of 2 and 3, but it can manifest from as early as a few months of age to late childhood. Sites of predilection include the scalp, ears, eyelids, nostrils, neck, axillae and groin: erosions and crusting are commonly seen.

EA88.0Y Other specified infectious dermatitis

EA88.0Z Infectious dermatitis, unspecified

EA88.1 Post traumatic eczema

Eczema localised to skin damaged by physical trauma or by chemical or thermal burns. It may appear months or years after the injury has healed, usually with visible scarring.

EA88.2 Disseminated secondary eczema

The development of eczematous inflammation at sites distant from the primary site of an eczema or dermatitis. The onset of such dissemination may occur days or weeks after the primary dermatitis. The distribution of the secondary eczema tends to be symmetrical. Venous eczema, allergic contact dermatitis, acute irritant contact dermatitis and infective dermatitis are all potential triggers. The precise aetiopathology is as yet poorly understood.

Coding Note: Code also the causing condition

Inclusions: Eczematid

EA88.3 Secondary eczema

An eczematous reaction to the presence of another, usually inflammatory, skin disorder. This may be observed in some forms of psoriasis when the underlying disease may be obscured by a concurrent eczematous reaction.

Coding Note: Code also the causing condition

EA88.4 Pityriasis alba

A common low grade inflammatory dermatosis of unknown aetiology in which multiple small finely scaling macules appear on the face, and less commonly the shoulders and upper arms, of children. These may initially be mildly erythematous but soon become hypopigmented with fine surface scale. Histopathologically there is a mild subacute spongiotic dermatitis with reduction in melanin. It is more prominent in children with pigmented skin and may give rise to concern about vitiligo.

EA89 Generalised eczematous dermatitis of unspecified type

Generalised eczema of uncertain, unknown or unspecified aetiology.

EA8Y Other specified eczematous dermatosis

EA8Z Dermatitis or eczema, unspecified

Papulosquamous dermatoses (EA90‑EA95)

A group of skin disorders characterised by epidermal thickening and scaling. The archetypal papulosquamous dermatosis is psoriasis.

EA90 Psoriasis

Psoriasis is a common, chronic, relapsing, inflammatory skin disorder characterised by abnormal epidermal keratinization and hyperproliferation. It has a strong genetic component and affects some 2% of the populations of many regions of the world. Up to 10-20% of patients with psoriasis also experience an inflammatory polyarthritis (psoriatic arthritis). Although many people with psoriasis have limited disease, both psoriasis and its associated arthritis often cause major functional and psychosocial disability. The more severe forms of psoriasis are frequently associated with the metabolic syndrome and, as a result, a reduced life expectancy.

EA90.0 Plaque psoriasis

The commonest form of psoriasis, which manifests as well-defined red, scaly plaques on the skin. Typical sites of initial involvement are the scalp, the extensor surfaces of the elbows and knees, the lower back and the shins. In severe disease a majority of the skin surface may be involved.

EA90.1 Guttate psoriasis

An acute, usually widespread eruption of small (<1cm) papules of psoriasis associated in a majority of cases with preceding streptococcal infection, particularly tonsillitis and streptococcal sore throat. This form of psoriasis is seen typically in children and young adults. If untreated it tends to resolve over a period of four to six months.

EA90.2 Unstable psoriasis

Unstable psoriasis is an inflammatory form of psoriasis which may be the precursor of erythrodermic or generalised pustular psoriasis. It is characterised by intense inflammation around the edges of existing plaques and/or the appearance of multiple small fresh inflammatory papules and plaques. Some patients may have a lifelong tendency to unstable psoriasis. It tends to be difficult to control without resort to systemic therapy.

EA90.3 Erythrodermic psoriasis

Erythrodermic psoriasis is a severe generalised inflammatory form of psoriasis characterised by confluent intense erythema involving more than 90% of the skin surface. Erythrodermic psoriasis usually develops from preceding extensive, active plaque psoriasis but may arise de novo. Precipitating or trigger factors include withdrawal of systemic glucocorticosteroids, and, less frequently, abrupt discontinuation of methotrexate, phototherapy burns, or intercurrent infections. Patients may develop hypothermia or high output cardiac failure.

EA90.4 Pustular psoriasis

Psoriasis characterised by clinically visible pustules. Pustular psoriasis may be localised or generalised and life-threatening.

Coded Elsewhere: Infantile pustular psoriasis (EH40.Y)

EA90.40 Generalised pustular psoriasis

An inflammatory form of psoriasis characterised by the presence of widely distributed areas of visible sterile pustulation.

EA90.41 Acropustulosis of Hallopeau

An uncommon pustular form of psoriasis which may rarely eventuate into generalised pustular psoriasis. It is characterised by pustules and variable scaling occurring in and around the nails and nail-beds of the fingers and toes. It may cause marked nail destruction and may be associated with a distal interphalangeal joint arthritis, with palmoplantar pustulosis or with plaque psoriasis elsewhere.

Exclusions: Palmoplantar pustulosis (EA90.42)

EA90.42 Palmoplantar pustulosis

Palmoplantar pustulosis (PPP) is a chronic inflammatory skin condition characterised by crops of sterile pustules on the palms and soles which erupt repeatedly over months or years. The affected areas tend to become red and scaly; cracks may form and these are often painful. It is strongly associated with smoking. It is associated with psoriasis elsewhere on the body in up to 24% of patients though appears to have a genetic profile distinct from psoriasis vulgaris. Interleukin-36 receptor gene polymorphisms are strongly associated with generalised pustular psoriasis and have been detected in a minority of patients with PPP.

Inclusions: Palmoplantar pustular psoriasis

EA90.4Y Other specified pustular psoriasis

EA90.4Z Pustular psoriasis, unspecified

EA90.5 Psoriasis of specified site or distribution

The appearance, management and impact of psoriasis can vary considerably according to its location. Important variants are listed under this heading.

EA90.50 Scalp psoriasis

The scalp is frequently the site of initial presentation and is the commonest anatomical site to be involved by psoriasis. Morphologies range from discrete plaques to total scalp involvement with either thick plaques or scaly non-thickened areas almost identical to seborrhoeic dermatitis. Sites of predilection include the immediate post-auricular area and occiput.

EA90.51 Nail psoriasis

Psoriasis of the nails manifests as pitting, roughening, thickening or detachment of the nail plate and in its early stages is accompanied by reddening of the distal nail bed.

EA90.52 Flexural and intertriginous psoriasis

Psoriasis involving flexures (retro-auricular folds, axillae, crural folds) and/or intertriginous areas (groins, under the breasts and, in obese individuals, abdominal apron fold). It may occur on its own or in association with seborrhoeic psoriasis or chronic plaque psoriasis. Plaques are thin, shiny and beef-red in colour with minimal scale. They may become secondarily fissured and/or macerated.

EA90.53 Anogenital psoriasis

Psoriasis involving anogenital skin including the vulva, penis or perianal area.

EA90.5Y Psoriasis of other specified site or distribution

EA90.Y Other specified forms of psoriasis

EA90.Z Psoriasis of unspecified type

EA91 Lichen planus

Lichen planus is an inflammatory disease of skin and mucous membranes characterised by intense inflammation at the interface between epidermis/epithelium and dermis/corium. Its clinical manifestations vary according to how acutely it develops and to where it attacks. On the skin it typically presents as a symmetrical eruption of itchy, flat-topped pink or purple papules or plaques. Involvement of the scalp or nail matrix can produce permanent loss of hair or nails respectively. Although mucous membrane involvement can be asymptomatic, it can cause significant pain and distress, particularly when it is erosive.

EA91.0 Acute eruptive lichen planus

An acute generalised form of lichen planus.

Exclusions: Lichenoid drug eruption (EH62)

EA91.1 Hypertrophic lichen planus

A chronic recalcitrant form of lichen planus often localised to the lower legs and ankles and characterised by plaques of markedly thickened skin. It is often extremely pruritic. It can leave permanent pigmentation and scarring.

EA91.2 Follicular lichen planus

Lichen planus involving the hair follicle rather than the epidermis. It typically involves the scalp but may be seen elsewhere. Clinically it presents as grouped small, slightly scaly erythematous follicular papules.

EA91.3 Lichen planus of genital skin and mucous membranes

Lichen planus of genital mucous membranes tends to be mild in men but may give rise to concern about sexually-transmitted infection. Although it may be asymptomatic in women the severe erosive form may cause mark pain and disability.

EA91.4 Lichen planus and lichenoid reactions of oral mucosa

Oral lichenoid reactions represent a common end point in response to extrinsic agents (drugs, allergens), altered self-antigens, or superantigens. Clinical presentation can vary from asymptomatic white reticular striae to painful erythema and erosions. Cutaneous and mucosal involvement of other sites is common. Although oral lichen planus is by definition idiopathic, oral lichenoid reactions may be caused by medications or exogenous agents such as cinnamates and other flavourings.

EA91.40 Non-erosive lichen planus of oral mucosa

Oral lichen planus in which the epithelium remains intact.

EA91.41 Erosive oral lichen planus

Oral lichen planus in which the epithelium is ulcerated.

Coded Elsewhere: Vulvovaginal gingival syndrome (EA91.3)

EA91.42 Oral lichen planus, unspecified

Lichen planus of oral mucosa without mention of presence or absence of ulceration.

EA91.43 Lichenoid mucositis

Oral lichenoid mucositis is a term describing clinicopathological features of the oral mucosa which represent a common end point in response to extrinsic agents such as drugs or contact allergens, or to presumed altered self-antigens as in lichen planus. Clinical presentation can vary from asymptomatic

white reticular striae to painful erythema and erosions. Idiopathic lichen planus cannot always be distinguished from lichenoid reactions to external agents and in such circumstances it is appropriate to label the changes observed as oral lichenoid mucositis until a more definitive diagnosis can be made.

EA91.4Y Other specified lichenoid reactions of oral mucosa

EA91.5 Lichen planus of the nails

Lichen planus of the nail most commonly presents as nail plate thinning with longitudinal grooving and ridging. Hyperpigmentation, subungual hyperkeratosis, onycholysis, and longitudinal melanonychia can also occur. Rarely, the matrix can be permanently destroyed with prominent pterygium formation. Lichen planus has been linked to childhood idiopathic nail atrophy and may overlap with twenty-nail dystrophy of childhood.

EA91.6 Subacute lichen planus

The commonest form of lichen planus affecting the skin. It may be limited to a few papules or plaques but may be widespread. It may continue to extend over months and may remain active over several years.

EA91.Y Other specified lichen planus

EA91.Z Lichen planus of unspecified type

EA92 Lichenoid dermatoses

Conditions other than lichen planus in which there is histological damage to the lower epidermis accompanied by a chronic inflammatory infiltrate in the papillary dermis disturbing the interface between the epidermis and dermis.

Coded Elsewhere: Lichenoid drug eruption (EH62)

EA93 Pityriasis lichenoides

Pityriasis lichenoides is an uncommon inflammatory skin disease of unknown aetiology. It can range from a relatively mild chronic form to a fulminant form with skin necrosis and severe constitutional symptoms. The disease can last from just weeks to months or years. The chronic form is manifest as multiple small flat asymptomatic scaly papules located predominantly on the trunk and proximal limbs. The acute forms present with the abrupt appearance of multiple papules in the same distribution which rapidly progress to haemorrhagic blisters and ulceration.

EA94 Pityriasis rubra pilaris

Pityriasis rubra pilaris (PRP) is the name given to a group of clinically similar papulosquamous dermatoses of unknown aetiology. They initially present with erythematous, hyperkeratotic perifollicular papules, which tend to coalesce into plaques, but may progress to erythroderma, particularly in adults. The distribution, age of onset and speed of onset differ markedly between patients and these differences have been used to classify PRP into a number of clinically distinct subtypes.

EA95 Small plaque parapsoriasis

The benign form of parapsoriasis, a chronic multifocal skin disease characterised by atrophic erythematous patches located preferentially on the trunk and proximal extremities. The aetiology is unknown.

Inclusions: Digitate dermatosis

Chronic superficial dermatitis

Urticaria, angioedema and other urticarial disorders (EB00‑EB0Y)

A heterogeneous group of disorders characterised by dermal and/or subcutaneous and submucosal oedema. The most common underlying mechanism is release of histamine from mast cells with consequent capillary dilatation and tissue oedema. This is responsible for the weals of spontaneous and most physical urticarias. A variety of other mechanisms are involved in other urticarial disorders.

Exclusions: Urticaria pigmentosa (2A21.10)

Papular urticaria (EK50.00)

Coded Elsewhere: Hereditary angioedema (4A00.14)

Acquired angioedema (4A00.15)

Urticarial vasculitis (EF40.10)

Food-induced urticaria or angioedema (4A85.21)

Drug-induced urticaria, angioedema and anaphylaxis (EH61)

Angioedema due to disordered complement activation or kinin metabolism (4A00.1Z)

EB00 Spontaneous urticaria

Spontaneous urticaria is a disease characterised by the daily or almost daily eruption of spontaneous weals, angioedema or both.

Inclusions: ordinary urticaria

EB00.0 Acute urticaria

Spontaneous urticaria lasting less than six weeks

EB00.1 Chronic urticaria

Spontaneous urticaria lasting six weeks or more.

Inclusions: Chronic spontaneous urticaria

Chronic ordinary urticaria

EB00.Z Spontaneous urticaria, unspecified

EB01 Inducible urticaria and angioedema

The inducible or physical urticarias are a heterogeneous subgroup of urticarias in which pruritic weals, angioedema or both are triggered reproducibly by specific external physical stimuli. The onset of wealing is characteristically rapid with resolution within an hour. The exception is delayed pressure urticaria where weals take longer to develop and resolve. Individual susceptibility to a physical urticaria may be short-lived or may last for years.

EB01.0 Dermographism

Dermographism is characterised by the development of short-lived itchy weals in response to stroking of the skin. The weals are typically linear. Symptomatic dermographism is triggered by light skin stroking or friction and is pruritic, whereas simple dermographism is a common physiological response to firm skin stroking and is not pruritic.

Inclusions: Factitious urticaria

Dermatographic urticaria

EB01.1 Cold urticaria

Cold urticaria is triggered by skin cooling. Weals often develop as the skin rewarms afterwards. Cold contact urticaria is triggered by local skin cooling whereas the much less common cold reflex urticaria is triggered by generalised chilling causing a fall in core temperature.

EB01.2 Delayed pressure urticaria

Delayed pressure urticaria differs from other forms of physical urticaria in that the appearance of weals is delayed for several hours following the provoking stimulus. It is commonly associated with chronic spontaneous urticaria but tends to respond poorly to antihistamine therapy. The palms and soles, the waist, and the buttocks and thighs are commonly affected areas. Wealing can be induced by a variety of stimuli, including standing, walking, wearing of tight clothes, or sitting on a hard surface.

EB01.3 Contact urticaria

Urticaria resulting from skin or mucosal contact with a substance or substances capable of inducing wealing either by immunological or by non-immunological means.

Coded Elsewhere: Allergic contact urticaria (EK10)

EB01.Y Other specified forms of inducible urticaria and angioedema

EB01.Z Inducible urticaria and angioedema, unspecified

EB02 Cholinergic urticaria and related conditions

A range of urticarial disorders associated with heat and activation of sweating.

Coded Elsewhere: Exercise-induced anaphylaxis (4A84.30)

EB02.0 Cholinergic urticaria

Cholinergic urticaria presents as an eruption of multiple small 2-3 mm monomorphic papular weals in response to sweat-inducing stimuli such as physical exertion, hot baths, spicy foods or sudden emotional stress. The weals tend to be pink in milder cases but white with surrounding macular erythema when the oedema is more intense. Angioedema and systemic manifestations including faintness, headache, palpitations and wheezing may occur in severe cases.

Exclusions: Exercise-induced anaphylaxis (4A84.30)

EB02.Y Other conditions mediated by cholinergic activation

EB03 Syndromes with urticarial reactions or angioedema

Periodic and other syndromes in which urticarial reactions or angioedema play an important part.

Coded Elsewhere: Cryopyrin-associated periodic syndromes (4A60.1)

Tumour necrosis factor receptor 1 associated periodic syndrome (4A60.2)

EB04 Idiopathic angioedema

EB05 Urticaria of unspecified type

Inclusions: Hives

Nettle rash

EB0Y Other specified urticarial disorders

Inflammatory erythemas and other reactive inflammatory dermatoses (EB10‑EB31)

A heterogeneous group of disorders characterised by skin inflammation in response to known (usually infections or drugs) or unknown triggers

Coded Elsewhere: Inflammatory dermatoses of the newborn (KC21)

Pyodermatitis–pyostomatitis vegetans (EL3Y)

EB10 Diffuse inflammatory erythemas

A group of disorders characterised by diffuse redness of the skin. They may be due to drugs, viral infections or circulating toxins but frequently a precise aetiology cannot be determined.

Coded Elsewhere: Drug-induced erythroderma (EH64)

Neonatal toxic erythema (KC21.1)

EB11 Annular erythema

Annular erythema is the term given to a group of chronic annular and gyrate eruptions in which irregular rings and arcs of elevated erythema form from initial inflammatory papules which slowly enlarge whilst clearing centrally. The lesions are usually located on the buttocks, thighs and upper arms, but any area may be involved. The condition may persist for months to years. In the majority of cases the aetiology remains obscure.

Coded Elsewhere: Erythema gyratum repens (EL10)

Necrolytic migratory erythema (EL10)

EB12 Erythema multiforme

Erythema multiforme is a self‐limiting reactive inflammatory dermatosis triggered by cell‐mediated hypersensitivity, most commonly to drugs or infection, particularly Herpes simplex. It is characterised by an eruption of macules, papules, nodules, vesicles and/or bullae affecting preferentially the dorsal aspects of the hands and forearms. It may also involve oral and genital mucous membranes.

Exclusions: Stevens-Johnson syndrome or toxic epidermal necrolysis (EB13)

EB12.0 Cutaneous erythema multiforme

Erythema multiforme confined to the skin and typically triggered by recurrent Herpes simplex infection.

EB12.1 Mucocutaneous erythema multiforme

Erythema multiforme with mucosal involvement, usually of oral and/or genital mucous membranes. It causes significantly more morbidity than erythema multiforme confined to the skin.

Coded Elsewhere: Erythema multiforme with oral ulceration (DA01.13)

EB12.Y Other specified erythema multiforme

EB12.Z Erythema multiforme, unspecified

EB13 Stevens-Johnson syndrome or toxic epidermal necrolysis

A spectrum of severe and life-threatening hypersensitivity disorders affecting skin and mucous membranes, most commonly precipitated by an idiosyncratic reaction to medication. Stevens-Johnson syndrome (SJS) always involves mucosal surfaces but the skin involvement is limited by definition to <10% body surface area (BSA). Toxic epidermal necrolysis (TEN) may sometimes spare mucous membranes but skin involvement is by definition >30% BSA. An intermediate form is recognised in which mucosal involvement is accompanied by skin involvement of 10-30% BSA (SJS-TEN overlap syndrome). All forms result in extensive sloughing and ulceration and carry a significant risk of fatal outcome.

Coded Elsewhere: Stevens-Johnson syndrome and toxic epidermal necrolysis due to drug (EH63)

EB13.0 Stevens-Johnson syndrome

Stevens-Johnson syndrome is an immune-complex–mediated hypersensitivity disorder involving mucous membranes (conjunctivae, oral mucosa and genital mucosa) with, by definition, skin involvement limited to no more than 9% body surface area. It is related to toxic epidermal necrolysis and shares many of the same triggers, notably drugs, but the inflammation is centred on and close to mucosal surfaces. Although mortality is low, acute morbidity is high and conjunctival involvement has the potential to cause blindness.

Coded Elsewhere: Drug-induced Stevens-Johnson syndrome (EH63.0)

Acute cicatrizing conjunctivitis, Stevens-Johnson's (9A60.2)

Chronic cicatrizing conjunctivitis, Stevens-Johnson's (9A60.2)

EB13.1 Toxic epidermal necrolysis

Toxic epidermal necrolysis (TEN) is an acute life-threatening skin disease with commonly quoted overall risk of mortality of between 25 and 30%, though the risk of fatal outcome is around 90% in the most severely affected patients (SCORTEN score >5). It is characterised by the rapid onset of extensive erythema, necrosis, and bullous detachment of the epidermis (> 30% body surface area). Commonly, the mucous membranes are also involved. Death may result from a combination of sepsis, fluid depletion and multi-organ failure. In two thirds of cases, TEN is triggered by a clearly identifiable drug allergy.

Coded Elsewhere: Drug-induced toxic epidermal necrolysis (EH63.1)

EB13.2 Stevens-Johnson and toxic epidermal necrolysis overlap syndrome

A severe reactive skin disorder with features of both toxic epidermal necrolysis and Stevens-Johnson syndrome. It is defined by the presence of mucosal involvement and between 10% and 30% body surface area detachment of skin. It may be regarded as an intermediate form of these two disorders and, as with them, it can in most cases be attributed to a drug.

Coded Elsewhere: Drug-induced Stevens-Johnson and toxic epidermal necrolysis overlap syndrome (EH63.2)

Neutrophilic dermatoses (EB20‑EB2Y)

A group of inflammatory skin disorders characterised by neutrophilic infiltration of the skin.

Coded Elsewhere: Disseminated gonococcal infection (1A73)

Behçet disease (4A62)

EB20 Acute febrile neutrophilic dermatosis

Sweet syndrome (the eponym for acute febrile neutrophilic dermatosis) is characterised by a constellation of clinical symptoms, physical features, and pathological findings which include fever, neutrophilia, tender erythematous skin lesions (papules, nodules, and plaques), and a diffuse infiltrate consisting predominantly of mature neutrophils that are typically located in the upper dermis. Sweet syndrome presents in three clinical settings: classical (or idiopathic), malignancy-associated, and drug-induced.

Inclusions: Sweet syndrome

EB21 Pyoderma gangrenosum

An idiopathic, rapidly evolving, and severely debilitating disease occurring most commonly in association with chronic ulcerative colitis. It is characterised by the presence of boggy, purplish ulcers with undermined borders, appearing mostly on the legs. The majority of cases are in people between 40 and 60 years old. Its etiology is unknown.

Inclusions: Phagedenic pyoderma

EB2Y Other specified neutrophilic dermatoses

EB30 Eosinophilic cellulitis

Eosinophilic cellulitis (Wells syndrome) is characterised by a distinctive clinical picture resembling cellulitis, and a typical histology with tissue eosinophilia, oedema and ‘flame’ figures (clusters of eosinophils and histiocytes around a core of collagen and eosinophilic debris). It can affect either sex, usually in adult life. Any site may be involved, with single or multiple lesions, and recurrences are common. Initially, the lesions are itchy erythematous plaques with features resembling both urticaria and cellulitis but bullous and nodular forms have also been described. It may arise spontaneously but a number of drugs and infections have been implicated.

EB31 Erythema nodosum

An erythematous eruption commonly associated with drug reactions or infection and characterised by inflammatory nodules that are usually tender, multiple, and bilateral. These nodules are located predominantly on the shins with less common occurrence on the thighs and forearms. They undergo characteristic colour changes ending in temporary bruise-like areas. This condition usually subsides in 3-6 weeks without scarring or atrophy.

Coded Elsewhere: Acute sarcoidosis with erythema nodosum (4B20.5)

Drug-induced erythema nodosum (EH6Y)

Immunobullous diseases of the skin (EB40‑EB4Y)

A group of disorders characterised by the presence of circulating auto-antibodies directed against specific skin or mucous membrane antigens and resulting in blisters or erosions.

EB40 Pemphigus

Pemphigus is a group of chronic autoimmune skin diseases characterised by blister formation on the skin and the mucous membranes. The exact causes of the disease are unknown but the disease is mediated by auto-antibodies to desmosome components. Three clinical forms have been characterised. Pemphigus vulgaris, pemphigus foliaceus and pemphigus vegetans. Other variants exist, namely intercellular IgA dermatosis and paraneoplastic pemphigus.

Coded Elsewhere: Neonatal pemphigus (KA07.1)

EB40.0 Pemphigus vulgaris

Pemphigus vulgaris is a chronic autoimmune skin disease characterised by blister formation on the skin and the mucous membranes mediated by auto-antibodies to the desmosome components desmoglein 1 and 3.

EB40.00 Oral pemphigus

Oral pemphigus is a variant of pemphigus vulgaris, and is a chronic autoimmune skin disease characterised by blister formation on the oral mucous membrane mediated by auto-antibodies to the desmosome component desmoglein 3.

EB40.0Y Other specified pemphigus vulgaris

EB40.0Z Pemphigus vulgaris, unspecified

EB40.1 Pemphigus foliaceus

Pemphigus foliaceus is a chronic autoimmune skin disease characterised by superficial blister formation on the skin mediated by auto-antibodies to the desmosome component desmoglein 1.

EB40.2 Paraneoplastic pemphigus

Paraneoplastic pemphigus is a severe, often fatal autoimmune disease characterised by blisters and erosions not only on the skin and the mucous membranes but also involving other organs including the respiratory system. Auto-antibodies to a variety of plakin components of desmosomes and hemidesmosomes and to the protease inhibitor, Alpha-2-macroglobulin-like-1 protein, have all been implicated in its pathogenesis. It is strongly associated with lymphoproliferative disease.

Coding Note: Code also the causing condition

EB40.Y Other specified pemphigus

EB40.Z Pemphigus, unspecified

EB41 Pemphigoid

The pemphigoid group of immunobullous diseases is characterised by the production of IgG antibodies to the epidermal basement membrane zone, leading to subepidermal clefts which are clinically manifest as blisters or erosions of skin or mucous membranes.

Coded Elsewhere: Gestational pemphigoid (JA65.10)

Neonatal gestational pemphigoid (KA07.Y)

EB41.0 Bullous pemphigoid

Bullous pemphigoid is the most common autoimmune blistering disease in the Western world. It chiefly affects the elderly and typically presents with a pruritic urticated erythema which evolves into a widespread eruption of intact tense blisters. It can sometimes involve mucous membranes. It is characterised by IgG antibodies to the basement membrane zone, leading to subepidermal clefts that are clinically manifest as blisters.

EB41.1 Mucous membrane pemphigoid

Mucous membrane pemphigoid (MMP) encompasses a heterogeneous group of mucous membrane-dominated autoimmune diseases in which autoantibodies to antigens of the basement membrane zone (BMZ) of mucous membranes and the skin result in subepithelial blistering. MMP may be limited to the conjunctivae (ocular pemphigoid) or to the oral cavity (oral pemphigoid). When the skin is involved, it is generally less extensive and less migratory than in bullous pemphigoid. MMP follows a chronic course and may lead to severe scarring with the attendant risks of loss of vision and oesophageal strictures.

Coded Elsewhere: Mucous membrane pemphigoid with ocular involvement (9A62)

EB41.Y Other specified pemphigoid

EB41.Z Pemphigoid, unspecified

EB42 Linear IgA bullous dermatosis

Linear IgA bullous dermatosis is an uncommon immunobullous disorder which occurs in both adults and children. It is characterised by linear deposition of IgA along the epidermal basement membrane. Although the clinical picture may resemble dermatitis herpetiformis, it is not associated with gluten enteropathy and it has different clinical and immunopathological attributes.

EB43 Epidermolysis bullosa acquisita

Epidermolysis bullosa acquisita is an acquired non-familial blistering disease characterised by the presence of autoantibodies to collagen VII at the epidermal basement membrane zone, as demonstrated by direct immunofluorescence. There is a wide spectrum of clinical manifestations including a trauma-induced variant and a more inflammatory variant.

Exclusions: Genetically-determined epidermolysis bullosa (EC30‑EC3Z)

Coded Elsewhere: Transient neonatal epidermolysis bullosa acquisita (KA07.Y)

EB44 Dermatitis herpetiformis

Dermatitis herpetiformis is an immunobullous skin characterised by recurrent eruptions of intensely itchy papules, vesicles or bullae, which are typically grouped symmetrically on the extensor surfaces of the limbs and on the buttocks and back. The primary lesions are frequently obscured by excoriation. An incompletely understood abnormal response to dietary gluten provokes the formation of autoantibodies to tissue and epidermal transglutaminases and granular deposition of IgA in dermal papillae. The disease is strongly associated with gluten-sensitive enteropathy, which can range from mild jejunal epithelial inflammation to total villous atrophy (coeliac disease).

EB4Y Other specified immunobullous disorder

Cutaneous lupus erythematosus (EB50‑EB5Z)

Lupus erythematosus involving the skin. This ranges from acute cutaneous lupus as may accompany a flare of systemic lupus erythematosus to a variety of chronic forms which are in the majority of cases limited to the skin.

Exclusions: Systemic lupus erythematosus (4A40.0)

Lupus vulgaris (1B12.8)

Coded Elsewhere: Systemic lupus erythematosus with skin involvement (4A40.00)

Neonatal lupus erythematosus (KA07.0)

EB50 Subacute cutaneous lupus erythematosus

Subacute cutaneous lupus erythematosus is a non-scarring form of lupus erythematosus typified by the presence of circulating anti-Ro/SSA antibodies and discoid or annular inflamed red patches with variable fine scaling on sun-exposed skin, especially the sides of the face and neck, the vee of the neck, the extensor surfaces of the upper arms and the upper back: in contrast with systemic lupus erythematosus the cheeks tend to be spared. Visceral disease is less frequent than in systemic lupus erythematosus: renal involvement is rare and mild.

EB51 Chronic cutaneous lupus erythematosus

Chronic cutaneous lupus erythematosus (LE) is characterised by the presence of circumscribed cutaneous plaques showing varying degrees of oedema, erythema, scaling, follicular plugging and atrophy. It most commonly presents as discoid plaques involving the face, ears and scalp but can be widely disseminated or may affect predominantly the extremities (chilblain LE) or subcutaneous fat (lupus panniculitis). It can cause marked disfigurement with prominent facial scarring and permanent hair loss. Most patients remain otherwise in good health but 5-10% may develop systemic lupus erythematosus. Photosensitivity is less apparent than in subacute cutaneous lupus erythematosus.

Exclusions: Systemic lupus erythematosus (4A40.0)

EB51.0 Discoid lupus erythematosus

Discoid lupus erythematosus is characterised by the presence of discoid plaques showing varying degrees of oedema, erythema, scaling, follicular plugging and atrophy. It typically involves the face, ears and scalp, but widespread dissemination may occur. It can cause marked disfigurement with prominent facial scarring and permanent hair loss.

EB51.Y Other specified chronic cutaneous lupus erythematosus

EB51.Z Chronic cutaneous lupus erythematosus, unspecified

EB5Z Cutaneous lupus erythematosus of unspecified type

Scarring or sclerosing inflammatory dermatoses (EB60‑EB61.Z)

A group of inflammatory dermatoses limited to skin and mucous membranes and characterised by variable degrees of sclerosis, fibrosis and atrophy.

Coded Elsewhere: Graft-versus-host disease (4B24)

EB60 Lichen sclerosus

Lichen sclerosus is a chronic inflammatory dermatosis of unknown aetiology. It affects both women and men of all ages. It is characterised by the development of white, smooth, atrophic plaques on vulval and perianal skin in females and on the prepuce and glans penis in males. It often results in scar formation leading to a narrow introitus or phimosis with impairment of urinary and sexual function. The risk of anogenital squamous cell carcinoma is slightly increased. Less commonly other sites of the skin are affected, either independently or in conjunction with anogenital involvement.

EB60.0 Lichen sclerosus of vulva

Lichen sclerosus of the vulva is an inflammatory disorder of unknown aetiology affecting the skin of the vulva and perianal area. Typically it affects women in the fifth and sixth decades of life though is not uncommon in prepubertal girls. It presents with pruritus, soreness or dyspareunia. The affected skin is white and atrophic, though secondary changes including maceration, purpura and erosion may dominate the clinical picture. In longstanding cases there may be marked shrinkage of the vulva, labial fusion and an increased risk of malignant transformation.

EB60.1 Lichen sclerosus of penis

Lichen sclerosus of the penis develops almost exclusively in uncircumcised males and is the result of chronic occluded contact of susceptible epithelium to urine. It often causes dyspareunia and difficulties with micturition. It manifests typically as a sclerotic phimosis of the prepuce, which it may not be possible to retract, together with inflammation and sclerosis of the mucocutaneous surface of the prepuce and glans penis. Stenosis and occasionally obliteration of the external meatal orifice may occur in severe cases. Although most commonly recognised in adult men it is a common cause of acquired phimosis in boys.

Inclusions: Balanitis xerotica obliterans

EB60.Y Lichen sclerosus of other specified sites

EB60.Z Lichen sclerosus, unspecified

EB61 Morphoea

A group of related diseases of poorly understood aetiology affecting principally skin and subcutaneous tissue and characterised by variable fibrosis, sclerosis and cutaneous atrophy.

Coded Elsewhere: Extragenital lichen sclerosus with morphoea (EB60.Y)

Atrophoderma of Pasini and Pierini (EE7Y)

EB61.0 Plaque morphoea

The commonest form of morphoea which presents as indurated waxy plaques, often with a violaceous border and commonly affecting the trunk, especially in the submammary folds and around the waist. The cause is unknown. It is commoner in women than men.

Inclusions: Circumscribed scleroderma

EB61.1 Linear morphoea

Linear morphoea is a form of morphoea which usually presents in childhood or adolescence and is usually unilateral, affecting a limb with a linear induration of skin, subcutis and occasionally underlying muscle and bone. It may also affect the scalp and forehead ("en coup de sabre") producing a depressed scar likened to a healed sabre wound, with sclerosis of the skin and alopecia of affected scalp.

EB61.Y Other specified forms of morphoea

EB61.Z Morphoea, unspecified

EB7Y Other specified inflammatory dermatoses

Metabolic and nutritional disorders affecting the skin (EB90‑EB9Y)

This group includes dermatoses resulting either from disturbed metabolic processes or from defective nutrition

Coded Elsewhere: Disorders of essential minerals or their metabolism affecting the skin

Disorders of vitamins or their metabolism which may affect the skin

Neonatal nutritional disorders affecting the skin (KC24)

Dermatoses resulting from defective nutrition (5C3Y)

EB90 Dermatoses resulting from disturbed metabolic processes

This group comprises dermatoses where abnormal quantities of biological material accumulate in the skin. The effects of such accumulations depend on the particular material involved. Examples include lipid, mucin, amyloid, porphyrins and calcium.

Coded Elsewhere: Tophaceous gout (FA25.20)

Genetic disorders of amino acid metabolism or transport affecting the skin

Cutaneous amyloidosis (5D00.Y)

EB90.0 Diabetic skin lesions

Unspecified skin changes attributable to diabetes.

Coding Note: Always assign an additional code for diabetes mellitus.

EB90.1 Cutaneous mucinosis

Skin disorders characterised by accumulation of mucin in the skin

Coded Elsewhere: Mucopolysaccharidosis type 1 (5C56.30)

Mucopolysaccharidosis type 2 (5C56.31)

Mucopolysaccharidosis type 6 (5C56.33)

EB90.10 Pretibial myxoedema

Pretibial myxoedema is a form of diffuse cutaneous mucinosis in which there is an accumulation of excess glycosaminoglycans, especially hyaluronic acid, in the dermis and subcutis. It is most commonly seen on the shins (pretibial areas) but does occur elsewhere on the lower extremities. It manifests as violaceous or brownish, firm, non-pitting, asymmetrical nodules or plaques or nodules which tend to coalesce to produce extensive areas of induration with a "peau d'orange" (orange peel) appearance.

It is nearly always associated with autoimmune thyroiditis (Graves disease) and may be associated with finger clubbing (acropachy) and exophthalmos (thyroid eye disease).

Coding Note: Code also the causing condition

EB90.11 Lichen myxoedematosus

Localised lichen myxedematosus is a group of skin diseases characterised by the development of papules, nodules and/or plaques with mucin deposits and a variable degree of fibrosis in the absence of thyroid disease. The group comprises five sub-forms: nodular lichen myxedematosus, discrete papular lichen myxedematosus, papular mucinosis of infancy, acral persistent papular mucinosis and self-healing papular mucinosis.

EB90.12 Reticular erythematous mucinosis

Reticular erythematous mucinosis comprises areas of reticular infiltrated erythema affecting particularly the upper anterior chest wall. Histologically there is a mucinous and chronic inflammatory cell infiltrate in the dermis. It occurs most frequently in women in middle years of life. The aetiology is not understood though exposure to sunlight may play a part.

EB90.1Y Other specified forms of cutaneous mucinosis

EB90.2 Cutaneous and subcutaneous xanthomata

An abnormal accumulation of lipid in the skin or soft tissues, most frequently due to an associated dyslipidaemia.

Exclusions: Benign cephalic histiocytosis (EE81)

EB90.20 Plane xanthoma

Plane (planar) xanthomata are flat cutaneous xanthomata and contrast with eruptive and tuberous xanthomata which present as papules and nodules. They are often completely macular but may develop into elevated plaques. The commonest type is the xanthelasma of the eyelid but also included is the palmar xanthoma and a less common widespread form, diffuse plane xanthoma, which may be mimicked by a clinically similar disorder associated with paraproteinaemia, diffuse normolipidaemic plane xanthomatosis.

Coding Note: Code also the causing condition

Coded Elsewhere: Xanthelasma of eyelid (9A06.4)

EB90.21 Tuberous xanthoma

Tuberous xanthomas are firm yellow-red nodules that occur over sites of pressure: they usually indicate the presence of hyperlipidaemia type 3 (Type III hyperlipoproteinaemia). They start as small xanthomas, usually over the extensor aspects of the elbows and knees, but can develop into quite exuberant exophytic lesions several centimetres in diameter and height. They can develop over other pressure sites particularly the heels and plantar surfaces of the feet.

Coding Note: Code also the causing condition

EB90.22 Eruptive xanthoma

Eruptive xanthomata manifest as crops of small yellow papules which erupt in large numbers over extensor surfaces, particularly the buttocks, back, legs and arms. They are associated with severe hypertriglyceridaemia and may be associated with uncontrolled diabetes mellitus.

Coding Note: Code also the causing condition

EB90.23 Tendinous xanthoma

Tendinous xanthomata manifest most commonly as subcutaneous nodules attached to the extensor tendons over the knuckles or the Achilles tendon, though other tendons can sometimes be affected. They are most frequently seen in familial hypercholesterolaemia but may also be associated with secondary hypercholesterolaemia due to prolonged cholestasis.

Coding Note: Code also the causing condition

EB90.24 Xanthoma due to specified disorder of lipid metabolism

Lipid accumulations in the skin and soft tissues resulting from disordered lipid metabolism.

Coding Note: Code also the causing condition

EB90.2Z Cutaneous and subcutaneous xanthomata of unspecified type

EB90.3 Porphyria or pseudoporphyria affecting the skin

Skin disorders resulting from or simulating disorders due to certain disorders of porphyrin metabolism.

Coded Elsewhere: Porphyria cutanea tarda (5C58.10)

Variegate porphyria (5C58.13)

Erythropoietic porphyrias (5C58.12)

EB90.30 Pseudoporphyria

The development of blistering of exposed skin on the extremities resembling porphyria cutanea tarda without demonstrable abnormalities of porphyrin metabolism.

EB90.3Y Other specified porphyria or pseudoporphyria affecting the skin

EB90.4 Calcification of skin or subcutaneous tissue

A heterogeneous group of disorders which result in deposition of calcium in skin and soft tissues.

EB90.40 Dystrophic calcification of the skin of uncertain or unspecified aetiology

Abnormal deposition of calcium in the skin and subcutaneous tissues of unknown (idiopathic) or unspecified cause.

Coded Elsewhere: Scrotal calcinosis (GA81.Y)

EB90.41 Calcific panniculitis

Calcific panniculitis presents as discrete, firm subcutaneous masses, often affecting the thighs and hips. It is strongly associated with hyperparathyroidism, particularly in the context of chronic renal failure. It may occur in conjunction with but is clinically distinct from calcific arteriolopathy (calciphylaxis).

EB90.42 Calcific arteriolopathy

Calcific arteriolopathy (calciphylaxis) is a life-threatening vasculopathic disorder characterised by painful cutaneous ischaemia and infarction due to calcification, intimal fibroplasia, and thrombosis of subcutaneous arterioles. It is most commonly associated with end-stage kidney disease or renal transplantation, particularly in the context of longstanding diabetes mellitus. Affected skin, commonly on the hips and thighs, appears mottled, grey and devitalized before progressing to full thickness infarction and deep ulceration. These changes may be accompanied by indurated subcutaneous plaques indicating an underlying calcifying panniculitis. The condition may be but is not always associated with hyperparathyroidism or an elevated calcium-phosphate product.

Inclusions: Calciphylaxis

EB90.4Y Other specified calcification of skin or subcutaneous tissue

EB9Y Other specified metabolic and nutritional disorders affecting the skin

Genetic and developmental disorders affecting the skin (EC10‑EC7Y)

A large group of disorders, some limited to the skin but many involving other organ systems, due to heritable genetic defects, chromosomal abnormalities or embryofetal developmental anomalies.

Coded Elsewhere: Chromosomal disorders affecting the skin

DNA instability syndromes affecting the skin

Genetic disorders of adipose tissue or lipid metabolism affecting the skin

Genetic disorders of amino acid metabolism or transport affecting the skin

Sphingolipidoses with skin manifestations

Genetic hamartoneoplastic syndromes affecting the skin (LD27.5)

Variegate porphyria (5C58.13)

Mucopolysaccharidosis type 1 (5C56.30)

Mucopolysaccharidosis type 2 (5C56.31)

Mucopolysaccharidosis type 6 (5C56.33)

Acrodermatitis enteropathica (5C64.20)

Monogenic autoinflammatory syndromes (4A60)

Chronic mucocutaneous candidosis (1F23.14)

Congenital anomalies of skin development (LC60-LC60)

Developmental hamartomata of the epidermis and epidermal appendages (LC00-LC0Y)

Developmental anomalies of skin pigmentation (LC10-LC1Y)

Hamartomata derived from dermal connective tissue (LC20-LC2Y)

Developmental defects of hair or nails (LC30-LC31)

Developmental anomalies of cutaneous vasculature (LC50-LC5Z)

Genetic syndromes affecting the skin (EC10‑EC1Y)

Coded Elsewhere: Genetic syndromes affecting cutaneous vasculature

Ectodermal dysplasia syndromes (LD27.0)

Syndromes with premature ageing appearance as a major feature (LD2B)

EC10 Genetic syndromes with poikiloderma

Hereditary syndromes in which poikiloderma (cutaneous pigmentation, atrophy and telangiectasia) is a conspicuous feature.

Coded Elsewhere: Cockayne syndrome (LD2B)

Rothmund-Thomson syndrome (LD2B)

Hereditary acrokeratotic poikiloderma, Weary type (LD27.Y)

Kindler syndrome (LD2B)

Bloom syndrome (4A01.31)

Dyskeratosis congenita (3A70.0)

EC1Y Other specified genetic syndromes affecting the skin

EC20 Genetic disorders of keratinisation

Heritable disorders characterised by abnormal epidermal keratinization. They include the ichthyoses and palmoplantar keratodermas.

Coded Elsewhere: Syndromic ichthyosis (LD27.2)

Keratosis pilaris (ED56)

EC20.0 Non-syndromic ichthyosis

Hereditary ichthyoses with clinical manifestations limited to the integument.

EC20.00 Ichthyosis vulgaris

Ichthyosis vulgaris accounts for 95% of all cases of hereditary ichthyosis. It is an autosomal dominant condition due to filaggrin gene mutations. At birth the skin may appear normal but it gradually becomes dry, rough and scaly, with most signs and symptoms appearing by the age of 5. Ichthyosis vulgaris can affect all parts of the skin surface including the face and scalp though the limb flexures are usually spared. Hyperlinearity of the palms is a characteristic feature. It is closely associated with the development of atopic eczema.

EC20.01 X-linked ichthyosis

X-linked ichthyosis is an X-linked recessive genodermatosis associated with steroid sulfatase deficiency and elevated plasma cholesterol sulfate. Generalised scaling is present at or shortly after birth, most prominently over the extremities, neck, trunk, and buttocks. It occurs only in males and may be associated with testicular disease and corneal opacities.

EC20.02 Autosomal recessive congenital ichthyosis

A heterogeneous group of genetically-determined ichthyoses with autosomal recessive inheritance.

EC20.03 Keratinopathic ichthyoses

Heritable ichthyoses resulting from mutations in keratin genes.

EC20.0Y Other specified or unclassifiable non-syndromic ichthyosis

EC20.1 Hereditary skin peeling

A group of uncommon heritable disorders characterised by abnormal skin peeling

EC20.2 Hereditary acantholytic dermatoses

A group of heritable disorders characterised by epidermal acantholysis and loss of epidermal integrity.

EC20.3 Hereditary palmoplantar keratodermas

Heritable disorders of keratinisation of the skin of the palms and soles.

EC20.30 Diffuse palmoplantar keratodermas

Palmoplantar keratoderma in which there is confluent epidermal thickening affecting the palms and soles.

Coded Elsewhere: Hidrotic ectodermal dysplasia, Clouston type (LD27.03)

EC20.31 Focal palmoplantar keratodermas

Palmoplantar keratoderma in which there is focal epidermal thickening with areas of normal intervening palmar and plantar skin.

Coded Elsewhere: Tyrosinaemia type 2 (5C50.12)

EC20.32 Papular palmoplantar keratodermas

Palmoplantar keratoderma characterised by the presence of multiple small discrete hyperkeratotic papules involving palmar and plantar skin.

EC20.3Z Hereditary palmoplantar keratoderma of unspecified type

EC20.Y Other specified genetic disorders of keratinisation

EC21 Genetic defects of hair or hair growth

Coded Elsewhere: Genetic syndromes with hypertrichosis (LD27.3)

EC21.0 Genetic defects of the hair shaft

Exclusions: Menkes' kinky hair syndrome (5C64.0)

EC21.1 Genetic syndromes with abnormalities of the hair shaft

Coded Elsewhere: Bamforth-Lazarus syndrome (5A00.0Y)

Cartilage-hair hypoplasia (LD27.0Y)

Netherton syndrome (LD27.2)

Woolly hair – palmoplantar keratoderma – dilated cardiomyopathy (BC43.6)

Woolly hair – hypotrichosis – everted lower lip – outstanding ears (LD27.0Y)

Menkes disease (5C64.0Y)

Curly hair – ankyloblepharon – nail dysplasia syndrome (LD27.0Y)

EC21.2 Hereditary alopecia or hypotrichosis

Genetically-determined absence or sparsity of hair.

EC21.3 Genetic syndromes with alopecia or hypotrichosis

Hereditary syndromes in which sparse or absent hair is a component

Coded Elsewhere: Argininosuccinic aciduria (5C50.A0)

Hidrotic ectodermal dysplasia, Clouston type (LD27.03)

Severe T-cell immunodeficiency - congenital alopecia - nail dystrophy (4A01.1Y)

Ichthyosis – hypotrichosis syndrome (LD27.2)

Neonatal sclerosing cholangitis – ichthyosis – hypotrichosis syndrome (DB96.2Y)

Odonto-onycho-dermal dysplasia (LD27.0Y)

Woolly hair – hypotrichosis – everted lower lip – outstanding ears (LD27.0Y)

Autosomal dominant palmoplantar keratoderma and congenital alopecia (LD27.0Y)

Autosomal recessive palmoplantar keratoderma and congenital alopecia (LD27.0Y)

Alopecia - contractures - dwarfism - intellectual deficit (LD27.0Y)

Alopecia – psychomotor epilepsy – periodontal pyorrhoea – intellectual disability syndrome (LD90.Y)

Cataract - alopecia - sclerodactyly (LD27.0Y)

Odonto-onycho dysplasia - alopecia (LD27.0Y)

Schöpf-Schulz-Passarge syndrome (LD27.0Y)

Macrocephaly – alopecia – cutis laxa – scoliosis syndrome (LD28.2)

EC21.4 Genetically-determined hypertrichosis

Increased non-androgen-dependent hair growth due to genetic abnormality

Coded Elsewhere: Hypertrichosis lanuginosa congenita (LD27.0Y)

Congenital generalised hypertrichosis (LD27.0Y)

X-linked dominant congenital generalised hypertrichosis (LD27.0Y)

Familial isolated trichomegaly (LD27.0Y)

EC21.Y Other specified genetic defects of hair or hair growth

EC21.Z Genetic defects of hair or hair growth, unspecified

EC22 Genetic defects of nails or nail growth

Coded Elsewhere: Genetic syndromes affecting nails (LD27.4)

EC22.0 Inherited deformities of nails

Genetically-determined abnormalities of nail development.

EC23 Genetic disorders of skin pigmentation

Genetic disorders of the skin characterised by disordered pigmentation, including albinism and inherited forms of lentiginosis.

EC23.0 Non-syndromic genetically-determined hypermelanosis or lentiginosis

EC23.1 Syndromic genetically-determined hypermelanosis or lentiginosis

Coded Elsewhere: Peutz-Jeghers syndrome (LD2D.0)

Incontinentia pigmenti (LD27.00)

Neurofibromatoses (LD2D.1)

Arterial dissection - lentiginosis (BD50.Z)

McCune-Albright syndrome (FB80.0)

LEOPARD syndrome (LD2F.1Y)

Carney complex (5A70.Y)

Bannayan-Riley-Ruvalcaba syndrome (LD2D.Y)

Legius syndrome (LD27.5)

EC23.2 Albinism or other specified genetically-determined hypomelanotic disorders

A large group of heritable disorders in which cutaneous melanin production is reduced or absent, mainly as the result of defects in enzymes required for normal melanin biosynthesis.

Coded Elsewhere: Ocular albinism (9E1Y)

EC23.20 Oculocutaneous albinism

Oculocutaneous albinism is a genetically heterogeneous congenital disorder characterised by decreased or absent pigmentation in the hair, skin, and eyes.

EC23.2Y Other specified genetically-determined hypomelanotic disorders

EC23.Y Other specified genetic disorders of skin pigmentation

EC23.Z Genetic disorders of skin pigmentation, unspecified

Genetically-determined epidermolysis bullosa (EC30‑EC3Z)

Epidermolysis bullosa (EB) is the name given to a heterogeneous group of blistering disorders which in the majority of cases are due to genetically-determined defects in structural proteins of the epidermis and dermo-epidermal junction. The genetic forms are to be distinguished from the immunobullous disorder, epidermolysis bullosa acquisita (qv).

Exclusions: Epidermolysis bullosa acquisita (EB43)

EC30 Epidermolysis bullosa simplex

Epidermolysis bullosa simplex is the name given to a heterogeneous group of genetically-determined defects in epidermal cell-cell adhesion. These give rise to blistering in response to frictional and shearing stresses.

EC31 Junctional epidermolysis bullosa

Junctional (lucidolytic) epidermolysis bullosa is due to defects at the level of the lamina lucida of the epidermal basement membrane. The generalised severe form (Herlitz) is associated with widespread mucosal involvement of internal organs and has a high mortality in infancy.

EC32 Dystrophic epidermolysis bullosa

Dystrophic (dermolytic) epidermolysis bullosa is due to defects in or absence of type VII collagen. As a result the anchoring fibrils which secure the epidermal basement membrane to the dermis are defective or absent. The severe recessive form causes extensive scarring and predisposes to aggressive squamous cell carcinoma.

EC33 Syndromic epidermolysis bullosa

A small group of disorders including Kindler syndrome in which skin blistering is associated with other defects.

Coded Elsewhere: Kindler syndrome (LD2B)

Ectodermal dysplasia – skin fragility syndrome (EC30)

Skin fragility-woolly hair syndrome (EC21.1)

EC3Z Epidermolysis bullosa

Genetic disorders affecting dermal collagen, elastin or other matrix proteins (EC40‑EC4Y)

A heterogeneous group of disorders due to genetically-determined abnormalities of dermal structural proteins including collagen and elastin.

Coded Elsewhere: Ehlers-Danlos syndrome (LD28.1)

Marfan syndrome (LD28.01)

Genetically-determined cutis laxa (LD28.2)

Familial cutaneous collagenoma (LC2Y)

EC40 Pseudoxanthoma elasticum

Pseudoxanthoma elasticum (PXE) is an inherited connective tissue disorder characterised by progressive calcification and fragmentation of elastic fibres in the skin, retina, and arterial walls.

EC4Y Other specified genetic disorders affecting dermal matrix proteins

Specified developmental anomalies affecting the skin (EC50‑EC5Y)

Coded Elsewhere: Structural developmental anomalies of eyelids (LA14.0)

Structural developmental anomalies of mouth or tongue (LA31)

Facial clefts (LA51)

Minor anomalies of pinnae (LA21)

Amniotic bands (LD2F.1Y)

EC50 Developmental anomalies of the umbilicus

Coded Elsewhere: Allantoic duct remnants or cysts (LB03.0)

Umbilical sinus (LB03.Y)

Umbilical vitelline cyst or remnants (LB03.Y)

Subcutaneous vitelline cyst or remnants (LB03.Y)

EC5Y Other specified developmental anomalies affecting the skin

EC7Y Other specified genetic and developmental disorders affecting the skin

Sensory and psychological disorders affecting the skin (EC90‑ED3Y)

A group of skin disorders due to disturbances of cutaneous sensation including pruritus and pain, psychological disorders including artefact and delusional states, and dermatoses resulting from nerve damage and other neurological conditions.

Disturbances of cutaneous sensation (EC90‑EC9Y)

This group includes dermatoses associated with itch, pain and other disturbances of cutaneous sensation.

Coded Elsewhere: Lichen simplex (EA83.0)

EC90 Pruritus

An intense itching sensation that produces the urge to rub or scratch the skin to obtain relief.

Exclusions: neurotic excoriation (6B25.1)

Coded Elsewhere: Pruritus of pregnancy (JA65.11)

EC90.0 Pruritus due to skin disorder

Pruritus due to skin disorder, especially those such as xerosis cutis or psoriasis where itch may occur but is not an inherent component of the disorder.

EC90.1 Pruritus due to systemic disorder

Pruritus due to underlying systemic disorder such as renal failure or cholestatic jaundice.

Coded Elsewhere: HIV-associated pruritus (EL3Y)

Paraneoplastic pruritus (EL1Y)

EC90.10 Uraemic pruritus

Pruritus in patients with chronic renal failure. Although common in untreated chronic kidney disease, it is particularly prevalent in patients receiving peritoneal or haemo-dialysis. The itch is not due to elevated serum urea levels. The precise mechanisms are not fully understood.

EC90.11 Cholestatic pruritus

Pruritus due to defective elimination of bile.

Coded Elsewhere: Intrahepatic cholestasis of pregnancy (JA65.0)

EC90.12 Haemodialysis-associated pruritus

Generalised pruritus attributable to haemodialysis rather than to chronic kidney disease. The causes are not well understood.

EC90.1Y Pruritus due to other specified systemic disorder

EC90.2 Drug-induced pruritus

Pruritus attributable to drugs, in particular opioids.

EC90.3 Pruritus due to neurological disorder

Pruritus resulting from damage or irritation of sensory nerves or their central connections.

EC90.4 Psychogenic pruritus

Chronic episodic pruritus in the absence of an identifiable organic cause and typically associated with stress and/or depression.

EC90.5 Anogenital pruritus

Persistent itching of the perianal skin and/or external genitalia.

Coded Elsewhere: Penoscrotal pruritus (GA81.0)

Vulval pruritus (GA42.0)

Anal pruritus (EG60)

EC90.6 Pruritus of unknown cause

Pruritus without identifiable cause despite thorough investigation.

EC90.Y Pruritus of other specified type or aetiology

EC90.Z Pruritus, unspecified

EC91 Prurigo

Prurigo is a cutaneous reaction pattern due to chronic scratching of itchy skin. It is characterised by widespread, symmetrically distributed, itchy, excoriated papules and nodules with focal epidermal acanthosis and hyperkeratosis on histology.

Coded Elsewhere: HIV-associated papular pruritic eruption (EL3Y)

EC91.0 Nodular prurigo

A chronic highly pruritic dermatosis of poorly understood aetiology which presents with multiple warty nodules on the skin, particularly on the limbs. Exudation, crusting and scale result from repeated scratching.

EC91.1 Atopic prurigo

A clinical variant of atopic eczema characterised by multiple discrete itchy, often excoriated papules, particularly on the limbs.

Coded Elsewhere: Childhood atopic eczema, prurigo pattern (EA80.1)

Adult atopic eczema, prurigo pattern (EA80.2)

EC91.Z Prurigo, unspecified

EC92 Mucocutaneous or cutaneous pain syndromes

A range of chronic focal pain disorders affecting skin or mucosal sites, with a predilection for the orocervical and urogenital regions. They are diagnoses of exclusion and should be made only when no other explanation for the symptoms can be found. They are frequently associated with severe psychological distress.

Coded Elsewhere: Burning mouth syndrome (DA0F.0)

Vulvodynia (GA34.02)

EC92.0 Penoscrotodynia

An uncommon but distressing somatoform disorder affecting men in which there is a clear and precise complaint of genital pain and/or a skin burning sensation for which no underlying cause can be found.

EC92.1 Scalp dysaesthesia

An uncommon but distressing somatoform disorder in which there is a clear and precise complaint of scalp pain or burning sensation for which no underlying cause can be found.

EC9Y Other specified disturbances of cutaneous sensation

Mental conditions affecting the skin (ED00‑ED2Y)

This group includes cutaneous artefacts and disorders of cutaneous image and perception including delusional states and body dysmorphic disorder.

Coded Elsewhere: Olfactory reference disorder (6B22)

Body dysmorphic disorder (6B21)

Somatic delusion directed at the skin (MB26.09)

Self-inflicted skin disorders (ED00‑ED0Y)

This heterogeneous group of disorders all result from self-inflicted skin injury or pathomimicry directly induced either by psychopathological behaviour or by intentional deception.

Coded Elsewhere: Body-focused repetitive behaviour disorders (6B25)

Trichotillomania (6B25.0)

Self-inflicted hair-damaging disorder (6B25.Z)

ED00 Artefactual skin disorder

Artefactual skin disorder encompasses a diverse range of self-inflicted skin injuries that are provoked by mechanical means or by the application or injection of chemical irritants or caustics. They may simulate other dermatoses but usually have a distinctive, geometric, bizarre configuration which cannot be otherwise explained.

Inclusions: Dermatitis artefacta

Exclusions: Excoriation disorder (6B25.1)

Factitious disorders (6D50‑6D5Z)

Malingering (QC30)

Coded Elsewhere: Artefactual panniculitis (EF00.Y)

ED01 Simulated skin disease

Simulated skin disease can present in a variety of ways such as application of glue, dyes or make-up to the skin (particularly by children or adolescent girls) and is usually though not always readily recognised for what it is. The motivation for the simulation can vary but may point to some form of psychopathology or may be purely experimentation.

Exclusions: Factitious disorders (6D50‑6D5Z)

Malingering (QC30)

ED02 Painful bruising syndrome

Painful bruising syndrome (Gardner-Diamond syndrome, autoerythrocyte sensitization, psychogenic purpura) is a rare and poorly understood clinical presentation of unexplained painful ecchymoses, mostly on the extremities and/or the face. It has been associated with emotional stress or one or more concomitant mental illnesses.

ED0Y Other specified self-inflicted skin disorders

ED2Y Other specified mental conditions affecting the skin

Neurological conditions affecting the skin (ED30‑ED3Y)

Skin conditions resulting from degeneration of or damage to the nervous system

Coded Elsewhere: Pruritus due to neurological disorder (EC90.3)

Hereditary sensory or autonomic neuropathy (8C21)

ED30 Neuropathic skin damage

Skin changes attributable entirely or in part to sensory or autonomic nerve damage.

ED30.0 Neuropathic skin ulceration

Ulceration of the skin resulting from impairment of pain sensation due to sensory nerve dysfunction.

Inclusions: Neuropathic ulcer

Coded Elsewhere: Neuropathic skin ulceration due to leprosy (1B20.3)

ED30.Y Other specified neuropathic skin damage

ED31 Burning feet syndrome

Burning feet syndrome is thought to be due to a specific autonomic neuropathy affecting predominantly small fibre cholinergic nerves. It is characterised by an uncomfortable burning sensation on the feet, often accentuated by heat or cold. It may be sporadic, familial or associated with diabetes mellitus.

ED3Y Cutaneous involvement in other specified neurological condition

Skin disorders involving specific cutaneous structures (ED50‑EG02)

Disorders of the epidermis and epidermal appendages (ED50‑EE21)

This group incorporates skin disorders involving principally the epidermis, including abnormalities of keratinization and pigmentation, and the epidermal appendages, namely the hair follicular unit (hair, hair follicle, sebaceous gland, apocrine duct and apocrine gland), the eccrine sweat gland apparatus (eccrine duct and gland) and the nail apparatus.

Disorders of epidermal keratinisation (ED50‑ED5Y)

This group incorporates dermatoses characterised by scaling (ichthyoses and hyperkeratoses), epidermal thickening (acanthoses and keratodermas), loss of cohesion (acantholytic dermatoses and skin peeling) or xeroderma.

Coded Elsewhere: Hereditary acantholytic dermatoses (EC20.2)

ED50 Ichthyoses

Genetically-determined and acquired disorders of epidermal keratinization characterised by diffuse scaling and/or thickening of the stratum corneum.

Coded Elsewhere: Non-syndromic ichthyosis (EC20.0)

Syndromic ichthyosis (LD27.2)

Hereditary ichthyosis (EC20.Y)

ED50.0 Acquired ichthyosis

Acquired ichthyosis resembles autosomal dominant ichthyosis vulgaris but develops in adult life in individuals without a previous history of ichthyosis. It may be caused by certain drugs but when associated with underlying malignancy (i.e. paraneoplastic) it is strongly associated with Hodgkin lymphoma and may be the presenting sign of that disease. It may less commonly be associated with other lymphoid neoplasms or solid tumours.

Exclusions: Hereditary ichthyosis (EC20)

Coded Elsewhere: Paraneoplastic acquired ichthyosis (EL10)

ED50.Z Ichthyosis of unspecified type

ED51 Diffuse epidermal hyperkeratosis and acanthosis

Conditions characterised by diffuse thickening of the horny and/or spinous layers of the epidermis.

ED51.0 Acanthosis nigricans

Acanthosis nigricans is characterised by dark, thick, velvety skin in body folds and creases. It is most commonly encountered in association with obesity and type 2 diabetes though may be a component of a number of genetic syndromes. Hyperinsulinaemia and insulin resistance are important underlying factors. Acanthosis nigricans may rarely be due to underlying malignancy (paraneoplastic acanthosis nigricans).

Coded Elsewhere: Paraneoplastic acanthosis nigricans (EL10)

ED51.00 Benign acanthosis nigricans

Benign acanthosis nigricans is a thickening and pigmentation affecting predominantly flexural skin, especially the neck, axillae and groins. It is thought to be due to high concentrations of insulin binding to insulin-like growth factor receptors, with resultant keratinocyte proliferation. It is strongly associated with insulin resistance and obesity. Type 2 diabetes and the metabolic syndrome are commonly associated.

Exclusions: Paraneoplastic acanthosis nigricans (EL10)

ED51.0Y Other specified acanthosis nigricans

ED51.0Z Acanthosis nigricans, unspecified

ED51.Y Other specified hyperkeratotic and acanthotic dermatoses

ED52 Porokeratoses

Porokeratoses result from a clonal disorder of keratinization. They are characterised by one or more atrophic patches surrounded by a clinically and histologically distinctive ridged hyperkeratotic border (cornoid lamella). Multiple clinical variants of porokeratosis are recognised.

ED53 Skin peeling

A range of hereditary and acquired disorders characterised by an increased tendency to superficial skin peeling.

Coded Elsewhere: Hereditary skin peeling (EC20.1)

ED54 Xerosis cutis or asteatosis

Dryness of the skin surface commonly due to defatting of the epidermis by excessive exposure to soaps and detergents or desiccation from prolonged exposure to low ambient humidity. It occurs most commonly in the elderly and is seen particularly on the lower legs. It is a major cause of pruritus in the elderly. In more severe cases the skin may become inflamed (asteatotic eczema).

Coded Elsewhere: Asteatotic eczema (EA84)

Xerosis cutis due to leprosy (1B20.3)

ED55 Palmoplantar keratodermas

A range of genetic and acquired disorders in which there is thickening of the epidermal keratin of the skin of the palmar surfaces of the hands and plantar surfaces of the feet.

Coded Elsewhere: Hereditary palmoplantar keratodermas (EC20.3)

ED55.0 Acquired palmoplantar keratodermas

Exclusions: inherited keratosis palmaris et plantaris (EC50‑EC5Y)

Coded Elsewhere: Arsenical keratosis (EK90.Y)

ED55.Z Palmoplantar keratoderma, unspecified

ED56 Keratosis pilaris

Keratosis pilaris is a very common abnormality of keratinization characterised by keratinous plugging of follicular orifices with varying degrees of perifollicular erythema. It is seen in up to half of normal children and in three quarters of children with ichthyosis vulgaris. The sides of the face and the extensor surfaces of the upper arms are sites of predilection. Autosomal dominant inheritance can often be demonstrated. In some variants atrophy or pigmentation may be more prominent than keratosis.

ED5Y Other specified disorders of epidermal keratinisation

Disorders of skin colour (ED60‑ED6Y)

This group includes not only abnormalities of melanin pigmentation (e.g. vitiligo and melasma) but also skin colour changes due to other pigments (e.g. carotenaemia and argyria).

Coded Elsewhere: Genetic disorders of skin pigmentation (EC23)

Developmental anomalies of skin pigmentation (LC10-LC1Y)

Late lesions of pinta (1C1E.2)

Pigmentary abnormalities of skin due to drug (EH70)

ED60 Acquired hypermelanosis

Increased melanin pigmentation of the skin resulting from disease or from other stimuli including ultraviolet radiation and hormones.

Coded Elsewhere: Drug-induced hypermelanosis (EH70)

Labial melanin incontinence (DA00.2)

Oral melanin incontinence (DA01.Y)

Occupational melanosis (EK5Y)

ED60.0 Physiological hypermelanosis

The response of normal skin to exposure to natural or artificial ultraviolet radiation.

ED60.00 Suntan

Increased melanin pigmentation of the skin as a result of exposure to natural sunlight.

ED60.01 Tanning due to exposure to artificial sources of ultraviolet radiation

Increased melanin pigmentation as a result of deliberate (sunbeds and tanning booths) or unintentional exposure to UV.

Exclusions: Burn from exposure to artificial source of ultraviolet radiation (EJ41)

ED60.1 Melasma

A common condition of incompletely understood aetiology characterised by patchy melanin pigmentation of the malar prominences, forehead and perioral skin. The pigmentation is exacerbated by sun exposure. Melasma is common in pregnancy and in women taking oral contraceptive preparations; it may, however, also be seen in men.

ED60.2 Postinflammatory hypermelanosis

Melanin pigmentation of the skin resulting from preceding cutaneous inflammation, particularly when this is centred on the dermo-epidermal junction as in lichen planus. Damage to melanocytes results in release of melanin into the dermis (pigmentary incontinence).

ED60.Y Hypermelanosis of other specified aetiology

ED60.Z Hypermelanosis of unspecified aetiology

ED61 Acquired melanotic macules or lentigines

Acquired discrete macules and flat patches of melanin skin pigmentation including freckles and lentigines.

Coded Elsewhere: Actinic lentigo (EJ20.1)

Actinic lentiginosis (EJ20.2)

PUVA lentiginosis (EM0Y)

ED61.0 Freckles

The presence of multiple ephelides (ephelis = freckle) as is commonly seen in sun-exposed skin of individuals with phototype I (sun-sensitive) skin. They occur as a profusion of light brown macules, particularly on the face and upper extremities, and become more prominent after sun exposure. In contrast to lentigines there is no keratinocyte proliferation histologically.

ED61.1 Mucosal melanosis

Abnormal pigmentation of the mucous membranes

Coded Elsewhere: Labial melanotic macule (DA00.2)

Melanotic macule of oral mucosa (DA01.Y)

ED61.10 Penile melanotic macule

Discrete circumscribed area of macular hypermelanosis affecting the glans penis or the shaft of the penis. These are much commoner than melanoma of the penis but may be clinically suspected to be melanoma and thus require biopsy. By definition the cause is unknown.

ED61.11 Vulval melanotic macule

Benign genital melanosis affecting the vulva.

ED61.1Y Other specified mucosal melanosis

ED61.Y Other specified acquired melanotic macules or lentigines

ED62 Endogenous non-melanin pigmentation

Pigmentation of the skin resulting from endogenous pigments other than melanin. The most important of these is haemosiderin.

Coded Elsewhere: Endogenous ochronosis (5C50.10)

ED62.0 Haemosiderin pigmentation of skin

Dermal haemosiderin deposition causes a yellowish-brown or bronze discolouration of the skin. The deposition may be focal as seen following repeated extravasation of red blood cells (e.g. in association with venous hypertension or chronic vasculitis) or from generalised iron overload (e.g. haemochromatosis). Haemosiderin may stimulate melanogenesis and thus the colour is due to variable proportions of haemosiderin and melanin.

Coded Elsewhere: Hereditary haemochromatosis (5C64.10)

ED62.Y Other specified endogenous non-melanin pigmentation

ED63 Acquired hypomelanotic disorders

Acquired disorders characterised by diminution or loss of pigment from the skin. The most important of these is vitiligo.

ED63.0 Vitiligo

Vitiligo is an acquired pigmentary disorder of the skin and mucous membranes where progressive destruction of melanocytes results in loss of skin pigmentation. Half of all cases first appear before the age of 20. The clinical course is unpredictable but gradual extension of the areas involved is the norm. The disease may have a devastating psychological impact, particularly in people with dark skin.

Coded Elsewhere: Vitiligo of eyelid or periocular area (9A06.1)

ED63.1 Hypomelanosis due to exposure to chemicals

Loss of skin pigment due to exposure to depigmenting agents such as hydroquinone, which is frequently employed as a cosmetic skin lightener, and industrial chemicals such as 4-tert-butylcatechol (PTBC) and para-substituted phenols (PSP).

Coded Elsewhere: Occupational leukoderma (EK5Y)

ED63.2 Postinflammatory hypomelanosis

A reduction in skin pigmentation apparent following the resolution of skin inflammation. This may be from an inflammatory dermatosis such as dermatitis or lichen planus or may follow trauma or interventional procedures. The loss of pigment may cause significant psychological distress in dark-skinned individuals but in most cases is temporary.

Exclusions: Postinfective hypomelanosis (ED63)

ED63.3 Vogt-Koyanagi-Harada syndrome

Coded Elsewhere: Vogt-Koyanagi-Harada syndrome-associated anterior uveitis (9A96.1)

Posterior uveitis due to Vogt Koyanagi Harada syndrome (9B65.0)

ED63.Y Acquired hypomelanosis due to other specified disorder

ED63.Z Acquired hypomelanosis of unknown or unspecified aetiology

ED64 Abnormal skin pigmentation

Abnormal skin pigmentation without specification of type or cause.

ED6Y Other specified disorders of skin pigmentation

Disorders of hair (ED70‑ED7Y)

Coded Elsewhere: Genetic defects of hair or hair growth (EC21)

Developmental defects of hair or hair growth (LC30)

Trichotillomania (6B25.0)

Drug-induced hair abnormalities (EH72)

Self-inflicted hair-damaging disorder (6B25.Z)

ED70 Alopecia or hair loss

Disorders characterised by abnormal temporary or permanent loss of hair, particularly from the scalp and beard.

Coded Elsewhere: Madarosis of eyelid or periocular area (9A04.1)

ED70.0 Male pattern hair loss

Male pattern hair loss (common baldness; male androgenetic alopecia) is the result of a progressive, patterned hair loss mediated by exposure to androgens. Although over 90% of men demonstrate some degree of frontoparietal recession of the hairline by the age of 20, the extent of hair loss is genetically determined and only 30% of men ever develop extensive hair loss.

Inclusions: Common balding

ED70.1 Female pattern hair loss

Female pattern hair loss differs from male pattern hair loss not only in being generally less pronounced than in men but also by the fact that the normal frontal hair line is usually preserved. A quarter of women will develop clinically detectable pattern hair loss by the age of 70. In the majority of cases it can be attributed to the effects of androgens.

ED70.2 Alopecia areata

A microscopically inflammatory, usually reversible, patchy hair loss occurring in sharply defined areas and usually involving the beard or scalp

ED70.20 Patchy alopecia areata of scalp

The commonest form of alopecia areata in which one or more usually circular patches of scalp hair loss develop.

ED70.21 Alopecia totalis

Alopecia totalis is a form of alopecia areata in which hair loss extends to the entire scalp

ED70.2Y Other specified forms of alopecia areata

ED70.2Z Alopecia areata, unspecified

ED70.3 Telogen effluvium

Increased shedding of telogen hairs from the scalp. There are numerous triggers of which severe systemic illness and pregnancy are important examples.

Coded Elsewhere: Drug-induced telogen hair loss (EH72.00)

ED70.30 Acute telogen effluvium

Acute telogen effluvium is an acute-onset scalp hair loss that occurs two to three months after a triggering, often life-threatening, stress which interrupts normal anagen hair growth. It is commonly seen in survivors who have required intensive care for severe sepsis, blood loss, inflammatory disease or trauma. It may also result from acute starvation. Large numbers of anagen hairs are converted to telogen and are shed two to three months later resulting in a diffuse alopecia.

ED70.31 Postpartum telogen effluvium

A physiological phenomenon in which diffuse hair loss occurs two to three months following parturition. It is due to a postponement of the normal cyclical conversion of anagen hairs to telogen during pregnancy. After parturition a large number of anagen hairs are converted simultaneously to telogen and shed two to three months later. Normal hair cycling is then resumed.

ED70.3Y Telogen hair shedding due to other specified cause

ED70.3Z Telogen effluvium unspecified

ED70.4 Anagen effluvium

Anagen effluvium occurs after any insult to the hair follicle that impairs its mitotic or metabolic activity. Patients present with diffuse hair loss after an exposure to drugs or toxic chemicals. Chemotherapeutic agents are most commonly responsible for hair loss. The most severe hair loss occurs in association with doxorubicin, the nitrosoureas, and cyclophosphamide. Hair loss usually begins 7-14 days after a single pulse of chemotherapy. The hair loss is clinically most apparent after 1-2 months.

Coded Elsewhere: Drug-induced anagen effluvium (EH72.01)

ED70.5 Scarring alopecia

Hair loss in which there is irreversible damage to the hair follicle from inflammation, infection, malignant infiltration or trauma, resulting in destruction of the follicle and repair by fibrosis. Regeneration does not occur once the follicle has been destroyed.

Inclusions: Cicatricial alopecia

Exclusions: Lichen planopilaris (EA91.2)

ED70.50 Folliculitis decalvans

Folliculitis decalvans is characterised by the progression of scalp folliculitis to extensive inflammation, follicular destruction and scarring. In a variant called tufted folliculitis the hairs become clumped into tufts containing a dozen or more hairs. In contrast to the course in the vast majority of people who develop a bacterial pustular folliculitis of the scalp, individuals with folliculitis decalvans appear unable to eradicate Staphylococcus aureus from the hair follicle even with appropriate antibiotic therapy. Recurrent pustulation with surrounding inflammation and scaling leads to extensive permanent scarring and loss of hair.

ED70.51 Dissecting cellulitis

Dissecting cellulitis is a destructive inflammatory disorder of the scalp characterised by widespread perifolliculitis with dermal abscess and sinus tract formation and extensive scarring. It occurs predominantly in black males aged between 18 and 40 years. It may be associated with hidradenitis suppurativa and acne conglobata (follicular occlusion triad), and with pilonidal sinus. Painful swellings develop around the vertex of the scalp and coalesce to form irregular undulating oedematous ridges and furrows. With time an extensive network of sinuses discharging pus may develop. Progressive scarring and permanent alopecia ensue.

Coded Elsewhere: Follicular occlusion syndrome (ED80.41)

ED70.5Y Scarring alopecia due to other specified cause

ED70.5Z Scarring alopecia of unknown or unspecified aetiology

ED70.Y Other specified alopecia or hair loss

ED70.Z Alopecia, unspecified

ED71 Hypertrichosis

Exclusions: congenital hypertrichosis (9B70)

Hirsutism and syndromes with hirsutism (ED72)

Coded Elsewhere: Hypertrichosis of eyelid (9A04.Y)

Naevoid hypertrichosis (LC30)

Acquired hypertrichosis lanuginosa (EL10)

Drug-induced hypertrichosis (EH72.Y)

ED72 Hirsutism and syndromes with hirsutism

Coded Elsewhere: Polycystic ovary syndrome (5A80.1)

Congenital adrenal hyperplasia (5A71.01)

HAIR-AN syndrome (5A44)

ED72.0 Constitutional hirsutism

Hirsutism in a person with normal endocrine and reproductive function. It is more prevalent in some ethnic groups (e.g. South Asian) than others.

ED72.1 Hirsutism associated with hyperandrogenaemia

Excessive male-pattern facial and body hair in women, mostly caused by PCOS, by hyperandrogenemia combined with normal ovulation, or idiopathically, after exclusion of androgen-secreting neoplasm, congenital adrenal hyperplasia and HAIR-AN syndrome. The severity of hirsutism can be assessed by the Ferriman-Gallwey score.

ED72.Z Hirsutism, unspecified

ED73 Acquired disorders of the hair shaft

ED73.0 Weathered hair

Weathered hair results from repetitive damage to the hair shaft from excessive sunlight, excessive wetting, chemical insults including hair cosmetics and physical damage. The hair appears dull and lustreless, fractures readily and may show "split ends".

ED73.1 Acquired changes in hair colour

Abnormal diffuse or circumscribed alterations in natural hair colour. Causes include drugs, idiopathic premature greying of the hair, differential shedding of pigmented hair in alopecia areata or hair pigment loss in association with vitiligo or regressing melanocytic naevi.

Coded Elsewhere: Drug-induced hair colour change (EH72.Y)

Segmental heterochromia of hair (LC30)

ED73.10 Premature canities

Premature greying of the hair, usually taken to mean before the age of 20 in Caucasians and before the age of 30 in Africans.

Inclusions: Premature greying of hair

ED73.11 Acquired poliosis

Circumscribed loss of hair pigment. This is most commonly associated with vitiligo (especially segmental vitiligo), alopecia areata or regressing melanocytic naevi. It is also a component of Vogt-Koyanagi-Harada syndrome and Alezzandrini syndrome.

Inclusions: Circumscribed loss of hair pigment

Coded Elsewhere: Acquired poliosis of eyelashes (9A04.Y)

ED73.Y Other specified acquired disorders of the hair shaft

ED7Y Other specified disorders of hair

Disorders of the hair follicle (ED80‑ED9Y)

This group incorporates disorders of the hair shaft and hair follicular unit including, for example, hirsutism, alopecia, acne and hidradenitis suppurativa.

Coded Elsewhere: Chronic deep bacterial folliculitis (1B75.4)

Acne and related disorders (ED80‑ED81.Y)

A group of related disorders characterised by follicular occlusion and inflammation.

ED80 Acne

Acne without further specification.

Coded Elsewhere: Neonatal acne (KC21.0)

ED80.0 Comedonal acne

Acne in which the principal manifestation is the presence of open and/or closed comedones, respectively blackheads and whiteheads.

Exclusions: Actinic comedonal plaque (EJ20.0)

Comedo naevus (LC01)

ED80.1 Superficial mixed comedonal and papulopustular acne

Acne in which comedones are accompanied by small inflammatory papules and pustules

ED80.2 Papulopustular acne

Acne in which the principal manifestation is the presence of multiple small inflammatory papules and pustules.

ED80.3 Nodular acne

Acne in which large inflammatory nodules and fluid-filled cystic swellings as well as more superficial lesions are present. Systemic therapy with antibiotics or retinoids is usually required.

ED80.4 Severe inflammatory acne

Intensely inflammatory acne which may be acute (acne fulminans) or subacute and chronic (acne conglobata).

ED80.40 Acne fulminans

Acne fulminans is a severe systemic disease in which acute inflammatory acne with multiple follicular abscesses and skin ulceration is accompanied by fever, weight loss and arthralgia. It typically affects adolescent white males.

ED80.41 Acne conglobata

An uncommon chronic severe inflammatory form of acne characterised by the development of multiple abscesses and sinuses followed by extensive hypertrophic and atrophic scarring. It may be associated with spondyloarthropathy or with other follicular occlusive diseases including dissecting cellulitis of the scalp and hidradenitis suppurativa.

ED80.4Y Other specified severe inflammatory acne

ED80.4Z Severe inflammatory acne, unspecified

ED80.5 Acne scarring

Scarring resulting from acne, ranging from mild irregularity of the skin surface to highly disfiguring or functionally disabling distortion of normal skin anatomy.

Coded Elsewhere: Keloidal acne (EE60.Y)

ED80.6 Infantile acne

Infantile acne usually presents at 3–6 months of age but has been reported as late as 16 months. Male infants are affected more commonly than females and there may be a history of severe acne in one or more parents. It may last up to the age of five years. Both comedonal and inflammatory acne with papules, pustules and nodules may be seen; scarring may result.

ED80.Y Other specified acne

ED80.Z Acne, unspecified

ED81 Acneform inflammatory disorders

Disorders characterised by acne-like follicular inflammation.

Coded Elsewhere: Scalp folliculitis (EG30.0)

Acne or acneform reactions attributable to drugs (EH67)

Folliculitis keloidalis (EE60.Y)

ED81.0 Folliculitis cruris pustulosa atrophicans

A folliculitis prevalent in Sub-Saharan Africa due to the custom of applying of greasy ointments to the lower legs. It presents as an inflammatory folliculitis which may result in follicular scarring and atrophy.

ED81.1 Acneform reactions to halogenated aromatic hydrocarbons

Acne caused by exposure to halogenated hydrocarbons such as chlorinated naphthalene, dioxins and dibenzofurans. Numerous comedones and noninflammatory cysts are a common feature. The course is often chronic. Frequently affected body parts are the face, neck, axillae and groin area.

Inclusions: Chloracne

ED81.Y Other specified acneform inflammatory disorders

ED90 Rosacea and related disorders

ED90.0 Rosacea

The term rosacea encompasses a spectrum of changes that occur mainly in facial skin but may also involve the eyes. Most patients with rosacea have facial erythema and vascular instability which are variably associated with inflammatory papules and pustules, hypertrophic changes and ocular involvement. The cause of rosacea is unknown. It is doubtful that any single aetiological factor is responsible for the diverse features that comprise this disorder.

Coded Elsewhere: Posterior blepharitis (9A02.1)

Lymphoedematous rosacea (BD93.1Y)

ED90.00 Erythematotelangiectatic rosacea

Erythematotelangiectatic rosacea manifests as facial erythema and a flushing tendency affecting but not confined to the central face and forehead: the lateral cheeks, the ears and the sides of the neck may also be involved. It is commonest in fair-skinned individuals and tends to be made worse by exposure to wind and sunlight. With time permanent telangiectasia develops.

ED90.01 Papulopustular rosacea

Papulopustular rosacea is characterised, as the name implies, by erythematous papules and sterile pustules affecting facial skin. These are typically located on the cheeks, central chin, nose and central forehead. The perilesional skin is inflamed and may be oedematous. In contradistinction to papulopustular acne, comedones, nodules and cysts are not a feature.

ED90.02 Phymatous rosacea

The hallmark of phymatous rosacea is rhinophyma but the forehead, chin and ears may also be affected. It is characterised by hypertrophy of the affected tissue which can produce gross distortion, particularly of the nose. The pathological changes include a variably severe mixed inflammatory infiltrate, sebaceous gland hyperplasia and dermal fibrosis. The aetiology is poorly understood. It is not always accompanied by other features of rosacea.

ED90.0Y Other specified rosacea

ED90.0Z Rosacea, unspecified

ED90.1 Periorificial dermatitis

Periorificial dermatitis is a term which links two erythematous and papulopustular facial dermatoses that are strongly linked to prolonged potent topical corticosteroid use, namely perioral dermatitis and periocular dermatitis. It is characterised by the development of erythema, papules and pustules in perioral and periocular skin.

ED90.Y Other specified rosacea-like disorders

ED90.Z Rosacea-like disorders unspecified

ED91 Disorders of the sebaceous gland

A group of disorders in which sebaceous gland size, location, anatomy or secretion is abnormal.

ED91.0 Heterotopic sebaceous glands

ED91.1 Sebaceous gland hyperplasia

ED91.2 Seborrhoea

The secretion of excessive amounts of sebum resulting in an excessively greasy skin, a situation which may cause considerable distress. It may be associated with a number of conditions including acne, acromegaly and Parkinson disease. It is not normally a prominent component of seborrhoeic dermatitis, which is an inflammatory dermatitis.

Exclusions: Seborrhoeic dermatitis and related conditions (EA81)

ED91.Y Other specified disorders of the sebaceous gland

ED91.Z Disorders of the sebaceous gland, unspecified

ED92 Disorders involving the apocrine follicular unit

A group of disorders involving apocrine glands and their associated follicular units. The most important of these is hidradenitis suppurativa.

ED92.0 Hidradenitis suppurativa

Hidradenitis suppurativa is a chronic disease characterised by recurrent, painful, deep-seated, rounded nodules and abscesses due to follicular occlusion with secondary inflammation and destruction of the pilo-sebaceo-apocrine apparatus and extension to the adjacent subcutaneous tissue. Subsequent hypertrophic scarring and suppuration of apocrine gland-bearing skin (axillae, groins, peri-anal and perineal regions) are the main clinical features. Infection and hormonal influence are described but are not the primary pathogenetic factor: the exact aetiology remains unknown. Obesity is common and is associated with more severe disease. The main complications are fistulae, arthropathy, carcinoma and amyloidosis.

ED92.1 Apocrine sweat disorders

Disorders in which apocrine secretion is abnormal or obstructed.

Exclusions: Hidradenitis suppurativa (ED92.0)

ED92.Y Other specified disorders involving the apocrine follicular unit

ED92.Z Disorders involving the apocrine follicular unit, unspecified

ED9Y Other specified disorders involving the hair follicle

Disorders of eccrine sweat glands or sweating (EE00‑EE0Y)

This group incorporates disorders characterised by increased or reduced sweating (hyper- and hypohidrosis respectively), and by eccrine duct occlusion (miliaria).

EE00 Hyperhidrosis

Excessive sweating. In the localised type, the most frequent sites are the palms, soles, axillae, inguinal folds, and the perineal area. Emotional factors may play a part. Generalised hyperhidrosis may be induced by a hot, humid environment, by fever, or by vigorous exercise.

Inclusions: Excessive sweating

EE00.0 Localised hyperhidrosis

Excessive sweating in specific and localised sites.

EE00.00 Palmoplantar hyperhidrosis

Excessive sweating of palms and soles. This is usually bilateral. Palmar hyperhidrosis may be triggered by emotional stress but, in severe cases, can be continuous and cause major disability by inhibiting normal social interaction and interfering with everyday tasks such as writing, preparing food or handling papers. Plantar hyperhidrosis may accompany palmar hyperhidrosis but may occur independently.

EE00.01 Axillary hyperhidrosis

Excessive axillary sweating, sometimes in response to emotional stress but often persistent and disabling.

EE00.02 Craniofacial hyperhidrosis

Excessive sweating involving the scalp, face and/or neck.

EE00.0Y Other specified localised hyperhidrosis

EE00.0Z Localised hyperhidrosis, unspecified

EE00.1 Primary generalised hyperhidrosis

Primary generalised hyperhidrosis is characterised by sweating that exceeds the amount necessary to maintain thermal regulation.

Coded Elsewhere: Cold-induced sweating syndrome (8C21.Y)

EE00.Z Hyperhidrosis, unspecified

EE01 Hypohidrosis

Abnormally diminished or absent perspiration. Both generalised and segmented (reduced or absent sweating in circumscribed locations) forms of the disease are usually associated with other underlying conditions.

Coding Note: Code also the causing condition

Inclusions: Impaired sweating

EE01.0 Hypohidrosis attributable to defective sudomotor innervation or function

Coding Note: Code also the causing condition

EE01.1 Hypohidrosis due to genetic abnormalities of eccrine gland structure or function

Hypohidrosis due to a heritable disorder of sweat gland or duct development. Sweating may be severely diminished or absent due to a paucity or absence of eccrine glands or to defective autonomic innervation. An absence of sweating leads to an inability to thermoregulate by evaporative cooling, and hyperthermia can occur with physical exertion or in a warm environment.

Coding Note: Code also the causing condition

Coded Elsewhere: Hereditary sensory and autonomic neuropathy type IV (8C21.2)

EE01.2 Hypohidrosis of undetermined aetiology

Reduced or absent sweating for which no explanation has been found.

EE01.Y Other specified forms of hypohidrosis

Coding Note: Code also the causing condition

EE01.Z Hypohidrosis, unspecified

Coding Note: Code also the causing condition

EE02 Miliaria

Miliaria is a common skin disorder resulting from occlusion of eccrine sweat ducts. It is precipitated by hot, humid conditions.

EE02.0 Neonatal miliaria

EE02.Y Other specified forms of miliaria

EE02.Z Miliaria, unspecified

EE0Y Other specified disorders of eccrine sweat glands or sweating

Disorders of the nail or perionychium (EE10‑EE1Z)

Disorders affecting the nail and surrounding tissues

Coded Elsewhere: Genetic defects of nails or nail growth (EC22)

EE10 Acquired deformities of the nail plate

Acquired abnormalities of nail shape, surface, thickness or adhesion

EE10.0 Abnormality of nail shape

Exclusions: Congenital club finger (LB90.5)

EE10.1 Abnormality of nail surface

EE10.10 Nail pitting

Coded Elsewhere: Psoriatic nail pitting (EA90.51)

EE10.1Y Other specified abnormality of nail surface

EE10.1Z Abnormality of nail surface, unspecified

EE10.2 Onycholysis

Coded Elsewhere: Psoriatic onycholysis (EA90.51)

Drug-induced onycholysis (EH73)

EE10.3 Nail hypertrophy

Coded Elsewhere: Psoriatic nail hypertrophy (EA90.51)

Drug-induced nail hypertrophy (EH73)

EE10.4 Nail atrophy

EE10.5 Nail dystrophy, not otherwise specified

EE10.Y Other specified acquired deformities of the nail plate

EE10.Z Acquired deformities of the nail plate, unspecified

EE11 Acquired abnormalities of nail colour

Coded Elsewhere: Pseudomonas infection of nail (EE12.Y)

Drug-induced nail pigmentation (EH73)

EE11.0 Melanonychia

Melanin pigmentation of the nail plate. This may be of no significance but may signify the presence of melanoma arising from the nail matrix

EE11.1 Yellow nail syndrome

Yellow nail syndrome is characterised by yellow, dystrophic, thick and slowly growing nails, associated with lymphoedema and respiratory involvement. Less than 100 cases have been described. Lymphoedema occurs more often in the lower limbs. It can appear at birth or later in life. Onset generally follows the onset of ungual abnormalities. Patients usually suffer from chronic bronchitis and in some cases, from chronic sinusitis, bronchiectasia and recurring pneumonitis. They can also present with pleural effusion (30% of cases) and bronchial hyperreactivity. Most cases are sporadic. However, familial forms have been described. Aetiology is unknown.

EE11.Y Other abnormalities of nail colour

EE11.Z Acquired abnormalities of nail colour, unspecified

EE12 Infections of the nail or perionychium

Infections involving the nail or perionychium for which no information on the infecting organism is available.

Coded Elsewhere: Candidosis of nail or paronychium (1F23.13)

Paronychial herpes simplex infection (1F00.0Y)

EE12.0 Acute bacterial paronychia

Acute bacterial paronychia is an acute infection, usually by Staphylococcus aureus, of the paronychial tissues of a digit. It may result from local injury, e.g. a thorn prick in a lateral nail groove, a splinter, torn hangnails or nail biting, but also occurs frequently as an episode during the course of chronic paronychia, when other organisms may be involved, including streptococci, Pseudomonas aeruginosa, coliform organisms and Proteus vulgaris.

Inclusions: Whitlow

Exclusions: Herpetic whitlow (1F00.0)

EE12.1 Onychomycosis

Fungal infection of fingernails and/or toenails due most commonly to dermatophytes (tinea unguium) or yeasts, especially Candida species.

Inclusions: Fungal infection of the nails

Exclusions: Candidosis of nail or paronychium (1F23.13)

Coded Elsewhere: Onychomycosis due to non-dermatophyte mould (1F2D.5)

Dermatophytosis of nail (1F28.1)

Candida onychomycosis (1F23.13)

EE12.Y Other specified infections of the nail or perionychium

EE12.Z Infections of the nail or perionychium, unspecified

EE13 Certain disorders affecting the nails or perionychium

Abnormalities of the nails and perionychium (the soft tissues surrounding the nail plate including the matrix, nail folds, eponychium and hyponychium) which are not classified elsewhere.

Coded Elsewhere: Drug-induced nail abnormalities (EH73)

Nail psoriasis (EA90.51)

Lichen planus of the nails (EA91.5)

Subungual haematoma (NC50)

Traumatic injury to nail bed or matrix of nail of foot (ND10)

Traumatic injury to nail bed or matrix of nail of hand (NC50)

Alopecia areata of the nails (ED70.2Y)

EE13.0 Nail fragility

A range of nail disorders in which the integrity of the nail plate is disturbed.

Coded Elsewhere: Drug-induced nail fragility (EH73)

EE13.1 Ingrowing nail

EE13.10 Ingrowing toenail

EE13.11 Infected ingrowing toenail

EE13.1Y Other specified ingrowing nail

EE13.1Z Ingrowing nail, unspecified

EE13.2 Chronic paronychia

Coded Elsewhere: Candida paronychia (1F23.13)

EE13.3 Nail disorder associated with specified dermatosis

Abnormality of the nail plate attributable to other specified skin disease.

Coding Note: Code also the causing condition

Exclusions: Lichen planus of the nails (EA91.5)

Nail psoriasis (EA90.51)

Alopecia areata of the nails (ED70.2)

EE13.4 Nail disorder associated with specified systemic disease

Nail dystrophy attributable to systemic disorder. A wide range of systemic disorders may produce abnormalities of the nails.

Coding Note: Code also the causing condition

EE13.5 Eczematous nail dystrophy

Nail dystrophy attributable to eczema affecting paronychial tissues.

EE13.Y Other specified nail disorder

EE1Y Other specified disorders of the nail or perionychium

EE1Z Disorders of the nail or perionychium, unspecified

Disorders of epidermal integrity (EE20‑EE21)

Coded Elsewhere: Diabetic bullae (EB90.0)

EE20 Acute cutaneous distension syndrome

A common sequela of acute oedema, especially of the lower extremities. It manifests as blisters, which may be mistaken for an immunobullous disorder, (acute oedema blisters); or as superficial fissuring and inflammation of the skin (eczéma craquelé).

EE21 Epidermal fragility

Epidermal fragility of unknown or unspecified cause resulting in reduced resistance to mechanical stress and manifesting as abnormal fissuring, erosion or blistering of the skin surface.

Disorders of the dermis and subcutis (EE40‑EF0Y)

This group incorporates disorders of dermal connective tissue, dermal histiocytic and granulomatous disorders and disorders affecting subcutaneous fat.

Coded Elsewhere: Cutaneous mastocytosis (2A21.1)

Disorders of cutaneous connective tissue (EE40‑EE7Y)

Skin disorders attributable to abnormalities affecting dermal and subcutaneous collagen, elastin and other connective tissue components.

Coded Elsewhere: Genetic disorders affecting dermal collagen, elastin or other matrix proteins (EC40-EC4Y)

EE40 Atrophy or degeneration of dermal or subcutaneous connective tissue

A heterogeneous group of disorders resulting from atrophic and degenerative changes in dermal and subcutaneous collagen and elastin.

Coded Elsewhere: Actinic elastosis (EJ20.0)

EE40.0 Corticosteroid-induced skin atrophy

EE40.1 Stretch marks

Linear scars attributable to rupture of the normal dermal matrix from distension by abnormal physical forces (pregnancy, obesity, pubertal growth spurt), increased collagenase activity (corticosteroids) or as a result of genetically abnormal dermal matrix proteins.

EE40.10 Stretch marks of pregnancy

EE40.1Y Stretch marks of other specified aetiology

EE40.1Z Stretch marks, unspecified

EE40.2 Atrophic scarring of the skin

The process whereby healing of damaged skin results in a reduction of dermal thickness as well as scarring, thus the counterpart of hypertrophic scarring.

Coded Elsewhere: Atrophic surgical scar (EL50.2)

EE40.3 Skin fragility

Fragility of the skin due principally to genetic or acquired abnormalities of dermal matrix proteins.

Exclusions: Epidermal fragility (EE21)

Coded Elsewhere: Skin fragility of prematurity (KC30)

EE40.30 Genetically-determined skin fragility

Coded Elsewhere: Purpura or bruising due to genetically-determined skin fragility (EE40.32)

EE40.31 Age-related skin fragility

EE40.32 Purpura or bruising due to vascular fragility

Purpura due to leakage or rupture of abnormally fragile cutaneous blood vessels.

Coded Elsewhere: Scorbutic purpura (5B56.0)

EE40.Y Other specified atrophy or degeneration of dermal or subcutaneous connective tissue

EE40.Z Atrophy or degeneration of dermal or subcutaneous connective tissue, unspecified type

EE41 Abnormalities of dermal elastin

Coded Elsewhere: Blepharochalasis (9A06.8)

Pseudoxanthoma elasticum (EC40)

Granulomatous slack skin (2B01)

EE41.0 Cutis laxa

Cutis laxa is the term used for a group of inherited and acquired conditions in which abnormalities of elastic fibres result in loose, redundant, hypoelastic skin. Typically, the skin can easily be pulled away from underlying tissue and only slowly returns to its original position. Unlike some conditions in the differential diagnosis, cutis laxa is not characterised by spontaneous bruising or abnormal scarring. Redundant skin is often most noticeable on the neck, hands, and groin, but can also be seen on the face, creating a premature aging appearance.

Coded Elsewhere: Genetically-determined cutis laxa (LD28.2)

EE41.1 Anetoderma

A condition presenting as focal areas of thinned, flaccid skin and resulting from focal defects in dermal elastin. The involved skin is often elevated above the surrounding normal skin but can be depressed. The condition may be primary and without identifiable cause or may be a sequela of a large number of different conditions which may damage elastin in the dermis.

EE41.Y Other specified dermatoses characterised by abnormal dermal elastin

EE41.Z Abnormalities of dermal elastin, unspecified

Poikiloderma (EE50‑EE50)

Poikiloderma is defined as a combination of skin atrophy, pigmentation and telangiectasia. It is a component of a number of genetic syndromes, of certain non-organ-specific systemic autoimmune disorders and may follow skin injury including from radiotherapy.

Coded Elsewhere: Genetic syndromes with poikiloderma (EC10)

Poikiloderma vasculare atrophicans (EK91.1)

EE50 Acquired poikiloderma

Coded Elsewhere: Poikiloderma following radiotherapy (EL61)

Poikiloderma of Civatte (EK20)

Fibromatoses and keloids (EE60‑EE6Y)

A heterogeneous group of disorders characterised by pathologically increased deposition of fibrous tissue in the skin and subcutaneous tissues.

EE60 Keloid or hypertrophic scars

Keloid and hypertrophic scars result from the production of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. Keloid scars often develop apparently spontaneously after minor injury or inflammation and expand beyond the boundary of that initial injury or inflammation. Hypertrophic scars on the other hand remain confined to the area of injury or inflammation and may undergo spontaneous resolution.

EE60.0 Keloid

A keloid is a progressively enlarging scar resulting from formation of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. It differs from a hypertrophic scar in that a keloid expands beyond the boundaries of the initial wound or site of inflammation.

Coded Elsewhere: Keloidal surgical scar (EL50.0)

EE60.00 Ear-lobe keloid

A common type of keloid which usually follows ear-piercing

EE60.0Y Other specified keloid

EE60.0Z Keloid, unspecified

EE60.1 Hypertrophic scar

Hypertrophic scars result from the production of excessive amounts of collagen in the dermis during connective tissue repair following inflammation, injury or surgery. In contrast to keloid scars, they do not expand beyond the boundary of the initial injury or inflammation and may undergo spontaneous resolution.

Coded Elsewhere: Hypertrophic surgical scar (EL50.1)

EE60.Y Other specified keloidal disorders

EE61 Superficial fibromatoses

Coded Elsewhere: Palmar fascial fibromatosis (FB51.0)

Knuckle pads (FB51.1)

Penile fibromatosis (GB06.2)

Plantar fascial fibromatosis (FB51.Y)

Fibro-osseous pseudotumour of the digit (FB51.Y)

EE6Y Other specified fibromatous disorders of skin and soft tissue

EE70 Perforating dermatoses

A group of skin disorders characterised by trans-epidermal elimination of abnormal matter, especially collagen or elastin, from the dermis to the exterior.

Coded Elsewhere: Perforating granuloma annulare (EE80.0)

EE70.0 Acquired perforating dermatosis

A condition commonly seen in association with longstanding diabetes mellitus, particularly in association with renal failure, in which multiple large follicular and non-follicular keratotic papules develop on the trunk and limbs. Trauma from scratching pruritic skin may be the initiating event leading to transepidermal elimination of degenerate collagen and elastic fibres from the dermis.

EE70.Y Other specified perforating dermatoses

EE70.Z Perforating dermatoses, unspecified

EE7Y Other specified disorders of cutaneous connective tissue

Histiocytic-granulomatous disorders of the skin (EE80‑EE8Y)

A range of disorders characterised by the presence of increased numbers of histiocytes in the skin as a result of granulomatous inflammation or histiocytic infiltration.

Coded Elsewhere: Cutaneous sarcoidosis (4B20.5)

Crohn disease of anal region (DD70.4)

Langerhans cell histiocytosis involving the skin (2B31.20)

Indeterminate cell histiocytosis (2B31.6)

EE80 Necrobiotic granulomatous skin disorders

EE80.0 Granuloma annulare

A common inflammatory disorder in which granulomatous inflammation surrounds foci of degenerate dermal collagen. It presents clinically as dermal papules and annular plaques. It may be localised, especially over bony prominences, or generalised. The cause is unknown.

EE80.1 Necrobiosis lipoidica

Necrobiosis lipoidica is an uncommon skin condition in which degenerate dermal collagen is surrounded by a granulomatous inflammatory response to produce shiny, red-brown or yellowish patches in the skin, particularly on the shins. In severe cases the affected skin may ulcerate. It is associated in the majority of but not all cases with underlying diabetes mellitus, the onset of which it may precede.

EE80.Z Necrobiotic granulomatous skin disorders, unspecified

EE81 Dermal dendrocyte, Class IIa histiocytoses

A sub-class of cutaneous histiocytic disorders involving dermal dendritic cells.

Inclusions: Non-Langerhans cell histiocytoses of dermal dendrocyte lineage

Coded Elsewhere: Juvenile xanthogranuloma (2B31.0)

Erdheim-Chester disease (2B31.Y)

EE8Y Other specified histiocytic and granulomatous disorders of the skin

Benign dermal lymphocytic or lymphoplasmacytic infiltrations or proliferations (EE90‑EE91)

EE90 Benign lymphocytic infiltration of the skin

Benign lymphocytic infiltration of Jessner is a chronic benign T-cell lymphoproliferative disorder characterised by the presence of non-scarring red tumid nodules, usually on facial skin. It may be difficult to distinguish from cutaneous lupus erythematosus.

Inclusions: Jessner lymphocytic infiltration

EE91 Lymphocytoma cutis

Lymphocytoma cutis is a benign, cutaneous B-cell lymphoproliferative disorder. It presents as papules, nodules or plaques usually on the head and neck and pursues a chronic course. It occurs as a response to known or unknown antigenic stimuli that result in the accumulation of lymphocytes and other inflammatory cells.

Inclusions: Benign cutaneous lymphoid hyperplasia

Coded Elsewhere: Borrelial lymphocytoma cutis (1C1G.14)

Disorders of subcutaneous fat (EF00‑EF0Y)

Coded Elsewhere: Neonatal disorders of subcutaneous fat (KC22)

EF00 Panniculitis

Panniculitis is the name given to a heterogeneous group of diseases all characterised by inflammation of subcutaneous adipose tissue.

Exclusions: Calcific panniculitis (EB90.41)

Coded Elsewhere: Erythema nodosum (EB31)

Lipodermatosclerosis (BD74.2)

Cold panniculitis of the newborn (KC22.1)

Alpha-1 antitrypsin deficiency panniculitis (5C5A)

Lupus panniculitis (EB51.Y)

Erythema induratum (EF40.2Y)

Cytophagic histiocytic panniculitis (EE8Y)

Gouty panniculitis (FA25.2Y)

EF00.0 Pancreatic enzyme panniculitis

EF00.Y Panniculitis of other specified aetiology

EF00.Z Panniculitis of undetermined or unspecified etiology

EF01 Lipoatrophy or lipodystrophy

Hereditary or acquired disorders characterised by loss of subcutaneous fat.

Coded Elsewhere: Genetic lipodystrophy (LD27.6)

EF01.0 Acquired partial lipodystrophy

Acquired partial lipodystrophy, or Barraquer-Simons syndrome, is characterised by the association of lipoatrophy of the upper part of the body and lipohypertrophy of the thighs.

EF01.1 Localised lipoatrophy and lipodystrophy

Localised lipodystrophies covers a heterogeneous group of conditions characterised by loss of subcutaneous tissue from small regions of the body.

EF01.Y Other specified forms of lipodystrophy and lipoatrophy

EF01.Z Lipodystrophy of unspecified type

EF02 Certain noninflammatory disorders of subcutaneous fat

EF02.0 Fat hypertrophy

Focal hypertrophy of subcutaneous adipose tissue. It is a common sequela of long-term insulin injection into the skin.

EF02.1 Subcutaneous lipomatosis

Diffuse infiltration of the subcutis by non-encapsulated adipose tissue.

EF02.2 Lipoedema

Lipoedema is characterised by non-pitting diffuse "fatty" swelling, usually confined to the legs, thighs, hips and upper arms. It may be confused with lymphoedema. Lipoedema may also occur in the scalp.

Coded Elsewhere: Lipo-lymphoedema (BD93.1Y)

EF02.3 Cellulite

Cellulite is a common architectural derangement of subcutaneous adipose tissue which results in dimpling and nodularity of the overlying skin. It is seen most commonly in postpubertal women and affects principally the pelvic region, lower limbs, and abdomen. It is thought to result from herniation of multiple small aggregates of subcutaneous fat through the fibrous tissue at the dermohypodermal junction. Obesity predisposes to but is not necessary for its development. The term is in widespread use but is misleading as it has nothing to do with cellulitis. The condition is asymptomatic but may cause considerable embarrassment.

EF02.Y Other specified noninflammatory disorders of subcutaneous fat

EF02.Z Noninflammatory disorders of subcutaneous fat, unspecified

EF0Y Other specified disorders of subcutaneous fat

Disorders of cutaneous blood and lymphatic vessels (EF20‑EG02)

Coded Elsewhere: Malformations involving cutaneous lymphatic vessels

Oedema of skin or soft tissues

Superficial thrombophlebitis (BD70)

Lower limb deep vein thrombosis (BD71.4)

Lymphoedema (BD93)

Venous varicosities of sites other than lower extremity (BD75)

Malformations involving cutaneous blood vessels (EF20‑EF2Z)

Coded Elsewhere: Genetic syndromes affecting cutaneous vasculature

Developmental anomalies of cutaneous vasculature (LC50-LC5Z)

EF20 Acquired malformations of cutaneous blood vessels

Coded Elsewhere: Erythematotelangiectatic rosacea (ED90.00)

Actinic telangiectasia (EJ20.3)

Lower limb superficial venous ectasia (BD74.0)

EF20.0 Venous lake

EF20.1 Angiokeratoma

Angiokeratomas are acquired vascular lesions that result from the ectatic dilatation of pre-existing vessels in the papillary dermis, accompanied by hyperkeratotic epidermis. There are several clinical variants: solitary papular angiokeratoma, angiokeratoma corporis diffusum, angiokeratoma of Mibelli and angiokeratoma of Fordyce, amongst which the last, in which the lesions are located on the vulva or scrotum, is the most common.

Coded Elsewhere: Angiokeratoma corporis diffusum (5C56.01)

EF20.2 Lower limb venous telangiectases

Finely dilated superficial veins of lower limbs resulting from chronic venous hypertension.

EF20.3 Spider telangiectasis

A benign vascular ectasia consisting of a central dilated terminal arteriole from which radiate several ectatic capillaries, giving rise to a spider-like appearance.  They occur most commonly on the upper trunk and proximal upper limbs.   Large numbers may develop in association with pregnancy or liver disease.

Exclusions: Lower limb venous telangiectases (EF20.2)

EF20.4 Generalised essential telangiectasia

EF20.Y Other specified acquired malformations of cutaneous blood vessels

EF20.Z Acquired malformations of cutaneous blood vessels, unspecified

EF2Z Cutaneous vascular malformation, unspecified

Purpura or bruising (EF30‑EF3Z)

Purpura is a non-blanchable multifocal purple skin discolouration due to bleeding into the skin and manifested as petechiae (pinpoint foci of intradermal haemorrhage) and ecchymoses (larger areas of intradermal haemorrhage). It has many causes and may be the presenting sign of diseases as diverse as thrombocytopenia, primary amyloidosis, meningococcal septicaemia and scurvy. It will often be accompanied by haemorrhage into the subcutaneous tissues (spontaneous bruising or haematoma).

Coded Elsewhere: Purpura due to disorders of platelets

Purpura or bruising due to vascular fragility (EE40.32)

Painful bruising syndrome (ED02)

EF30 Purpura or bruising due to disorders of coagulation

Purpura resulting from genetically-determined or acquired deficiencies or dysfunction of clotting factors.

EF31 Traumatic purpura

Purpura and bruising attributable to trauma which may be self-induced (as from rubbing itchy skin), due to friction from clothing or due to man-handling, particularly of debilitated elderly patients.

EF3Y Other specified purpura

EF3Z Purpura of unspecified aetiology

EF40 Vasculitis or capillaritis involving the skin

A range of conditions characterised by inflammation of cutaneous blood vessels with or without extravasation of red blood cells into the interstitium.

Coded Elsewhere: Giant cell arteritis (4A44.2)

Mucocutaneous lymph node syndrome (4A44.5)

Sneddon syndrome (4A44.6)

Thromboangiitis obliterans (4A44.8)

Pityriasis lichenoides (EA93)

Vasculitis associated with probable aetiology (4A44.Y)

EF40.0 Capillaritis

Capillaritis results from extravasation of red blood cells from leaky capillaries into the dermis and manifests initially as a finely stippled pink to purple purpura, most commonly affecting the lower limbs. As iron is released and converted into haemosiderin, the skin stains gold or brown. Various patterns of capillaritis have been described and given separate names depending on the distribution, time course, extent and degree of pigmentation and presence or otherwise of epidermal thickening. The underlying processes involved in all these variants are very similar and of unknown cause. Histology may show mild inflammation around capillaries but no vasculitis.

Inclusions: Pigmented purpura

Exclusions: Pulmonary capillaritis (CB04.4)

EF40.1 Vasculitis affecting small cutaneous blood vessels

Coded Elsewhere: Antineutrophil cytoplasmic antibody-associated vasculitis (4A44.A)

Cryoglobulinaemic vasculitis (4A44.90)

IgA vasculitis (4A44.92)

Acute haemorrhagic oedema of infancy (EH40.3)

Cutaneous leukocytoclastic vasculitis (4A44.B0)

EF40.10 Urticarial vasculitis

An uncommon form of cutaneous leucocytoclastic vasculitis manifested by urticarial weals which, in contrast to those of chronic urticaria, are long-lasting and painful rather than itchy. A cause is often not identified. It may be associated with hypocomplementaemia and systemic inflammation (hypocomplementaemic urticarial vasculitis).

Coded Elsewhere: Hypocomplementaemic urticarial vasculitis (4A44.91)

EF40.1Y Other specified vasculitis affecting small cutaneous blood vessels

EF40.2 Localised cutaneous vasculitis

A heterogeneous group of uncommon, predominantly chronic inflammatory dermatoses, each with a characteristic limited distribution, which all exhibit vasculitis on histopathological examination.

EF40.20 Granuloma faciale

EF40.2Y Other specified localised cutaneous vasculitis

EF40.Z Cutaneous vasculitis unspecified

Dermatoses attributable to hyperviscosity or microvascular occlusion (EF50‑EF5Y)

A range of disorders characterised by vascular occlusion but attributable not to primary vascular inflammation but to intravascular occlusion.

Coded Elsewhere: Thrombotic thrombocytopenic purpura (3B64.14)

Antiphospholipid syndrome (4A45)

Disseminated intravascular coagulation (3B20)

Cryoglobulinaemic vasculitis (4A44.90)

EF50 Livedoid vasculopathy

EF5Y Other specified dermatoses attributable to hyperviscosity or microvascular occlusion

Dermatoses resulting from vascular insufficiency (EF60‑EF9Y)

EF60 Ischaemic ulceration of skin

Coding Note: Code also the causing condition

Dermatoses due to venous disease (EF70‑EF7Z)

Coded Elsewhere: Venous leg ulcer (BD74.3)

Lipodermatosclerosis (BD74.2)

EF70 Lower limb venous eczema

A pruritic inflammatory dermatitis affecting the lower legs and ankles of individuals with lower limb venous hypertension. It may become acutely exudative, when the possibility of superimposed allergic contact dermatitis should be considered. Treatment of the associated venous hypertension is an important part of management. Venous eczema is not necessarily associated with the presence of varicose leg veins.

EF7Y Other specified dermatoses due to venous disease

EF7Z Dermatoses due to venous disease, unspecified

EF9Y Other specified dermatoses resulting from vascular insufficiency

Functional vascular disorders of the skin (EG00‑EG02)

Skin disorders due to disturbances in vascular tone and skin blood flow.

EG00 Vasodilatation of extremities

Disorders due to failure of normal vasoconstrictive mechanisms in the cutaneous vasculature.

EG01 Vasoconstriction of extremities

Disorders characterised by peripheral vasospasm including Raynaud disease and ergotism.

Coded Elsewhere: Raynaud phenomenon (BD42)

EG02 Flushing disorders

Coded Elsewhere: Carcinoid syndrome (5B10)

Flushing (ME64.4)

Menopausal hot flush (GA30.4)

Skin disorders involving certain specific body regions (EG30‑EG9Z)

Skin disorders involving the head and neck (EG30‑EG4Z)

Dermatoses specific to the scalp; external ear; the eyes, eyelids and eyebrows; the lips and oral cavity; and to dermatoses specific to the skin of the head and neck

Coded Elsewhere: Dermatoses of the eye, eyelids or eyebrows

Dermatoses of the lips or oral cavity

EG30 Skin disorders localised to the scalp

Skin disorders affecting preferentially or exclusively the scalp.

Coded Elsewhere: Dermatophytosis of scalp (1F28.0)

Seborrhoeic dermatitis of the scalp (EA81.1)

Scalp psoriasis (EA90.50)

Contact dermatitis of scalp (EK5Y)

Lichen planopilaris of scalp (EA91.2)

Chronic cutaneous lupus erythematosus of scalp (EB51.Y)

Scalp pruritus (EC90.Y)

Cutis verticis gyrata (EE7Y)

Lipoedema of the scalp (EF02.2)

Aplasia cutis congenita of scalp (LC60)

Hereditary hypotrichosis of scalp (EC21.2)

EG30.0 Scalp folliculitis

A non-scarring chronic superficial folliculitis of the scalp that is typically characterised by multiple minute, very itchy pustules within the scalp and which has in the past been termed acne necrotica miliaris. The cause is not well understood but an inflammatory response to Propionibacterium acnes has been postulated.

EG30.1 Erosive pustular dermatosis of scalp

Erosive pustular dermatosis of the scalp is a distinctive scalp disorder of the elderly characterised by the development of sterile pustules, erosions and crusts in areas of chronically sun-damaged scalp skin. Local trauma may also play an aetiological role. It normally responds to high-potency topical corticosteroids.

EG30.2 Pityriasis amiantacea

Pityriasis amiantacea refers to a reaction pattern on the scalp where large adherents are attached to the growing hairs and overlap like tiles on a roof. The abnormality may be localised and confined to a small patch or widespread involving the entire scalp. The underlying scalp is often moist and inflamed. The condition may occur on its own or may be associated with inflammatory disorders such as seborrhoeic dermatitis and psoriasis or with underlying dermatophytosis (tinea capitis).

EG30.Y Other specified scalp disorders not elsewhere classifiable

EG30.Z Skin disorders localised to the scalp, unspecified

Disorders of the external ear involving the skin (EG40‑EG4Z)

Coded Elsewhere: Dermatitis or eczema of external ear

Otitis externa (AA10-AA3Z)

Acquired deformity of pinna (AA41)

Inflammatory disorders of the external ear (EG40‑EG4Z)

Coded Elsewhere: Chronic otitis externa (AA13)

Acute noninfectious otitis externa (AA11)

Seborrhoeic otitis externa (AA10)

EG40 Contact dermatitis of external ear

Contact dermatitis of external ear may be due to irritants or allergy. Antimicrobial aural preparations are common causes of allergic contact dermatitis.

Coded Elsewhere: Irritant contact dermatitis of external ear (EK02.10)

EG40.0 Allergic contact dermatitis of external ear

Allergic contact dermatitis affecting the external ear.

EG4Y Other specified inflammatory disorder of external ear

EG4Z Inflammatory disorder of external ear, unspecified

Skin disorders involving the genital and perianal regions (EG60‑EG7Y)

Coded Elsewhere: Dermatoses of male genitalia (GA80-GA81.Y)

Dermatoses of female genitalia (GA40-GA4Y)

Dermatoses of the anus, perianal area or perineum (EG60‑EG63.Z)

Disorders affecting the skin of and surrounding the anus including the intergluteal cleft and genitocrural folds.

Coded Elsewhere: Perianal lichen simplex (EA83.02)

Herpes simplex infection of perianal skin or rectum (1A94.1)

Anal warts (1A95.0)

Primary anal syphilis (1A61.1)

Drug-induced anal ulceration (EH76.Y)

EG60 Anal pruritus

Anal pruritus is irritation of the skin at the anal margin and surrounding perianal skin which results in the desire to scratch.

EG61 Infections of the anus or perianal skin

EG62 Inflammatory dermatoses of the perianal area

Coded Elsewhere: Crohn disease of anal region (DD70.4)

Dermatitis or eczema of perianal area (EA87.2)

Perianal psoriasis (EA90.53)

Hidradenitis suppurativa of anogenital region (ED92.0)

EG63 Sacrococcygeal pilonidal disease

Pilonidal disease describes a spectrum of clinical presentations, ranging from asymptomatic hair-containing cysts and sinuses to large symptomatic abscesses of the sacrococcygeal area which tend to recur. It is found predominantly in white males in their second and third decades and is thought to result from penetration of hair into the tissues with the formation of sinuses and a foreign-body granulomatous response. Risk factors for pilonidal disease include male gender, Caucasian ethnicity, sitting occupations, obesity, a deep natal cleft, and presence of hair within the natal cleft.

EG63.0 Sacrococcygeal pilonidal sinus

EG63.1 Sacrococcygeal pilonidal cyst

EG63.2 Sacrococcygeal pilonidal abscess

EG63.Z Sacrococcygeal pilonidal disease, unspecified

EG7Y Other specified skin disorders involving the genital and perianal regions

EG9Y Skin disorders involving other specific body regions

EG9Z Skin disorders involving certain specific body regions, unspecified

Skin disorders associated with pregnancy, the neonatal period and infancy (EH10‑EH40.Z)

Dermatoses which are either specific to or occur predominantly in pregnancy, the neonatal period or the first few months of life

Coded Elsewhere: Pregnancy dermatoses (JA65.1)

Diseases of the skin complicating pregnancy, childbirth or the puerperium (JB64.7)

Skin disorders specific to the perinatal or neonatal period (EH10‑EH3Y)

This group incorporates both skin disorders of the neonate and other disorders of the neonate with skin manifestations

Coded Elsewhere: Prenatally acquired infections with neonatal skin manifestations

Inflammatory dermatoses of the newborn (KC21)

Neonatal dermatoses due to maternal antibodies (KA07)

Neonatal nutritional disorders affecting the skin (KC24)

Neonatal disorders of subcutaneous fat (KC22)

Neonatal disorders of the oral mucosa (KC23)

Skin disorders associated with prematurity (KC30-KC3Y)

Iatrogenic injuries involving the skin of the neonate (KC50-KC7Y)

Miscellaneous skin disorders in the neonate (KC40)

Neonatal skin infection (EH10‑EH1Z)

Any condition of the skin affecting neonates, caused by an infection with a bacterial, viral, fungal, or parasitic source.

EH10 Neonatal viral infections involving the skin

Coded Elsewhere: Perinatal Herpes simplex infection (KA62.A)

Disseminated perinatal varicella (KA62.2)

Mucocutaneous perinatal varicella (KA62.2)

EH11 Neonatal pyogenic skin infections

Coded Elsewhere: Neonatal necrotising fasciitis (1B71.2)

EH12 Neonatal fungal infections involving the skin

Exclusions: Prenatally-acquired mucocutaneous candidosis (KA63.2)

EH1Z Neonatal skin infection, unspecified

EH3Y Other specified skin disorders specific to the perinatal or neonatal period

EH40 Dermatoses of infancy

Exclusions: Syndromes with skin or mucosal anomalies as a major feature (LD27)

Congenital malformations affecting the skin (LC00‑LC7Z)

Coded Elsewhere: Infantile atopic eczema (EA80.0)

Infantile acne (ED80.6)

Infantile papular acrodermatitis (EA12)

EH40.0 Infantile seborrhoeic dermatitis

An inflammatory but usually non-pruritic dermatitis of infants with a similar distribution to adult seborrhoeic dermatitis. Its principal manifestations are a confluent psoriasiform napkin eruption and greasy, adherent scaling over the scalp (“cradle cap”). In disseminated forms the face, retroauricular folds, neck and trunk may be involved. A small proportion of cases represent infantile onset of psoriasis (“napkin psoriasis”). Its onset is characteristically earlier than that of infantile atopic eczema, the subsequent development of which it does not preclude.

Inclusions: Neonatal seborrhoeic dermatitis

Exclusions: Seborrhoea (ED91.2)

EH40.00 Cradle cap

Cradle cap is a form of seborrhoeic dermatitis that manifests as yellowish, crusty, greasy patches of scaling on the scalp of infants between the second week and sixth month of life. The forehead and eyebrows are frequently affected. It is usually asymptomatic. It may be associated with infantile seborrhoeic dermatitis of other areas including the trunk and napkin area.

EH40.01 Disseminated infantile seborrhoeic dermatitis

A widespread form of infantile seborrhoeic dermatitis affecting the napkin area, scalp, face, neck, axillae and anterior trunk. In contrast to atopic eczema, pruritus is not usually evident and the infant remains otherwise well.

EH40.02 Psoriasiform napkin dermatitis

A napkin eruption characterised by sharply marginated confluent erythema and scale in the napkin area. It is considered a component of infantile seborrhoeic dermatitis, the disseminated form of which may start in the napkin area. In some cases, however, the same clinical picture may eventuate into psoriasis (napkin psoriasis). The clinical picture is essentially identical.

EH40.0Z Infantile seborrhoeic dermatitis, unspecified

EH40.1 Infantile napkin dermatoses

Coded Elsewhere: Psoriasiform napkin dermatitis (EH40.02)

Acrodermatitis enteropathica (5C64.20)

EH40.10 Primary irritant napkin dermatitis

A type of irritant dermatitis seen most frequently in infants localised to the area in contact with a napkin (diaper) and occurring most often as a reaction to prolonged contact with urine, faeces, or retained soap or detergent.

Inclusions: Nappy rash

Diaper rash

EH40.1Y Other specified infantile napkin dermatoses

EH40.1Z Infantile napkin dermatoses, unspecified

EH40.2 Erythrodermas of infancy

Coded Elsewhere: Severe combined immunodeficiency with hypereosinophilia (4A01.10)

Wiskott-Aldrich syndrome (3B62.0Y)

Congenital non-bullous ichthyosiform erythroderma (EC20.02)

Netherton syndrome (LD27.2)

Multiple carboxylase deficiency due to holocarboxylase synthetase deficiency (5C50.E0)

EH40.3 Acute haemorrhagic oedema of infancy

Acute haemorrhagic oedema is an immune complex-mediated cutaneous vasculitis usually associated with respiratory infection or immunization. It affects children between the ages of 4 months and 2 years, with males being affected twice as frequently as females. The dramatic clinical appearance of facial and limb oedema with multiple targetoid purpuric macules belies its generally benign course.

EH40.Y Other specified dermatoses of infancy

EH40.Z Dermatoses of infancy, unspecified

Adverse cutaneous reactions to medication (EH60‑EH7Z)

This group incorporates not only drug rashes but also other acute and chronic cutaneous and mucocutaneous effects of topical or systemic medicaments, whether conventional or "alternative".

Coded Elsewhere: Drug-induced pruritus (EC90.2)

Drug eruptions (EH60‑EH6Z)

Coded Elsewhere: Drug-associated immune complex vasculitis (4A85.03)

EH60 Exanthematic drug eruption

Acute skin eruption typically resembling viral infections such as measles, rubella or scarlatina attributable to drug. Antibiotics are common causes.

Inclusions: Drug-induced toxic erythema

EH61 Drug-induced urticaria, angioedema and anaphylaxis

Adverse reaction to drugs due to release of histamine or vasoactive kinins.

Coded Elsewhere: Drug-induced anaphylaxis (4A84.1)

EH61.0 Drug-induced urticaria

Urticaria provoked by drug. This may be due to immunological or non-immunological mechanisms. Mild anaphylactic reactions may cause little more than urticaria but may serve as a warning of more severe reactions if the responsible agent is encountered again. Aspirin is a well-known cause of non-allergic urticaria.

EH61.1 Drug-induced angioedema

Non-allergic angioedema due to drugs, in particular angiotensin converting enzyme inhibitors and nonsteroidal anti-inflammatory drugs.

EH62 Lichenoid drug eruption

Coded Elsewhere: Drug-induced oral lichenoid reaction (EA91.4Y)

EH63 Stevens-Johnson syndrome and toxic epidermal necrolysis due to drug

A spectrum of severe and potentially life-threatening reactions affecting skin and mucous membranes. In the majority of cases a drug can be implicated.

EH63.0 Drug-induced Stevens-Johnson syndrome

This is one of the four principal forms of severe cutaneous adverse reaction to drugs (SCARs) and is characterised by inflammation, blistering and erosion of skin and mucous membranes. By definition, there is involvement of at least one mucous membrane and skin detachment is limited to less than 10% of body surface area. Most cases occur within the first 8 weeks of drug exposure. The drugs most commonly involved are antimicrobial sulfonamides, anticonvulsants, allopurinol, nevirapine and oxicam–nonsteroidal anti-inflammatory drugs.

EH63.1 Drug-induced toxic epidermal necrolysis

EH63.2 Drug-induced Stevens-Johnson and toxic epidermal necrolysis overlap syndrome

EH64 Drug-induced erythroderma

Erythroderma (defined as erythema and scaling involving at least 90% of the skin surface) which is attributable to drug administration but which cannot be more precisely categorized, thus excluding more specific severe cutaneous adverse reactions to drugs reaction patterns such as DRESS syndrome, acute generalised exanthematous pustulosis (AGEP) and toxic epidermal necrolysis. Many drugs have been implicated.

Exclusions: DRESS syndrome (EH65)

Stevens-Johnson syndrome and toxic epidermal necrolysis due to drug (EH63)

Drug-induced toxic epidermal necrolysis (EH63.1)

Drug-induced Stevens-Johnson and toxic epidermal necrolysis overlap syndrome (EH63.2)

Drug-induced acute generalised exanthematous pustulosis (EH67.0)

EH65 DRESS syndrome

DRESS syndrome (Drug Rash with Eosinophilia and Systemic Symptoms) is a hypersensitivity reaction characterised by a generalised skin rash, fever, eosinophilia, lymphocytosis and visceral involvement (hepatitis, nephritis, pneumonitis, pericarditis and myocarditis) and, in some patients, reactivation of human herpes virus 6.

Inclusions: Drug-induced hypersensitivity syndrome

EH66 Fixed drug eruption

The term fixed drug eruption describes the development of one or more annular or oval inflamed erythematous patches on the skin as a result of systemic exposure to a drug. The patches may develop into bullae. The inflamed patches normally resolve with post-inflammatory hyperpigmentation but typically recur at the same site(s), often with progressively more involved sites, following each reexposure to the drug. In extreme cases (generalised bullous fixed drug eruption) the clinical picture may mimic toxic epidermal necrolysis. A large number of drugs have been implicated as triggers.

EH67 Acne or acneform reactions attributable to drugs

Coded Elsewhere: Corticosteroid-induced acne (EH76.2)

EH67.0 Drug-induced acute generalised exanthematous pustulosis

This uncommon reaction to systemic medication is characterised by fever (generally on the same day as the start of the rash) and multiple, small, non-follicular pustules that arise on a widespread inflammatory erythema centred on the upper trunk and body folds. It may be difficult to differentiate from acute generalised pustular psoriasis. It usually appears within 24 hours of drug exposure. Antibiotics are probably the commonest precipitants although many drugs have been implicated.

Inclusions: Drug-induced toxic pustuloderma

EH67.Y Other specified acne or acneform reactions attributable to drugs

EH67.Z Acne or acneform reactions attributable to drugs, unspecified

EH6Y Drug eruption of other specified type

EH6Z Drug eruption of unspecified type

EH70 Pigmentary abnormalities of skin due to drug

Disturbances of skin colour due to an ingested or injected drug. These may result from a number of different mechanisms including the colour of the drug itself, disturbed melanisation of the skin or deposition of pigments by drug breakdown products.

Coded Elsewhere: Non-melanin pigmentation due to drug (ED6Y)

EH71 Dermatoses precipitated by drug therapy

Specific dermatoses which are not in themselves commonly associated with drugs but which may be precipitated in susceptible individuals by certain drugs.

Coded Elsewhere: Drug-induced lupus erythematosus (4A40.1)

Drug-induced thrombocytopenic purpura (3B64.12)

Acute febrile neutrophilic dermatosis, drug-induced (EB20)

Drug-induced capillaritis (EF40.0)

Drug-induced ichthyosis (ED50.0)

EH72 Drug-induced hair abnormalities

EH72.0 Drug-induced alopecia

EH72.00 Drug-induced telogen hair loss

Telogen hair loss due to drug. Many drugs may occasionally cause telogen hair loss. Commonly implicated drugs include retinoids and anticonvulsants.

Exclusions: Anagen effluvium (ED70.4)

EH72.01 Drug-induced anagen effluvium

Anagen effluvium due to medication, most commonly from cytotoxic cancer chemotherapy.

EH72.Y Other specified drug-induced hair abnormalities

EH72.Z Drug-induced hair abnormalities, unspecified

EH73 Drug-induced nail abnormalities

Abnormalities of nails or nail growth attributable to drugs.

Coded Elsewhere: Drug-induced photo-onycholysis (EH75)

EH74 Drug-induced oral conditions

Coded Elsewhere: Drug-induced oral ulcer (DA01.14)

Drug-induced cheilitis (DA00.0)

Oral mucositis due to cancer chemotherapy (DA01.11)

Drug-induced gingival hyperplasia (DA0D.1)

EH75 Photosensitivity due to drug

A photosensitive skin reaction to a medicament, most commonly a phototoxic reaction to a systemically administered drug, although photoallergy to drugs may rarely occur.

EH76 Dermatoses associated with specific classes of medication

A heterogeneous group of adverse skin reactions characteristic for each drug or class of drug involved. Cancer chemotherapeutic agents and systemic corticosteroids are two important examples.

EH76.0 Dermatoses resulting from cytotoxic or cancer chemotherapy

Coded Elsewhere: Oral mucositis due to cancer chemotherapy (DA01.11)

Neutrophilic eccrine hidradenitis (EB2Y)

EH76.1 Dermatoses resulting from immunosuppressive therapy

EH76.2 Dermatoses attributable to corticosteroid therapy

Coded Elsewhere: Corticosteroid-induced skin atrophy (EE40.0)

Corticosteroid-modified dermatophytosis (1F28.Y)

Perioral dermatitis (ED90.1)

Corticosteroid-induced stretch marks (EE40.1Y)

Corticosteroid-induced purpura (EE40.32)

EH76.3 Dermatoses resulting from anticoagulant therapy

Coded Elsewhere: Heparin-induced thrombocytopenia (3B64.12)

EH76.Y Other dermatoses associated with specific classes of medication

EH77 Localised adverse cutaneous reactions to administration of drug

Coded Elsewhere: Allergic contact dermatitis due to topical medicaments (EK00.C)

Allergic contact dermatitis due to systemic medicaments (EK00.B)

Localised lipoatrophy due to injected drug (EF01.1)

Insulin-induced localised fat hypertrophy (EF02.0)

Superficial thrombophlebitis resulting from infusion or injection of drug (BD70.1)

EH78 Adverse cutaneous reactions to herbal, homoeopathic or other alternative therapies

These may range from "drug" eruptions, phototoxicity, contact allergy to skin infections and scarring. (The primary code should be the adverse cutaneous reaction but this may be used to add supplementary information.)

EH7Y Other specified adverse cutaneous reactions to medication

EH7Z Unspecified adverse cutaneous reactions to medication

Skin disorders provoked by external factors (EH90‑EK5Y)

A large group of skin disorders due to exposure of the skin to various external physical, chemical or environmental insults including chemical irritants and allergens, poisons, pressure, cold, heat, sunlight, radiation and physical injury.

Coded Elsewhere: Miscellaneous specified dermatoses provoked by pressure

Skin injury due to exposure to corrosive substances

Hand and arm vibration syndrome (NF08.20)

Contact dermatitis of external ear (EG40)

Allergic contact blepharoconjunctivitis (9A06.72)

Contact gingivostomatitis (DA02.3)

Haematoma of surgical wound of skin (NE81.00)

Superficial incisional site infection (NE81.20)

Cutaneous wounds, injuries or scars (ND56.0)

EH90 Pressure ulceration

Pressure ulcers result from localised injury and ischaemic necrosis of skin and underlying tissues due to prolonged pressure, or pressure in combination with shear; bony prominences of the body are the most frequently affected sites; immobility and debility are major contributing factors.

Inclusions: pressure injury

pressure ulcer

bedsore

Exclusions: decubitus (trophic) ulcer of cervix (uteri) (GA15.1)

EH90.0 Pressure ulceration grade 1

Pressure ulceration grade I is a precursor to skin ulceration. The skin remains intact but there is non-blanchable redness of a localised area, usually over a bony prominence. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. It can be difficult to detect in individuals with dark skin but affected areas may differ in colour from the surrounding skin. The presence of pressure ulceration grade 1 may indicate persons at risk of progressing to frank ulceration.

Inclusions: pressure injury stage 1 with nonblanchable erythema

EH90.1 Pressure ulceration grade 2

Pressure injury with partial thickness loss of dermis. It presents as a shallow open ulcer with a red or pink wound bed without slough or as a serum-filled or serosanguinous blister which may rupture.

This category should not be used to describe skin tears, tape burns, incontinence associated dermatitis, maceration or excoriation

Inclusions: pressure injury stage 2 with partial thickness skin loss

EH90.2 Pressure ulceration grade 3

Pressure ulcer with full thickness skin loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. There may be undermining and tunnelling into adjacent structures. The depth varies by anatomical location: grade 3 pressure ulcers can be shallow in areas with little or no subcutaneous fat (e.g. bridge of the nose, ear, occiput and malleolus). In contrast, grade 3 pressure ulcers can be extremely deep in areas of significant adiposity.

Inclusions: pressure injury stage 3 with full thickness skin loss

EH90.3 Pressure ulceration grade 4

Pressure ulcer with visible or directly palpable muscle, tendon or bone as a result of full thickness loss of skin and subcutaneous tissue. Slough or eschar may be present. The depth varies by anatomical location: grade IV pressure ulcers can be shallow in areas with little or no subcutaneous fat (e.g. bridge of the nose, ear, occiput and malleolus) but are typically deep and often undermine or tunnel into adjacent structures.

Inclusions: pressure injury stage 4 with full thickness tissue loss

EH90.4 Suspected deep pressure-induced tissue damage, depth unknown

An area of soft tissue damage due to pressure or shear which is anticipated to evolve into a deep pressure ulcer but has not yet done so. The affected skin is typically discoloured purple or maroon and may display haemorrhagic blistering. It may be painful and oedematous. It can be either warmer or cooler than adjacent tissue. Evolution into a deep ulcer may be rapid even with optimal treatment.

EH90.5 Pressure ulceration, ungradable

Pressure ulcer with full thickness skin loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar are removed to expose the base of the wound, it is not possible to determine whether the ulcer is grade 3 or grade 4.

Inclusions: pressure injury with depth unknown

EH90.Z Pressure ulcer of unspecified grade

EH92 Dermatoses provoked by friction or mechanical stress

Coded Elsewhere: Contact dermatitis due to skin damage from friction or micro-trauma (EK02.Y)

EH92.0 Corns or callosities

Callosities are areas of focal hyperkeratosis due to repeated friction and pressure. A corn is a sharply demarcated callosity occurring over a bony prominence, usually on the foot, and is painful.

Coded Elsewhere: Occupational callosities (EK5Y)

EH92.00 Hard corn

A discrete area of painful hyperkeratosis resulting from repeated pressure and friction over a bony prominence, most commonly a metatarsal head or an interphalangeal joint of the forefoot.

EH92.01 Soft corn

A soft corn is a painful callosity extending from the side of one toe across to the side of the adjacent toe. It is normally caused by lateral pressure from ill-fitting footwear and appears white as a result of maceration of the excess keratin.

EH92.0Z Callosity, unspecified

EH92.1 Friction blister

A blister due to disruption of epidermal integrity as a result of repeated frictional stress. They usually form in areas with a strong, thick epidermis, i.e. the palms, fingers, soles and sides of the feet and toes. Common causes include repetitive heavy manual tasks or ill-fitting footwear.

EH92.Y Other specified skin damage due to repetitive friction and mechanical trauma

EH93 Dermatoses due to foreign bodies

Coded Elsewhere: Sacrococcygeal pilonidal disease (EG63)

EH93.0 Tattoos or tattoo reactions

Tattoos are the result of injection into the skin of insoluble coloured pigments as ornamentation of the body, or of inert materials such as coal dust as a result of superficial trauma or blast injury. They may provoke both allergic and foreign body reactions.

EH93.1 Foreign body reaction to inorganic matter in the skin

A usually granulomatous, often sarcoidal reaction to the presence in the skin of inorganic foreign material which cannot be degraded or eliminated. Responsible agents include tattoo pigment, suture materials, silica, zirconium, aluminium, paraffin, and silicone.

EH93.2 Foreign body reaction to organic matter in the skin

EH93.3 Foreign body granuloma of skin

EH93.Y Other specified reaction to foreign body in the skin

EH93.Z Dermatoses due to foreign bodies, unspecified

EH94 Scar of skin, not elsewhere classified

Dermatoses provoked or exacerbated by exposure to cold (EJ0Y‑EJ0Y)

Skin conditions provoked by exposure to low temperatures.

Coded Elsewhere: Skin or soft tissue injury due to exposure to cold

Abnormal vascular reactivity to cold

EJ0Y Other specified dermatoses provoked or exacerbated by exposure to cold

Dermatoses provoked by heat or electricity (EJ10‑EJ1Y)

Coded Elsewhere: Burns of external body surface, specified by site (ND90-ND9Z)

Heat contact urticaria (EB01.Y)

Thermal keratosis (EK90.Y)

EJ10 Erythema ab igne

A characteristic reticular telangiectatic and pigmented dermatosis resulting from repeated or prolonged exposure to infrared radiation (heat) of insufficient energy to produce a burn. It most commonly affects the lower extremities or lower back as a result of habitually sitting too close to a heat source (radiator or open hearth) or from keeping a hot water bottle held against the skin.

Exclusions: Burns of external body surface, specified by site (ND90‑ND9Z)

EJ1Y Other specified dermatoses provoked by heat or electricity

Dermatoses provoked by light or UV radiation (EJ20‑EJ6Y)

Coded Elsewhere: Porphyria or pseudoporphyria affecting the skin (EB90.3)

Cutaneous lupus erythematosus (EB50-EB5Z)

Dermatomyositis (4A41.0)

Rosacea (ED90.0)

Phototoxic reactions to skin contact with photoactive agents (EK20-EK2Z)

Abnormal sensitivity to light or UV radiation of uncertain or unspecified nature (ME66.0)

Photo-allergic contact dermatitis (EK01)

Chronic effects of ultraviolet radiation on the skin (EJ20‑EJ2Y)

Coded Elsewhere: Actinic keratosis (EK90.0)

Diffuse actinic keratinocyte dysplasia (EK90.1)

Brachioradial pruritus (EC90.3)

Disseminated superficial actinic porokeratosis (ED52)

Poikiloderma of Civatte (EK20)

Actinic cheilitis (EK90.Y)

EJ20 Photoaging of the skin

The changes in skin which can be attributed to chronic exposure to ultraviolet radiation and which are clinically manifest principally as actinic elastosis, wrinkles and dyspigmentation.

Inclusions: Sun damage due to chronic sun exposure

EJ20.0 Actinic elastosis

Inclusions: Solar elastosis

Rhytides

EJ20.1 Actinic lentigo

A circumscribed grey or brown macule resulting from chronic exposure to the sun or to artificial sources of ultraviolet such as sun-beds. They are typically located on the backs of the hands and forearms, shoulders, forehead and the scalp (if bald). They often coexist with and may be difficult to differentiate from plane seborrhoeic keratoses, which differ clinically in exhibiting fine scaling and histologically in showing proliferation of keratinocytes as well as melanocytes.

Inclusions: Liver spot

EJ20.2 Actinic lentiginosis

The presence of multiple actinic lentigines. This is a common finding in people with fair skin who have a long history of repeated exposure to the sun where it most commonly affects the upper extremities, upper back, forehead and scalp (if bald). It can be generalised and occur at an earlier age in people with an addiction to sun-bathing and use of sun beds.

EJ20.3 Actinic telangiectasia

EJ20.Z Photoaging of the skin, unspecified

EJ2Y Other specified chronic effects of ultraviolet radiation on the skin

EJ30 Autoimmune or other photodermatoses

A heterogeneous group of dermatoses mostly involving an interaction between the immune system and ultraviolet radiation or visible light

Coded Elsewhere: Solar urticaria (EB01.Y)

EJ30.0 Polymorphic light eruption

Polymorphic light eruption is a common delayed‐onset abnormal inflammatory cutaneous reaction to sunlight or other source of ultraviolet radiation. It typically manifests as an eruption of papules and vesicles affecting normally sun-protected skin sites following exposure to sunlight. Tolerance is commonly seen after repeated sunlight or UV exposure.

EJ30.1 Chronic actinic dermatitis

EJ30.Y Other specified photodermatoses

EJ30.Z Photodermatoses, unspecified

Acute effects of ultraviolet radiation on normal skin (EJ40‑EJ4Z)

Coded Elsewhere: Photosensitivity due to drug (EH75)

Photo-onycholysis (EE10.2)

EJ40 Sunburn

An injury to the skin causing erythema, tenderness, and sometimes blistering and resulting from excessive exposure to the sun. The reaction is produced by the ultraviolet radiation in sunlight.

EJ40.0 Sunburn erythema

EJ40.1 Sunburn with blisters or exudation

EJ40.Z Sunburn, unspecified

EJ41 Burn from exposure to artificial source of ultraviolet radiation

Exclusions: Tanning due to exposure to artificial sources of ultraviolet radiation (ED60.01)

EJ41.0 Burn from exposure to therapeutic ultraviolet radiation

EJ41.Y Other specified burn from exposure to artificial source of ultraviolet radiation

EJ41.Z Burn from exposure to artificial source of ultraviolet radiation, unspecified

EJ4Z Acute effects of ultraviolet radiation on normal skin, unspecified

EJ6Y Other specified dermatoses provoked by light or UV radiation

Dermatoses due to ionizing radiation (EJ71‑EJ7Z)

Coded Elsewhere: Acute effects of ionizing radiation on the skin

EJ71 Chronic effects of ionizing radiation on the skin

The long-term sequelae of prior exposure of skin to ionizing radiation.

Coded Elsewhere: Chronic radiodermatitis following radiotherapy (EL61)

Radionecrosis of skin attributable to diagnostic procedure (EL80)

Chronic radiation keratosis (EK90.Y)

EJ7Z Dermatoses due to ionizing radiation, unspecified

EK00 Allergic contact dermatitis

Allergic contact dermatitis is an eczematous response provoked by a Type IV delayed immune reaction in the skin to a substance or substances to which the individual has previously been sensitized.

Exclusions: Irritant contact dermatitis (EK02)

Allergic contact sensitisation (EK12)

Coded Elsewhere: Allergic contact dermatitis of external ear (EG40.0)

Allergic contact gingivostomatitis (DA02.30)

EK00.0 Allergic contact dermatitis due to clothing or footwear

Allergic contact dermatitis due to exposure to allergens found in clothing and footwear: these include colophony, p-phenylenediamine (PPD), disperse dyes, potassium dichromate and formaldehyde resins.

EK00.1 Allergic contact dermatitis due to cosmetics or fragrances

Allergic contact dermatitis due to sensitisation to any of a large number of allergens which may be found in cosmetics and other products to which fragrances are added. Common allergens include colophony, fragrances such as hydroxycitronellal, emollients such as lanolin (wool wax alcohols), surfactants such as cocamidopropyl betaine, or preservatives such as isothiazolinones, parabens or formaldehyde-releasing agents. Fragrances are found in many household products as well as in cosmetics.

EK00.2 Allergic contact dermatitis due to dental materials

Allergic contact dermatitis due to sensitisation to agents used in dentistry. Dentists, dental nurses and dental technicians are generally at greater risk than their clients. Important allergens include acrylates and methacrylates, disinfectant aldehydes and fragrances.

EK00.3 Allergic contact dermatitis due to food flavours or additives

Allergic contact dermatitis due to flavouring agents (e.g. cinnamyl alcohol) and other food additives (e.g. ammonium persulfate, benzoic acid). Such agents may be encountered at work in food processing or preparation, or may rarely cause allergic contact cheilitis or stomatitis.

EK00.4 Allergic contact dermatitis due to hairdressing products

Allergic contact dermatitis due to hair care products such as dyes, permanent wave and bleaching agents and shampoos. Such allergens may show occupational relevance among hairdressers although consumers are most commonly affected.

EK00.5 Allergic contact dermatitis due to industrial biocides, cutting oils or disinfectants

Allergic contact dermatitis due to any of a large number of potential allergens used to prevent microbial contamination in industrial processes or in commercial, health care and other public environments. These allergens are of predominantly occupational relevance.

EK00.6 Allergic contact dermatitis due to metals or metal salts

Allergic contact dermatitis due to exposure to metals and metal salts such as nickel, cobalt or chromate.

EK00.7 Allergic contact dermatitis due to allergenic haptens derived from plants or organic matter

Allergic contact dermatitis due to low molecular weight allergens from organic matter including plants and woods such as Primula obconica, sesquiterpene lactones and teak.

EK00.8 Allergic contact dermatitis due to plastics, glues or resin systems

Allergic contact dermatitis due to exposure to chemicals used in plastics and resin systems. It is normally the uncured chemicals (e.g. uncured epoxy resin or methacrylates) which are responsible.

EK00.9 Allergic contact dermatitis due to preservatives or biocides

Allergic contact dermatitis due to exposure to preservatives and biocides such as parabens, isothiazolinones, formaldehyde, formaldehyde releasers and phenoxyethanol.

EK00.A Allergic contact dermatitis due to rubber chemicals

Allergic contact dermatitis due to exposure to rubber chemicals such as thiurams, mercaptobenzothiazoles, N-isopropyl-N-phenyl-p-phenylenediamine (IPPD), thiourea derivatives or carbamates.

EK00.B Allergic contact dermatitis due to systemic medicaments

Allergic contact dermatitis due to exposure to systemic medicaments, usually during the manufacturing process. Examples include penicillins, carbamazepine and tetrazepam.

EK00.C Allergic contact dermatitis due to topical medicaments

Allergic contact dermatitis due to exposure to topical medicaments such as corticosteroids, antibiotics, antimycotics, disinfectants, local anaesthetics or NSAIDs.

EK00.Y Other specified allergic contact dermatitis

EK00.Z Allergic contact dermatitis, unspecified

EK01 Photo-allergic contact dermatitis

Allergic contact dermatitis caused by sensitisation to a photoproduct of a compound either applied directly to the skin or taken up by the skin via the systemic circulation. The parent compound does not elicit an allergic reaction until it is chemically modified by exposure to ultraviolet radiation.

EK02 Irritant contact dermatitis

Irritant contact dermatitis is an eczematous reaction provoked by acute or prolonged and repeated contact with a substance or substances which are injurious to the skin. Common irritants include defatting agents (solvents, soaps and detergents), acids (both inorganic and organic) and alkalis (e.g. sodium hydroxide and wet cement).

Exclusions: Allergic contact dermatitis (EK00)

EK02.0 Irritant contact dermatitis from specified external agents

Irritant contact dermatitis from external agents grouped according to the type of causative agent.

EK02.00 Irritant contact dermatitis due to wet work

Irritant contact dermatitis caused by prolonged or repetitive wet work. It usually affects predominantly the skin of the hands and wrists but may affect other sites if clothing is repeatedly drenched. Although water and sweat alone (especially from under occlusive protection gloves) may be responsible, the risk is increased by exposure to defatting agents and irritants including soaps, detergents and cooling fluids. It is seen commonly in those looking after dependent relatives, especially young mothers. Professions or occupational sectors where there are substantial risks include health care, hairdressing, cleaning, catering and food-processing.

EK02.01 Irritant contact dermatitis due to solvents

Irritant contact dermatitis caused by skin contact with solvents such as tetrachloroethylene, toluene, turpentine, acetone, methyl acetate, ethyl acetate, hexane, citrus terpenes or ethanol. These have numerous uses including in dry-cleaning chemicals, paint thinners, nail polish removers, glue solvents and perfumes. Occupations where there are substantial risks include painters and decorators, construction workers, dry-cleaners, machinists and workers in the chemical industry.

EK02.02 Irritant contact dermatitis due to exposure to acids, alkalis or other specified chemical irritants

EK02.03 Irritant contact dermatitis due to cosmetics or emollients

Irritant contact dermatitis caused by skin contact with cosmetics and emollients containing substances with irritant capacities such as fragrances, sodium lauryl sulfate, formaldehyde, alcohols, urea, lactic acid, enzymes or peeling particles.

EK02.04 Irritant contact dermatitis due to topical medicaments or antimicrobials

Irritant contact dermatitis caused by repetitive or prolonged skin contact with topical medicaments and antimicrobials containing e.g. benzoyl peroxide, hydrogen peroxide, povidone iodine, formaldehyde, salicylic acid, alcohols, 5-fluorouracil, dithranol, chlorhexidine, quaternary ammonium compounds or tretinoin. Their irritancy is usually mild and sometimes part of their therapeutic action.

EK02.05 Irritant contact dermatitis due to plants or other vegetable matter

Irritant contact dermatitis caused by exposure to plants and other vegetable matter. Irritation may be due to the mechanical (e.g. hairs, thorns, or spines) or chemical (e.g. acids, proteolytic enzymes) properties of the plant. Occupations where there is a substantial risk include agricultural workers, florists and gardeners.

EK02.06 Irritant contact dermatitis due to foods

A non-allergic form of skin inflammation caused by food items such as sugar, flour, fruits, vegetables, meat, fish and spices, as well as other foods.

EK02.1 Irritant contact dermatitis of specified site

Irritant contact dermatitis organised by the body part affected.

Exclusions: Irritant contact dermatitis from specified external agents (EK02.0)

Coded Elsewhere: Irritant contact gingivostomatitis (DA02.31)

EK02.10 Irritant contact dermatitis of external ear

Irritant contact dermatitis affecting skin of external ear. This may result from retention of irritants such as soaps and shampoos in the external auditory canal or from friction and maceration from use of hearing-aids etc. Irritant damage to the skin may predispose to secondary infection.

EK02.11 Irritant contact blepharoconjunctivitis

Irritant contact dermatitis affecting skin of eyelid and/or conjunctiva. Cosmetics are often responsible.

EK02.12 Irritant contact dermatitis of hands

Irritant contact dermatitis affecting skin of hands. This is the commonest site for the development of irritant contact dermatitis. In the early stages the dorsal finger-webs are affected before the inflammation extends to involve the fingers, the dorsa of the hands and frequently the wrists. The palms are usually but not always less severely affected.

Inclusions: Irritant hand dermatitis

EK02.13 Irritant contact dermatitis of vulva

Irritant contact dermatitis affecting the vulva and surrounding skin. It is much more frequent than allergic contact dermatitis in this area. It is commonly due to a combination of occlusion and use of feminine hygiene products in the genital area. Leakage of urine or profuse vaginal discharge are sometimes important factors.

Inclusions: Vulval irritant contact dermatitis

EK02.1Y Irritant contact dermatitis of other specified site

EK02.2 Irritant contact dermatitis due to friction, sweating or contact with body fluids

Irritant contact dermatitis due to friction, sweating and contact with body fluids. Irritation from body fluids may be due to high or low pH, to proteolytic enzymes or both; the irritant effect may be aggravated or caused solely by sweating and repetitive friction of apposed skin surfaces.

Coded Elsewhere: Primary irritant napkin dermatitis (EH40.10)

EK02.20 Intertriginous dermatitis due to friction, sweating or contact with body fluids

Intertriginous dermatitis (intertrigo) is a form of irritant contact dermatitis of the skin folds (axillary, submammary, genitocrural, abdominal apron) caused by repetitive shearing forces of skin on skin. Sweat, other body fluids, occlusion and obesity all contribute to its development.

EK02.21 Irritant contact dermatitis due to saliva

Perioral irritant contact dermatitis caused by repetitive or prolonged contact with saliva.

EK02.22 Irritant contact dermatitis due to incontinence

Irritant contact dermatitis from prolonged contact with urine or faeces as a result of incontinence.

Inclusions: Incontinence-associated dermatitis

EK02.23 Irritant contact dermatitis related to stoma or fistula

Irritant contact dermatitis of skin surrounding stomas or fistulas caused by prolonged or repeated contact with gastrointestinal secretions, faeces, urine, pus, mucus, or cleansing materials.

EK02.24 Irritant contact dermatitis related to skin contact with prostheses or surgical appliances

Irritant contact dermatitis resulting from friction and sweating between the skin surface and a prosthesis or appliance in contact with the skin, especially limb prostheses.

EK02.Y Irritant contact dermatitis due to other specified cause

EK02.Z Irritant contact dermatitis, unspecified

EK10 Allergic contact urticaria

Allergic contact urticaria is a Type I IgE-mediated immediate immune reaction from cutaneous or mucosal contact to a substance or substances to which the individual has previously been exposed.

EK10.0 Oral allergy syndrome

Type I IgE-mediated immediate immune reaction limited to the lips, oral cavity, tongue and throat caused by direct contact with allergen in sensitized patient. Symptoms include mucosal swelling, itching or a burning sensation.

Inclusions: Pollen-food allergy syndrome

EK10.1 Contact urticaria due to food allergen

Contact urticaria due to food allergen is a IgE-mediated immediate immune reaction from cutaneous or mucosal contact to food allergen in a sensitized patient.

EK10.Y Other specified allergic contact urticaria

EK10.Z Allergic contact urticaria, unspecified

EK11 Protein contact dermatitis

Immediate contact dermatitis due to exposure to proteins from plants, animal tissue and other organic matter.

Exclusions: Allergic contact dermatitis due to food allergen (4A85.22)

EK12 Allergic contact sensitisation

The presence of specific delayed type IV hypersensitivity of the immune system to a given substance without imputation of past or current disease. Such sensitisation is normally acquired by prior contact of the skin or mucous membranes with the substance or with one chemically closely related to it (cross-reactivity). Subsequent contact with the substance may provoke an allergic reaction. In certain circumstances such sensitisation may prevent an individual from taking up or continuing employment where exposure to the allergen cannot be avoided. Some individuals sensitized to a specific allergen may, however, never experience symptoms on contact with it.

Phototoxic reactions to skin contact with photoactive agents (EK20‑EK2Z)

Non-allergic skin inflammation caused by cellular damage from reactive oxygen species in the skin produced by the interaction between ultraviolet or visible light and a photoactive substance in contact with the skin.

EK20 Phototoxic reaction to fragrance or cosmetics

Phototoxic reaction caused by a combination of sun exposure and skin contact with fragrances or cosmetics containing photoactive substances such as oak moss, musk ambrette or bergamot oil.

EK2Y Phototoxic reaction to skin contact with other specified photoactive agent

EK2Z Phototoxic dermatitis, unspecified

EK50 Cutaneous reactions to venomous or noxious animals

Coded Elsewhere: Cutaneous reactions to arthropods (NE61)

Cutaneous reactions to venomous or noxious aquatic invertebrates (NE61)

Cutaneous reactions to venomous or noxious vertebrates (NE61)

EK50.0 Cutaneous insect bite reactions

Skin reactions to known or presumed insect bites. Commonly the nature of the insect responsible is unknown.

Coded Elsewhere: Cutaneous allergic or hypersensitivity reactions to Hymenoptera venom (4A85.31)

EK50.00 Papular urticaria

A reaction pattern to insect bites with the formation of multiple itchy, urticated papules or papulovesicles.

EK50.01 Bullous insect bite reaction

Cutaneous blisters resulting from a brisk immune response to insect bites. These are most common around the lower legs and ankles and in children rather than adults.

EK50.02 Persistent insect bite reaction

Bite reactions lasting for months as inflamed papules and nodules, this is particularly likely to be seen with tick bites and mosquito bites. These may be confused with lymphoma histologically, with a dense inflammatory infiltrate of lymphoid cells, histiocytes, eosinophils and plasma cells together with the presence of atypical mononuclear cells.

Inclusions: Insect bite granuloma

EK50.0Y Other specified cutaneous insect bite reactions

EK50.0Z Cutaneous insect bite reactions, unspecified

EK5Y Other specified skin disorders provoked by external factors

Benign proliferations, neoplasms and cysts of the skin (EK70‑EK71.Z)

Coded Elsewhere: Benign adipocytic neoplasms of skin or soft tissue

Benign cutaneous neoplasms (2F20-2F2Z)

EK70 Cutaneous cysts

Coded Elsewhere: Neonatal milia (KC40.1)

EK70.0 Epidermoid cyst

A cutaneous cyst with an epidermoid wall filled with keratin and its breakdown products. It most commonly forms as the result of squamous metaplasia in a damaged sebaceous gland but may result from trauma (traumatic inclusion cyst), especially when situated on the extremities. It typically presents as a spherical skin-coloured or yellowish nodule, often with a central pore opening onto the skin surface.

Inclusions: Epidermal inclusion cyst

EK70.00 Infected epidermoid cyst

An epidermoid cyst which has become secondarily infected by, most commonly, Staphylococcus aureus. It manifests as pain, swelling and erythema of a preexisting cyst and is predisposed to rupture.

EK70.0Z Epidermoid cyst, unspecified

EK70.1 Trichilemmal cyst

A trichilemmal (pilar) cyst is a common, typically non-tender, intradermal or subcutaneous cyst. The cysts are typically confined to the scalp and are often multiple. They usually occur sporadically but may be inherited in an autosomal dominant manner. They are derived from the outer root sheath of the hair follicle and as such contain keratin or keratin degradation products. Rarely, they may undergo malignant transformation.

Inclusions: Pilar cyst

EK70.2 Digital myxoid pseudocyst

Digital myxoid cysts (DMCs) are benign ganglion cysts of the digits, which typically present as a small dome-shaped, often translucent papule on the dorsum of the terminal phalanx and/or as longitudinal "guttering" of the nail plate which is focally compressed by the cyst as it develops from the underlying nail matrix. In the majority of cases a stalk connecting the cyst with the adjacent distal interphalangeal joint can be demonstrated, accounting for the alternative names of digital ganglion cyst and digital synovial cyst.

Inclusions: Digital ganglion cyst

EK70.3 Hidrocystoma

A hidrocystoma is a cystic cutaneous swelling lined by either apocrine or eccrine ductal epithelium. It presents typically as a small solitary bluish translucent papule on or around the eyelids. It is not always possible to be certain whether it is of apocrine or eccrine origin though the majority show apocrine differentiation.

EK70.Y Other specified cutaneous cysts

EK70.Z Cutaneous cysts, unspecified

EK71 Skin tags or polyps

Benign outgrowths of skin consisting of a fibrovascular core covered with normal or thinned epidermis. They may be single or multiple and range in diameter from less than a millimetre to a centimetre or more.

EK71.0 Fibroepithelial polyp of skin

A common polypoid, often pedunculated non-neoplastic benign skin growth consisting of a fibrovascular core covered with normal or thinned epidermis. If torsion of the stalk occurs they may become painful, swollen and necrotic.

EK71.1 Multiple skin tags

Very common non-neoplastic fibroepithelial skin growths ranging from less than one to several millimetres in diameter. They favour the neck and intertriginous areas and may be very numerous. They are associated with obesity, type II diabetes, insulin resistance and acanthosis nigricans.

EK71.Z Polyp of skin not elsewhere classified

Disorders of the skin of uncertain or unpredictable malignant potential (EK90‑EK92)

Coded Elsewhere: Neoplasms of uncertain behaviour of skin (2F72)

EK90 Actinic keratosis and other discrete epidermal dysplasias

A group of conditions characterised by varying degrees of keratinocytic atypia resulting from damage to keratinocyte DNA. They carry a small propensity to develop into invasive squamous cell carcinoma.

EK90.0 Actinic keratosis

Actinic keratoses (AKs) are focal areas of abnormal keratinocyte proliferation and differentiation induced by chronic exposure to ultraviolet radiation. They are very common on sun-exposed skin of fair-skinned individuals who have had excessive exposure to sunlight. Initially flat scaly papules, they may become significantly elevated from the skin surface by producing dense adherent keratin or as a result of unregulated cellular proliferation which may progress to frank carcinoma in situ or invasive squamous cell carcinoma.

Inclusions: Solar keratosis

EK90.1 Diffuse actinic keratinocyte dysplasia

Diffuse actinic dysplasia develops after repeated exposure of skin to ultraviolet radiation, usually over decades, and results from cumulative DNA damage within the nuclei of epidermal keratinocytes. It is characterised initially by subtle diffuse skin changes including mottling, erythema, telangiectasia and irregular fine scaling. It is seen most commonly on the unprotected scalp skin of bald men. Histologically there are early signs of dysplasia in the basal epidermis. As damage accumulates the clinical changes become more pronounced with the formation of discrete actinic keratoses, from which intraepidermal or invasive squamous cell carcinoma may develop.

Inclusions: "Field change" due to chronic exposure to ultraviolet radiation

EK90.Y Other discrete epidermal dysplasias

EK91 Dermatoses which may presage cutaneous lymphoma

Dermatoses which may represent the earliest stages of cutaneous lymphoma but where it is not possible to confirm their neoplastic nature.

EK91.0 Large plaque parapsoriasis

Large plaque parapsoriasis is a chronic skin disorder characterised by the indolent development over years or decades of scaly patches or slightly elevated plaques which may be clinically indistinguishable from early mycosis fungoides but in which no evidence of infiltration by abnormal lymphocytes can be found. Approximately 10% of patients will, however, eventually progress to mycosis fungoides.

EK91.1 Poikiloderma vasculare atrophicans

Poikiloderma vasculare atrophicans is a cutaneous reaction pattern characterised by mottled hyper- and hypomelanosis, telangiectasia and progressive dermal and epidermal atrophy. It may manifest as a component of established mycosis fungoides but may precede the development of the latter by many years and, in some cases, may persist indefinitely without progression to frank lymphoma. It should be distinguished from other causes of poikiloderma such as may be seen with dermatomyositis.

EK91.2 Primary cutaneous plasmacytosis

A skin disorder resulting from focal or multifocal dense infiltration of the skin by plasma cell aggregates. It may be associated with high levels of serum IgG4. It typically presents as widespread reddish-brown papules, nodules and pigmented indurated plaques involving the trunk and limbs but may present as a single nodule or plaque. The majority of patients with this uncommon skin disorder are of East Asian descent. There is a risk of progression to systemic lymphoproliferative malignancy.

EK92 Histiocytoses of uncertain malignant potential

Disorders characterised by abnormal proliferation of dendritic cells and macrophages. The proliferation may or may not be clonal and the prognosis is unpredictable.

Coded Elsewhere: Langerhans cell histiocytosis (2B31.2)

Indeterminate cell histiocytosis (2B31.6)

Cutaneous markers of internal disorders (EL10‑EL3Y)

A heterogeneous group of skin disorders associated with underlying disease.

Coded Elsewhere: Tophaceous gout (FA25.20)

Diabetic skin lesions (EB90.0)

Benign acanthosis nigricans (ED51.00)

Acquired perforating dermatosis (EE70.0)

Calcific arteriolopathy (EB90.42)

Pretibial myxoedema (EB90.10)

Acromegaly or pituitary gigantism (5A60.0)

Cholestatic pruritus (EC90.11)

Yellow nail syndrome (EE11.1)

Uraemic pruritus (EC90.10)

Nail-patella syndrome (LD24.J0)

Hairy leukoplakia (DA01.01)

Immune reconstitution inflammatory syndrome (4B23)

Cutaneous markers of internal malignancy (EL10‑EL1Y)

A range of generally uncommon skin signs which may point to the presence of an internal malignancy

EL10 Paraneoplastic syndromes involving skin

Coded Elsewhere: Paraneoplastic pemphigus (EB40.2)

Thrombophlebitis migrans (BD70.2)

Paraneoplastic dermatomyositis (4A41.00)

Paraneoplastic hypertrophic osteoarthropathy (FB86.10)

EL1Y Other specified cutaneous markers of internal malignancy

EL3Y Other specified cutaneous markers of internal disorders

Coding Note: Code also the causing condition

Postprocedural disorders of the skin (EL50‑EL80)

This group of disorders incorporates drug eruptions, other cutaneous side effects of medication and adverse reactions to medical and surgical interventions.

EL50 Unsatisfactory surgical scar of skin

A surgical skin scar with a poor functional or cosmetic outcome.

EL50.0 Keloidal surgical scar

A surgical scar which heals with an overgrowth of fibrous scar tissue which extends beyond the limits of the original surgical wound.

EL50.1 Hypertrophic surgical scar

An elevated surgical scar containing an excess of fibrous tissue which, in contrast to a keloidal scar, does tend to flatten with time.

EL50.2 Atrophic surgical scar

A surgical scar in which there is thinning of the skin giving it a wrinkled appearance.

Exclusions: Postinflammatory atrophic scarring of the skin (EE40.2)

EL50.3 Expanded surgical scar

A widened surgical scar, often resulting from inadequate deep suturing or poor surgical technique. They are common in disorders of connective tissue such as Ehlers-Danlos syndrome.

Inclusions: Stretched scar

EL50.Z Unsatisfactory surgical scar of skin, unspecified

EL51 Cutaneous flap necrosis

Necrosis of surgical skin flap

EL52 Myocutaneous flap necrosis

Necrosis of a surgical flap containing both skin and muscle

EL53 Skin graft failure

Failure of skin graft tissue to engraft as intended

EL54 Composite graft failure

Failure of composite graft tissue (e.g. skin and cartilage) to engraft as intended

Adverse cutaneous effects of therapeutic ionizing irradiation (EL60‑EL63)

Coded Elsewhere: Oral mucositis due to radiotherapy (DA01.11)

Radiotherapy-induced xerostomia (DA02.1)

Scarring alopecia following radiotherapy (ED70.5Y)

Radiotherapy-induced skin malignancy (2C3Y)

EL60 Acute radiodermatitis following radiotherapy

The reaction of the skin, and in particular the epidermis, to acute exposure to ionising radiation directed at the skin for therapeutic purposes. It manifests as inflammation, erosion and crusting.

EL61 Chronic radiodermatitis following radiotherapy

The late cutaneous sequelae of the therapeutic use of ionising radiation. It may take five to ten years to develop and is characterised by cutaneous atrophy, fibrosis, dyspigmentation, alopecia and telangiectasia with associated damage to underlying subcutaneous fat.

EL63 Radionecrosis of skin due to therapeutic ionizing irradiation

Necrosis and ulceration of skin attributable to radiotherapy

Complications of cutaneous cosmetic procedures (EL73‑EL73.6)

Coded Elsewhere: Specified cutaneous complications of cosmetic procedures (EL73)

EL73 Unsatisfactory outcome from cutaneous cosmetic surgical procedure

The outcome from a surgical intervention designed to improve cosmetic appearance which is considered by the practitioner who performed the procedure to be less satisfactory than anticipated.

EL73.0 Adverse reaction to dermal or deep fillers

Any adverse event attributable to the use of injected fillers used for soft tissue augmentation.

Exclusions: Pyogenic abscess of the skin (1B75.3)

EL73.1 Adverse reaction to chemical peel

Any adverse reaction attributable to the use of chemical peels on the skin for cosmetic enhancement. Examples include infection, chemical burns, pustular acneform eruptions, dyspigmentation and scarring. The precise adverse reaction should be documented separately.

EL73.2 Adverse reaction to injection of neurotoxin

Adverse event resulting from use of neurotoxins, especially botulinum toxin, into the skin. This is most commonly administered for aesthetic reasons. Recognised problems include ptosis, diplopia and hypersensitivity to the toxin. Details of the reaction should be coded separately.

EL73.3 Unsatisfactory outcome from cosmetic laser surgery

The outcome from an intervention using lasers designed to improve cosmetic appearance which is considered by the practitioner who performed the procedure to be less satisfactory than anticipated.

EL73.4 Hypomelanosis resulting from cosmetic procedure

Loss of skin pigmentation attributable to a cosmetic intervention and particularly associated with chemical peels.

EL73.5 Dyspigmentation resulting from cosmetic procedure

Disturbed skin pigmentation following a cosmetic procedure

EL73.6 Fibrosis or scarring following cosmetic procedure

Unsatisfactory scarring and fibrosis following a procedure designed to improve cosmesis.

EL80 Adverse cutaneous effects of diagnostic procedures

Skin problems arising from diagnostic procedures. Examples would be radiation necrosis from prolonged fluoroscopy or anaphylaxis from use of radiocontrast media.

Coded Elsewhere: Nephrogenic systemic fibrosis (FB51.Y)

EM0Y Other specified diseases of the skin

EM0Z Skin disease of unspecified nature

CHAPTER 15

Diseases of the musculoskeletal system or connective tissue

This chapter has 90 four-character categories.

Code range starts with FA00

This chapter contains diseases of musculoskeletal system and diseases of connective tissue.

Exclusions: Injury, poisoning or certain other consequences of external causes (Chapter 22)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Certain infectious or parasitic diseases (Chapter 01)

Temporomandibular joint disorders (DA0E.8)

Certain conditions originating in the perinatal period (Chapter 19)

Coded Elsewhere: Neoplasms of the musculoskeletal system

Monogenic autoinflammatory syndromes (4A60)

Nonorgan specific systemic autoimmune disorders (4A40-4A4Z)

Symptoms, signs or clinical findings of the musculoskeletal system (ME80-MF1Y)

Structural developmental anomalies of the skeleton (LB70-LB9Z)

Syndromes with connective tissue involvement as a major feature (LD28)

Syndromes with skeletal anomalies as a major feature (LD24)

This chapter contains the following top level blocks:

* Arthropathies
* Conditions associated with the spine
* Soft tissue disorders
* Osteopathies or chondropathies
* Neoplasms of the musculoskeletal system

Arthropathies (FA00‑FA5Z)

Osteoarthritis (FA00‑FA0Z)

Osteoarthritis (OA) can be defined as a group of distinct, but overlapping diseases, which may have different etiologies, but similar biological, morphological, and clinical outcomes affecting the articular cartilage, subchondral bone, ligaments, joint capsule, synovial membrane, and periarticular muscles. OA is the most common joint disease in persons 65 years of age and above. Its etiology is not fully understood, although there are several related factors, such as female gender, genetics, metabolism, and excessive mechanical stress. The diagnosis of OA is primarily based on clinical history and physical examination. The cardinal radiographic features of OA are focal/non-uniform narrowing of the joint space in the areas subjected to the most pressure, subchondral cysts, subchondral sclerosis, and osteophytes.

FA00 Osteoarthritis of hip

FA00.0 Primary osteoarthritis of hip

FA00.1 Post traumatic osteoarthritis of hip

FA00.2 Other secondary osteoarthritis of hip

Coding Note: Code also the causing condition

FA00.Z Osteoarthritis of hip, unspecified

FA01 Osteoarthritis of knee

Primary osteoarthritis occurring in an otherwise intact knee joint, involving genetically related, age-related or use-related degeneration with microscopic and macroscopic anatomical changes, which ultimately limit motion in one or more joints. Changes to the joint include increasing cartilage loss and osseous transformation such as sclerosis, osteophyte formation and cysts as well as potential inflammatory changes in surrounding soft tissue structures.

FA01.0 Primary osteoarthritis of knee

FA01.1 Post traumatic osteoarthritis of knee

FA01.2 Other secondary osteoarthritis of knee

Coding Note: Code also the causing condition

FA01.Z Osteoarthritis of knee, unspecified

FA02 Osteoarthritis of wrist or hand

FA02.0 Primary osteoarthritis of wrist or hand

FA02.1 Post traumatic osteoarthritis of wrist or hand

FA02.2 Other secondary osteoarthritis of wrist or hand

Coding Note: Code also the causing condition

FA02.Z Osteoarthritis of wrist or hand, unspecified

FA03 Osteoarthritis of other specified joint

FA03.0 Primary osteoarthritis of other specified joint

FA03.1 Post traumatic osteoarthritis of other specified joint

FA03.2 Other secondary osteoarthritis of other specified joint

Coding Note: Code also the causing condition

FA03.Z Osteoarthritis of other specified joint, unspecified

FA04 Oligoosteoarthritis

Coding Note: Code also the causing condition

FA05 Polyosteoarthritis

Coding Note: Code also the causing condition

FA0Z Osteoarthritis, unspecified

Coding Note: Code also the causing condition

Infection related arthropathies (FA10‑FA1Z)

A disease of the joints, caused by an infection with a bacterial, viral, fungal, or parasitic source.

Distinction is made between the following types of etiological relationship.

a) direct infection of joint, where organisms invade synovial tissue and microbial antigen is present in the joint;

b) indirect infection, which may be of two types: a reactive arthropathy, where microbial infection of the body is established but neither organisms nor antigens can be identified in the joint, and a postinfective arthropathy, where microbial antigen is present but recovery of an organism is inconstant and evidence of local multiplication is lacking.

FA10 Direct infections of joint

Hematogenic or non-hematogenic infections of joints.

Exclusions: Reactive arthropathies (FA11)

Postinfectious arthropathies (FA12)

FA10.0 Bacterial infection of joint

Coded Elsewhere: Gonococcal arthritis (1A72.0)

FA10.1 Viral infection of joint

FA10.2 Fungal infection of joint

FA10.Z Direct infections of joint, unspecified

FA11 Reactive arthropathies

A disease of the joints, caused by an infection in another part of the body, auto-immune disease, or post-vaccination. This disease is characterised by a secondary inflammation of the joints in reaction to infection, auto-immune disease, or vaccination. Common previous sites of infection are the enteric or genitourinary system.

Coding Note: Code also the underlying disease or aetiology.

Exclusions: Acute rheumatic fever (1B40‑1B42)

Behçet disease (4A62)

Coded Elsewhere: Arthritis mutilans (FA21.Y)

FA11.0 Arthropathy following intestinal bypass

Coded Elsewhere: Bowel-associated dermatosis-arthritis syndrome (EB2Y)

FA11.1 Arthropathy following vaccination

FA11.2 Arthropathy following genitourinary infection

Reactive arthritis (ReA) is an autoimmune disorder belonging to the group of seronegative spondyloarthropathies and is characterised by the classic triad of arthritis, urethritis and conjunctivitis.

Coding Note: Code also the causing condition

FA11.Y Other specified reactive arthropathies

Coding Note: Code also the underlying disease or aetiology.

FA11.Z Reactive arthropathies, unspecified

Coding Note: Code also the underlying disease or aetiology.

FA12 Postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.0 Bacterial postinfectious arthropathy

Coding Note: Code also the causing condition

FA12.1 Viral postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.2 Fungal postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.3 Parasitic postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.Y Other specified postinfectious arthropathies

Coding Note: Code also the causing condition

FA12.Z Postinfectious arthropathies, unspecified

Coding Note: Code also the causing condition

FA13 Infectious spondyloarthritis

A condition of the spine, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition is characterised by inflammation of the vertebrae.

Exclusions: Inflammatory spondyloarthritis (FA92)

FA1Y Other specified infection related arthropathies

FA1Z Infection related arthropathies, unspecified

Inflammatory arthropathies (FA20‑FA2Z)

Coded Elsewhere: Peripheral spondyloarthritis (FA92.1)

FA20 Rheumatoid arthritis

Rheumatoid arthritis (RA) is persistent and/or erosive disease that is defined as the confirmed presence of synovitis in at least 1 joint, absence of an alternative diagnosis that better explains the synovitis, and achievement of a total score of 6 or greater (of a possible 10) from the individual scores in 4 domains: number and site of involved joints, serologic abnormality, elevated acute-phase response, and symptom duration.

Exclusions: rheumatoid arthritis, juvenile (FA24.1)

Acute rheumatic fever (1B40‑1B42)

Coded Elsewhere: Respiratory disorders in rheumatoid arthritis (CB05.1)

FA20.0 Seropositive rheumatoid arthritis

FA20.1 Seronegative rheumatoid arthritis

FA20.Z Rheumatoid arthritis, serology unspecified

FA21 Psoriatic arthritis

Psoriatic arthritis, a member of the spondyloarthritis family, is defined as an inflammatory arthropathy associated with psoriasis that is usually rheumatic factor negative. It is characterised by various clinical manifestations, including symmetric polyarthritis, asymmetric oligoarthritis or polyarthritis, spinal inflammation similar to ankylosing spondylitis, peripheral enthesitis, anterior chest wall involvement, distal interphalangeal arthritis of the hands and feet, dactylitis (sausage digit or toe), arthritis mutilans and onycho-pachydermo-periostitis. The CASPAR has high sensitivity and specificity.

Exclusions: Juvenile psoriatic arthritis (FA24.2)

FA21.0 Psoriatic spondyloarthritis

Inclusions: Psoriatic spondylitis

FA21.Y Other specified psoriatic arthritis

FA21.Z Psoriatic arthritis, unspecified

FA22 Polymyalgia rheumatica

Polymyalgia rheumatica (PMR) is a syndrome characterised by aching of the proximal portions of the extremities and torso. Provisional classification criteria for PMR by the European League Against Rheumatism/American College of Rheumatology Collaborative Initiative should be applied to patients aged 50 years or older with bilateral shoulder aching, and abnormal CRP and/or ESR. The scoring algorithm is based on morning stiffness >45 minutes (2 points), hip pain/limited range of motion (1 point), absence of rheumatoid factor and/or anti-citrullinated protein antibody (1 point), with optional ultrasound criteria. Most commonly, PMR occurs in isolation, but may be seen in 40-50% of patients with giant cell arteritis.

Exclusions: Giant cell arteritis with polymyalgia rheumatica (4A44.2)

FA23 Adult-onset Still disease

Adult onset Still's disease is a rare rheumatic condition characterised by a combination of symptoms, such as fever higher than 39 degrees C, cutaneous rash during fever peaks, joint or muscle pain, lymph node hypertrophy, increase of white blood cells (especially polymorphonuclear neutrophils) and abnormalities of liver metabolism.

Exclusions: Still disease NOS (FA24.4)

FA24 Juvenile idiopathic arthritis

Juvenile idiopathic arthritis (JIA) is the term used to describe a group of inflammatory articular disorders of unknown cause that begin before the age of 16 and last over 6 weeks. Six disorders have been defined: systemic-onset juvenile idiopathic arthritis (formerly referred to as Still's disease), oligoarticular arthritis, rheumatoid factor-positive polyarthritis, rheumatoid factor-negative polyarthritis, enthesitis-related arthritis (spondyloarthropathies), and the juvenile form of psoriatic arthritis (see these terms). A seventh category has been defined comprising unclassified types of arthritis (types that do not correspond to any of the defined disease or that correspond to more than one of the disease definitions).

Coding Note: Arthritis in children, with onset before 16th birthday and lasting longer than 6 weeks

Exclusions: Juvenile dermatomyositis (4A41.01)

Felty syndrome (FA20.0)

FA24.0 Juvenile idiopathic oligoarthritis

Oligoarticular juvenile arthritis is the most common form of juvenile idiopathic arthritis, representing nearly 50% of cases. It is more common in girls (80% of cases), with onset occurring between ages 2 and 4. It is usually asymmetrical and affects between one and a maximum of four joints, predominantly those of the lower limbs (knee or foot).

Coding Note: Use additional code, if desired, to identify associated uveitis

FA24.00 Juvenile idiopathic oligoarthritis, onset persistent

Onset persistent refers to the fact that the child never has more than four joints involved throughout the course of the disease.

FA24.01 Juvenile idiopathic oligoarthritis, onset extended

Onset extended refers to the fact that after the initial six month period, the total number of affected joints exceeds four.

FA24.0Z Juvenile idiopathic oligoarthritis, onset unspecified

Coding Note: Use additional code, if desired, to identify associated uveitis

FA24.1 Juvenile idiopathic polyarthritis

Juvenile idiopathic polyarthritis is a type of juvenile idiopathic arthritis (JIA) that affects five or more joints in the first six months after onset. It often affects the same joints on each side of the body. It is more common in girls.

FA24.2 Juvenile psoriatic arthritis

Juvenile psoriatic arthritis is an autoimmune inflammatory disorder representing less than 10% of all juvenile idiopathic arthritis (JIA) cases, and characterised by the association of psoriasis with one of two forms of arthritis: the association of psoriasis with an arthritis that most resembles oligoarticular arthritis with a risk of uveitis is more common in girls with onset at around 6 years of age, whereas the association of psoriasis with a form of arthritis that most resembles a spondyloarthropathy is most common in boys and manifests later.

Coding Note: Use additional code to identify associated uveitis

FA24.3 Juvenile enthesitis related arthritis

Enthesitis-related arthritis is a type of juvenile idiopathic arthritis (JIA) that represents the paediatric form of spondyloarthropathy in adults, but differs from it as the initial manifestations in the paediatric form are asymmetric oligoarticular arthritis of the lower limbs, associated with enthesitis. Axial manifestations (sacroiliac involvement) are present in only 25% of cases at onset but appear several years later in the disease course.

Coding Note: Use additional code to identify associated uveitis

FA24.4 Juvenile systemic arthritis

Systemic-onset juvenile idiopathic arthritis represents 10-11% of cases of juvenile idiopathic arthritis (JIA) and is marked by the severity of the extra-articular manifestations (fever, cutaneous eruptions) and by an equal sex ratio. Fever peaks are associated with transient cutaneous eruptions and diffuse erythematosis or urticarial-like lesions. The presence of arthritis is essential for diagnosis but may appear later in the disease course. The number of sites affected is variable (mono-, oligo- or polyarthritis) affecting both the small and large joints in a nearly symmetrical manner. This characteristic diagnostic triad may also be associated with an adenopathy and hepatosplenomegaly. Visceral complications (pericarditis, pleural effusion or serous peritonitis with abdominal pain) may be present.

Coding Note: Code also the causing condition

FA24.Y Other specified juvenile idiopathic arthritis

Coding Note: Arthritis in children, with onset before 16th birthday and lasting longer than 6 weeks

FA24.Z Juvenile idiopathic arthritis, unspecified

Coding Note: Arthritis in children, with onset before 16th birthday and lasting longer than 6 weeks

FA25 Gout

Gout is an acute or chronic arthropathy resulting from deposition of monosodium urate monohydrate crystals in joint tissues. It is strongly associated with hyperuricaemia, which may be secondary to certain drugs, poisons or lymphoproliferative disorders. Gout is definitively diagnosed by demonstration of urate crystals in aspirated synovial fluid in the absence of an alternative aetiology for arthritis. It may be associated with focal urate deposition in skin and subcutaneous tissue (tophaceous gout) and with urate nephropathy

Exclusions: Hyperuricaemia without signs of inflammatory arthritis or tophaceous disease (5C55)

FA25.0 Primary gout

Primary gout refers to those cases that appear to be innate, that are neither secondary to another acquired disorder nor a subordinate manifestation of an inborn error that leads initially to a major disease unlike gout. Although some cases of primary gout have a genetic basis, others do not.

Inclusions: Gouty bursitis

Gouty arthropathy

FA25.1 Secondary gout

Secondary gout refers to those cases that develop during the course of another disease, or as a consequence of treatment with drugs. Secondary gout is associated with increased purine biosynthesis de novo, increased nucleic acid turnover, or decreased renal clearance of uric acid.

Coding Note: Code also the causing condition

FA25.10 Lead-induced gout

FA25.11 Drug-induced gout

FA25.12 Gouty arthropathy due to enzyme defects or other inherited disorders

Coding Note: Code also the causing condition

FA25.1Y Other specified secondary gout

Coding Note: Code also the causing condition

FA25.1Z Secondary gout, unspecified

Coding Note: Code also the causing condition

FA25.2 Gout without specification whether primary or secondary

FA25.20 Tophaceous gout

Tophi are precipitates of monosodium urate in the tissues of patients with hyperuricaemia and may be associated with other manifestations of hyperuricaemia including gouty arthropathy. They present particularly in the skin and subcutaneous tissue. One of the more common sites for them is the helix of the ear.

FA25.2Y Other specified gout without specification whether primary or secondary

FA25.2Z Gout, unspecified

FA26 Certain specified crystal arthropathies

Exclusions: Gout (FA25)

FA26.0 Calcium pyrophosphate dehydrate deposition disease

Familial calcium pyrophosphate deposition is a chronic inherited arthropathy characterised by chondrocalcinosis (cartilage calcification), often associated with recurrent acute calcium pyrophosphate crystal arthritis and polyarticular osteoarthritis.

FA26.1 Hydroxyapatite deposition disease

Calcium hydroxyapatite crystal deposition disease is characterised by the presence of basic calcium phosphate crystals - predominantly hydroxyapatite - in periarticular soft tissues, especially tendons. This entity is best recognised as "calcific tendinitis" at its most frequent site about the shoulder, but the disease involves numerous other sites and may be more appropriately termed calcific periarthritis.

FA26.2 Chondrocalcinosis

Chondrocalcinosis refers to radiographic calcification in hyaline and/or fibrocartilage and is not specific for CPPD or other particular crystal deposition disease. Familial l CPPD deposition disease has been reported from many countries and some kindred have CPPD disease linked to ANKH mutation on chromosome 5p.

Inclusions: Familial chondrocalcinosis

FA26.Y Other specified crystal arthropathies

FA26.Z Crystal arthropathies, unspecified

FA27 Certain specified inflammatory arthropathies

Exclusions: cricoarytenoid arthropathy (CA0H)

arthropathy NOS (FA38)

FA27.0 Kashin-Beck disease

Kashin-Beck disease (KBD) is a chronic, endemic osteochondropathy of unknown etiology. The disease is mainly distributed in a diagonal belt ranging from the northeast to the southwest of China, where the soil selenium content is low. Mineral deficiencies (e.g., selenium, iodine), fungal cereal contamination, and water contamination may be contributing factors to its etiology. The disease is manifested by arthritic pain, morning stiffness, enlarged and shortened fingers, deformed and enlarged joints, and limited motion of the joints in the extremities.

FA27.1 Pigmented villonodular synovitis

This condition is characterised by outgrowths of synovial membrane composed of villi and fibrous nodules and is histologically characterised by hemosiderin- and lipid-containing macrophages and multinucleated giant cells. It usually occurs in the knee and hip, and is often diagnosed by Magnetic Resonance Imaging.

FA27.2 Palindromic rheumatism

Palindromic rheumatism causes sudden attacks of joint pain and swelling, typically in the hands and feet. An episode may last from a few hours to several days. The frequency of attacks also varies. Between attacks, pain and swelling completely disappear, and the affected joints look normal on X-rays. It is likely that 30 to 50 percent of patients with palindromic rheumatism go on to develop rheumatoid arthritis, but the progression may take several years.

FA27.3 Transient synovitis

FA27.4 Intermittent hydrarthrosis

FA27.Y Other specified inflammatory arthropathies

FA2Z Inflammatory arthropathies, unspecified

Certain specified joint disorders or deformities of limbs (FA30‑FA3Z)

Exclusions: Conditions associated with the spine (FA70‑FB1Z)

FA30 Acquired deformities of fingers or toes

Exclusions: congenital deformities and malformations of fingers and toes (LB80‑LB81.Z)

Congenital absence of finger (LB99.7)

Congenital absence of toe (LB9A.5)

Acquired absence of toe (QF00)

Acquired absence of finger, including thumb, unilateral (QF00)

amputation of finger (QF00)

amputation of toe (QF00)

FA30.0 Acquired hallux valgus

FA30.1 Hallux rigidus

Coding Note: Code also the causing condition

FA30.2 Acquired hammer toe

Exclusions: Congenital hammer toe (LB98.5)

FA30.Y Other specified acquired deformities of fingers or toes

FA30.Z Acquired deformities of fingers or toes, unspecified

FA31 Other acquired deformities of limbs

Exclusions: congenital: deformities and malformations of limbs (LB70‑LB9Z)

Acquired deformities of fingers or toes (FA30)

congenital: absence of limbs (LB70‑LB9Z)

Coxa plana (FB82.1)

Acquired absence of limb (QF00)

FA31.0 Valgus deformity, not elsewhere classified

Exclusions: Talipes calcaneovalgus (LB98.22)

Metatarsus valgus (LB98.21)

FA31.1 Varus deformity, not elsewhere classified

Exclusions: Metatarsus varus (LB98.02)

tibia vara (FB82.1)

FA31.2 Flexion deformity

FA31.3 Acquired wrist drop

FA31.4 Acquired foot drop

FA31.5 Acquired pes planus

Exclusions: Congenital pes planus (LB98.1)

FA31.6 Acquired clawhand or clubhand

FA31.7 Acquired clawfoot or clubfoot

Exclusions: congenital clubfoot - varus (LB98.0)

congenital clubfoot - valgus (LB98.22)

FA31.8 Acquired unequal limb length

FA31.Y Other specified acquired deformities of limbs

FA31.Z Acquired deformities of limbs, unspecified

FA32 Disorders of patella

Exclusions: Dislocation of patella (NC93.1)

Coded Elsewhere: Chondromalacia patellae (FB82.00)

FA32.0 Recurrent instability of patella

FA32.1 Patellofemoral disorders

FA32.Y Other specified disorders of patella

FA32.Z Disorders of patella, unspecified

FA33 Internal derangement of knee

Internal derangement of the knee (IDK) is a chronic disorder of the knee due to a torn, ruptured or deranged meniscus of the knee, or a partial or complete cruciate rupture, with or without injury to the capsular ligament, resulting in ongoing or intermittent signs and symptoms such as pain, instability, or abnormal mobility of that knee.

If indicated that derangement is due to trauma, code to Injury, poisoning and certain other consequences of external causes, regardless of time past since injury.

Exclusions: recurrent dislocation or subluxation patella (FA32.0)

Ankylosis of joint (FA34.4)

deformity of knee (FA31)

Injuries to the knee or lower leg (NC90‑NC9Z)

Disorders of patella (FA32)

FA33.0 Cystic meniscus

FA33.1 Discoid meniscus

FA33.2 Derangement of meniscus due to old tear or injury

Inclusions: Old bucket-handle tear

FA33.3 Loose body in knee

FA33.4 Chronic instability of knee

Exclusions: Recurrent instability of patella (FA32.0)

FA33.40 Chronic instability of knee, medial collateral ligament or other or unspecified part of medial meniscus

FA33.4Y Other specified chronic instability of knee

FA33.4Z Chronic instability of knee, unspecified

FA33.Y Other specified internal derangement of knee

FA33.Z Internal derangement of knee, unspecified

FA34 Certain specified joint derangements

Exclusions: Temporomandibular joint disorders (DA0E.8)

current injury - see injury of joint by body region (Chapter 22)

FA34.0 Loose body in joint

Exclusions: Loose body in knee (FA33.3)

FA34.1 Disorder of ligament

Exclusions: Chronic instability of knee (FA33.4)

familial ligamentous laxity (LD28.1)

FA34.2 Recurrent instability of joint

Exclusions: vertebral subluxation (ME93)

Recurrent instability of patella (FA32.0)

FA34.3 Contracture of joint

Exclusions: Dupuytren contracture (FB51.0)

contracture of tendon (sheath) without contracture of joint (FB42.1)

acquired deformities of limbs (FA31)

FA34.4 Ankylosis of joint

Exclusions: stiffness of joint without ankylosis (ME85)

Ankylosis of spinal joint (FB00)

FA34.5 Impingement syndrome of hip

FA34.Y Other joint derangements

FA35 Wear of articular bearing surface of joint prosthesis

Exclusions: Mode of injury or harm associated with a surgical or other medical device, implant or graft (PL12)

FA35.0 Wear of articular bearing surface of joint prosthesis of hip

FA35.1 Wear of articular bearing surface of joint prosthesis of knee

FA35.2 Wear of articular bearing surface of joint prosthesis of other joint

FA35.Z Wear of articular bearing surface of joint prosthesis of unspecified joint

FA36 Effusion of joint

Increased intra-articular fluid secondary to trauma and/or other acquired conditions not detailed in other codes.

Inclusions: hydrarthrosis

Exclusions: hydrarthrosis of yaws (1C1D.2)

FA36.0 Effusion of joint containing blood

Inclusions: haemarthrosis

Exclusions: Dislocation or strain or sprain of unspecified body region (ND56.3)

FA36.Y Other specified effusion of joint

FA36.Z Effusion of joint, unspecified

FA37 Certain joint disorders, not elsewhere classified

Exclusions: calcification of: tendon (FB40.3)

difficulty in walking (MB44.2)

abnormality of gait and mobility (MB44)

Acquired deformities of fingers or toes (FA30)

Other acquired deformities of limbs (FA31)

Coded Elsewhere: Pain in joint (ME82)

Stiffness of joint (ME85)

FA37.0 Osteophyte

FA37.Y Other specified certain joint disorders, not elsewhere classified

FA37.Z Certain joint disorders, not elsewhere classified, unspecified

FA38 Arthropathy in diseases classified elsewhere

Coding Note: Code also the causing condition

Exclusions: arthropathy in: haematological disorders (Chapter 03)

neuropathic spondylopathy (FB00‑FB0Z)

psoriatic and enteropathic arthropathies juvenile (FA24.2)

FA38.0 Diabetic arthropathy

Coding Note: Code also the causing condition

Exclusions: Diabetic Charcot arthropathy (FA38.10)

Diabetic cheiroarthropathy (EE40‑EE7Y)

FA38.1 Neuropathic arthropathy

Neuropathic arthropathy is a progressive destructive arthritis associated with loss of pain sensation, proprioception, or both. Normal muscular reflexes that modulate joint movement are decreased. Without these protective mechanisms, joints are subjected to repeated trauma, resulting in progressive cartilage and bone damage. Additional symptoms include skin changes, such as erythema, swelling, hyperpigmentation, or purpura and soft tissue ulcers over the affected area, as well as joint loosening or instability and joint deformities.

Coding Note: Use additional code, if desired, to identify neuropathy.

FA38.10 Diabetic Charcot arthropathy

Joint damage resulting from diabetic sensory polyneuropathy. This most commonly affects the ankle and foot in patients with longstanding diabetes mellitus.

Coding Note: Always assign an additional code for diabetes mellitus.

FA38.1Y Other specified neuropathic arthropathy

Coding Note: Use additional code, if desired, to identify neuropathy.

FA38.1Z Neuropathic arthropathy, unspecified

Coding Note: Use additional code, if desired, to identify neuropathy.

FA38.2 Arthropathy in hypersensitivity reactions classified elsewhere

Coding Note: Code also the causing condition

FA38.3 Haemophilic arthropathy

Joint destruction in the knees, shoulders, ankles, elbows, and hips is associated with haemophilia. The condition includes acute hemarthrosis, subacute or chronic arthritis, and end-stage haemophilic arthropathy. Nearly all patients with severe haemophilia A or B and half of patients with moderate disease activity experience hemarthrosis. Symptoms include joint pain, joint swelling, joint fibrosis, development of flexion deformities, and erosion of joint cartilage. Joints most commonly affected are knees, ankles, elbows, shoulders, and hips (in order of frequency). Bleeding into muscle and soft tissue also causes musculoskeletal dysfunction.

Coding Note: Code also the causing condition

FA38.Y Other specified arthropathy in diseases classified elsewhere

Coding Note: Code also the causing condition

FA38.Z Unspecified arthropathy in diseases classified elsewhere

Coding Note: Code also the causing condition

FA3Z Unspecified joint disorders and deformities of limbs

FA5Y Other specified arthropathies

FA5Z Arthropathies, unspecified

Conditions associated with the spine (FA70‑FB1Z)

This is a group of conditions in which there is a deviation from or interruption of the normal structure or function of the spine.

Coded Elsewhere: Spinal pain (ME84)

Neck syndrome (ME86.C)

Structural disorders of spine (FA70‑FA7Z)

FA70 Spinal deformities

FA70.0 Kyphosis

This is a curving of the spine that causes a bowing or rounding of the back, which leads to a hunchback or slouching posture.

Exclusions: Post radiation kyphosis (FC01.2)

FA70.1 Scoliosis

Coded Elsewhere: Post radiation scoliosis (FC01.5)

Congenital scoliosis due to congenital bony malformation (LB73.25)

FA70.2 Lordosis

This is the inward curvature of a portion of the lumbar and cervical vertebral column, excessive curvature is called hyperlordosis.

Coded Elsewhere: Postsurgical lordosis (FC01.4)

FA70.Z Spinal deformities, unspecified

FA71 Torticollis

Exclusions: Cervical dystonia or spasmodic torticollis (8A02.0)

Congenital torticollis (LA62)

current injury - see injury of spine by body region (NB50‑NB9Z)

torticollis: due to birth injury (KA43.3)

FA72 Disorders of vertebra

Changes in the structure of the spine causing damage to vertebrae and surrounding tissue secondary to infection, injury, tumours, infections, bone changes that come with age etc. Spinal diseases often limit movement and cause pain when bone changes put pressure on the spinal cord or nerves.

FA72.0 Ankylosing hyperostosis

FA72.1 Kissing spine

FA72.2 Traumatic spondylopathy

Coding Note: Code also the causing condition

FA72.3 Fatigue fracture of vertebra

Coding Note: Code also the causing condition

Inclusions: Stress fracture of vertebra

FA72.4 Collapsed vertebra, not elsewhere classified

Exclusions: collapsed vertebra in osteoporosis (FB00‑FB0Z)

current injury - see injury of spine by body region (NB50‑NB9Z)

FA72.Y Other specified disorders of vertebra

FA72.Z Disorders of vertebra, unspecified

FA7Y Other specified structural disorders of spine

FA7Z Structural disorders of spine, unspecified

Degenerative condition of spine (FA80‑FA8Z)

This is a disease characterised by degenerative changes in the intervertebral disc, vertebral end-plates and spinal joints due to aging or structural change.

FA80 Intervertebral disc degeneration

FA80.0 Intervertebral disc degeneration of cervical spine without prolapsed disc

This is a disease characterised by degenerative changes in the intervertebral disc and vertebral end-plates without prolapse of the intervertebral disc.

Exclusions: Intervertebral disc degeneration of cervical spine with nervous system involvement (FA80.3)

FA80.1 Intervertebral disc degeneration of cervical spine with prolapsed disc

Exclusions: Intervertebral disc degeneration of cervical spine with nervous system involvement (FA80.3)

FA80.2 Intervertebral disc degeneration of cervical spine with bony spur at the vertebra

Exclusions: Intervertebral disc degeneration of cervical spine with nervous system involvement (FA80.3)

FA80.3 Intervertebral disc degeneration of cervical spine with nervous system involvement

FA80.4 Intervertebral disc degeneration of thoracic spine without prolapsed disc

Exclusions: Intervertebral disc degeneration of thoracic spine with nervous system involvement (FA80.7)

FA80.5 Intervertebral disc degeneration of thoracic spine with prolapsed disc

Exclusions: Intervertebral disc degeneration of thoracic spine with nervous system involvement (FA80.7)

FA80.6 Intervertebral disc degeneration of thoracic spine with bony spur at the vertebra

Exclusions: Intervertebral disc degeneration of thoracic spine with nervous system involvement (FA80.7)

FA80.7 Intervertebral disc degeneration of thoracic spine with nervous system involvement

FA80.8 Intervertebral disc degeneration of lumbar spine without prolapsed disc

Exclusions: Intervertebral disc degeneration of lumbar spine with nervous system involvement (FA80.B)

FA80.9 Intervertebral disc degeneration of lumbar spine with prolapsed disc

Exclusions: Intervertebral disc degeneration of lumbar spine with nervous system involvement (FA80.B)

FA80.A Intervertebral disc degeneration of lumbar spine with bony spur at the vertebra

Exclusions: Intervertebral disc degeneration of lumbar spine with nervous system involvement (FA80.B)

FA80.B Intervertebral disc degeneration of lumbar spine with nervous system involvement

FA80.Y Other specified intervertebral disc degeneration

FA80.Z Intervertebral disc degeneration, unspecified

FA81 Spondylolysis

This is a condition characterised by degeneration of a portion of the vertebra, usually in the pars interarticularis (the bone bridge between the superior and inferior facet joints of the lumbar vertebra).

FA81.0 Spondylolysis with slippage

This is a condition characterised by degeneration of a portion of the vertebra, usually in the pars interarticularis (the bone bridge between the superior and inferior facet joints of the lumbar vertebra) with forward displacement of a superior vertebral body over the vertebral body below.

FA81.1 Spondylolysis without slippage

This is a condition characterised by degeneration of a portion of the vertebra, usually in the pars interarticularis (the bone bridge between the superior and inferior facet joints of the lumbar vertebra) without slippage of the vertebrae.

FA81.Z Spondylolysis, unspecified

FA82 Spinal stenosis

This is a condition characterised by narrowing of the spinal canal.

FA83 Ossification of spinal ligaments

Coding Note: Code also the causing condition

Coded Elsewhere: Ankylosing hyperostosis (FA72.0)

FA84 Spondylolisthesis

This is a forward displacement of a vertebral body (the anterior or front-facing portion of a vertebra), with a higher position over the vertebral body below.

Coding Note: Code also the causing condition

FA84.0 Spondylolisthesis with pars defect

FA84.1 Spondylolisthesis without pars defect

This is a condition characterised by forward displacement of a superior vertebral body over the vertebral body below without a defect in the pars interarticularis.

FA84.Z Spondylolisthesis, unspecified

Coding Note: Code also the causing condition

FA85 Spinal endplate defects

FA85.0 Spinal epiphysiopathy with no determinant

FA85.1 Spinal epiphysiopathy with determinants

FA85.10 Localised central endplate defect

FA85.11 Multiple anterior endplate defect

Familial Scheuermann disease is an inherited disorder characterised by kyphotic deformity of the spine that develops in adolescence. The spinal deformity includes irregularities of the vertebral endplates, the presence of Schmorl's nodes, disk-space narrowing, and vertebral wedging.

FA85.12 Separation of ring apophysis

FA85.1Y Other specified spinal epiphysiopathy with determinants

FA85.1Z Spinal epiphysiopathy with determinants, unspecified

FA85.Y Other specified spinal endplate defects

FA85.Z Spinal endplate defects, unspecified

FA8Y Other specified degenerative condition of spine

FA8Z Degenerative condition of spine, unspecified

Inflammation of spine (FA90‑FA9Z)

FA90 Infection of vertebra

A condition of the vertebrae, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition commonly presents with fever, chills, headache, weight loss, or may be asymptomatic. Confirmation is by identification of the infectious agent in a blood sample, or radiographic tests.

FA90.0 Infection of vertebra with no determinant

FA90.1 Infection of vertebra with determinants

FA90.Y Other specified infection of vertebra

FA90.Z Infection of vertebra, unspecified

FA91 Infection of intervertebral disc

A condition of the intervertebral discs, caused by an infection with a bacterial, viral, fungal, or parasitic source. This condition commonly presents with fever, chills, headache, stiffness of the neck, or tingling sensations in the arms or legs. Confirmation is by identification of the infectious agent in a blood sample, or radiographic tests.

FA92 Inflammatory spondyloarthritis

Inflammatory spondyloarthritis is a rheumatic disease referring to the group of inflammatory disorders affecting the lower limb, enthesitis, dactylitis, and uveitis. Clinical characteristics include typical patterns of peripheral arthritis (i.e., predominantly of the lower limb and asymmetric), absence of rheumatoid factor, absence of subcutaneous nodules and other extra-articular features of rheumatoid arthritis, overlapping extra-articular features of the group (e.g., anterior uveitis), and significant familial aggregation and association with HLA-B27.

Exclusions: Infectious spondyloarthritis (FA13)

FA92.0 Axial spondyloarthritis

Inclusions: Ankylosing spondylitis

Exclusions: Behçet disease (4A62)

FA92.00 Spinal enthesitis

FA92.01 Sacroiliitis, not elsewhere classified

Inflammation of the sacroiliac joint that may be related to local disease or systemic disease.

FA92.0Y Other specified axial spondyloarthritis

FA92.0Z Axial spondyloarthritis, unspecified

FA92.1 Peripheral spondyloarthritis

Experts from the Assessment of SpondyloArthritis international Society (ASAS) developed classification criteria for axSpA and peripheral SpA. These criteria were developed for patients with peripheral manifestations without back pain, arthritis, enthesitis or dactylitis plus SpA features.

FA92.Y Other specified inflammatory spondyloarthritis

FA92.Z Inflammatory spondyloarthritis, unspecified

FA9Y Other specified inflammation of spine

FA9Z Inflammation of spine, unspecified

Spondylopathies (FB00‑FB0Z)

Coded Elsewhere: Infectious spondyloarthritis (FA13)

Collapsed vertebra, not elsewhere classified (FA72.4)

Nonunion after spinal arthrodesis (FC01.70)

FB00 Ankylosis of spinal joint

FB0Y Other specified spondylopathies

FB0Z Spondylopathies, unspecified

FB10 Spinal instabilities

Exclusions: Spondylolysis (FA81)

FB1Y Other specified conditions associated with the spine

FB1Z Conditions associated with the spine, unspecified

Soft tissue disorders (FB30‑FB6Z)

Coded Elsewhere: Diabetic radiculoplexoneuropathy (8B94)

Autoimmune neuritis (8E4A.1)

Disorders of muscles (FB30‑FB3Z)

Exclusions: Muscular dystrophy (8C70)

Coded Elsewhere: Foreign body granuloma of soft tissue, not elsewhere classified (FB56.0)

FB30 Infectious myositis

Infective myositis is an acute, subacute, or chronic infection of skeletal muscle and may be caused by a wide range of infecting organisms. Immunosuppression, particularly as the result of HIV infection, is an important predisposing factor.

FB31 Calcification or ossification of muscle

FB31.0 Progressive osseous heteroplasia

FB31.1 Fibrodysplasia ossificans progressiva

This is an extremely rare disease of the connective tissue where a mutation of the body's repair mechanism causes fibrous tissue (including muscle, tendon, and ligament) to be ossified when damaged.

FB31.Y Other specified calcification or ossification of muscle

FB31.Z Calcification or ossification of muscle, unspecified

FB32 Certain specified disorders of muscle

This is an impairment of health or a condition of abnormal functioning of the muscle that does not fit in another category.

Exclusions: Alcoholic myopathy (8D44.1)

Myalgia (FB56.2)

Cramp or spasm (MB47.3)

Stiff person syndrome (8E4A.0)

Primary disorders of muscles (8C70‑8C7Z)

Coded Elsewhere: Drug-induced myopathy (8C80)

Sarcoid myositis (4B20.Y)

FB32.0 Diastasis of muscle

This is a pathological separation or tearing of muscle fibres from other muscle fibres, tendons or fascia

FB32.1 Spontaneous rupture of muscle

This is a spontaneous tearing or separation of muscle fibres from other muscle fibres and/or tendons in the absence of trauma.

Exclusions: rupture of tendon (Chapter 22)

traumatic rupture of muscle - see injury of muscle by body region (Chapter 22)

FB32.2 Ischaemic infarction of muscle

Exclusions: Volkmann ischaemic contracture (NF0A.6)

traumatic ischaemia of muscle (NF0A.6)

compartment syndrome, traumatic (NF0A.6)

FB32.20 Idiopathic rhabdomyolysis

Skeletal muscle breakdown with leakage of muscle contents, frequently accompanied by myoglobinuria, occurring in both adult and paediatric populations with no identifiable cause. The attacks are often recurrent. Renal failure due to tubular necrosis is a severe complication.

Exclusions: Myasthenia gravis or certain specified neuromuscular junction disorders (8C60‑8C6Z)

Secondary myopathies (8C80‑8C8Z)

FB32.2Y Other specified ischaemic infarction of muscle

FB32.2Z Ischaemic infarction of muscle, unspecified

FB32.3 Immobility syndrome

FB32.4 Contracture of muscle

Exclusions: Contracture of joint (FA34.3)

FB32.5 Muscle strain or sprain

Exclusions: current injury - see injury of muscle by body region (Chapter 22)

FB32.Y Other specified disorders of muscles

FB33 Secondary disorders of muscle

Coding Note: Code also the causing condition

Exclusions: myopathy in: metabolic diseases (8C80‑8C8Z)

FB3Z Disorders of muscles, unspecified

Disorders of synovium or tendon (FB40‑FB4Z)

This is a group of disorders which affect the synovial joint lining (synovium) and also tendons.

FB40 Tenosynovitis

Exclusions: soft tissue disorders related to use, overuse and pressure (FB50.1)

current injury - see injury of ligament or tendon by body region (Chapter 22)

FB40.0 Infectious tenosynovitis

FB40.1 Plantar fasciitis

FB40.2 Posterior tibial tendonitis

FB40.3 Calcific tendinitis

This is a disorder characterised by deposits of hydroxyapatite in any tendon of the body causing inflammation and pain.

FB40.4 Trigger finger

This is a common disorder characterised by catching, snapping or locking of the involved finger flexor tendon, associated with dysfunction and pain.

Inclusions: Nodular tendinous disease

FB40.5 Radial styloid tenosynovitis

Inflammation of the flexor and/or extensor tendon synovial sheaths in the hand and wrist that control movement of the thumb.

FB40.Y Other specified tenosynovitis

FB40.Z Tenosynovitis, unspecified

FB41 Spontaneous rupture of synovium or tendon

This is a spontaneous rupture to a fluid-filled sac containing viscous fluid which normally acts to decrease friction and also provides a cushion between bones and tendons and/or muscles around a joint.

Coding Note: Includes rupture that occurs when a normal force is applied to tissues that are inferred to have less than normal strength.

Exclusions: rupture where an abnormal force is applied to normal tissue - see injury of tendon by body region (Chapter 22)

rotator cuff syndrome (FB53.1)

FB41.0 Spontaneous rupture of popliteal cyst

This is a rupture of the semimembranous or more rarely some other synovial bursa, or fluid filled sac, found behind the knee joint.

FB41.1 Spontaneous rupture of synovium

This is a rupture to a fluid-filled sac containing viscous fluid which normally acts to decrease friction and also provides a cushion between bones and tendons and/or muscles around a joint.

Exclusions: Spontaneous rupture of popliteal cyst (FB41.0)

FB41.2 Spontaneous rupture of tendon

FB41.Y Other specified spontaneous rupture of synovium or tendon

Coding Note: Includes rupture that occurs when a normal force is applied to tissues that are inferred to have less than normal strength.

FB41.Z Spontaneous rupture of synovium or tendon, unspecified

Coding Note: Includes rupture that occurs when a normal force is applied to tissues that are inferred to have less than normal strength.

FB42 Certain specified disorders of synovium or tendon

Exclusions: Palmar fascial fibromatosis (FB51.0)

tendinitis NOS (FB55)

xanthomatosis localized to tendons (5C80.2)

FB42.0 Acquired short Achilles tendon

FB42.1 Contracture of tendon sheath

FB42.2 Ganglion

This is a nodular tumour-like lesions or mucoid flesh, arising from tendon sheaths, ligaments, or joint capsule, especially of the hands, wrists, or feet. They are not true cysts as they lack epithelial wall. They are distinguished from synovial cysts by the lack of communication with a joint cavity or the synovial membrane.

Inclusions: Ganglion of tendon sheath

Exclusions: ganglion in yaws (1C1D.1)

FB42.3 Synovial hypertrophy, not elsewhere classified

This is an increase in synovial lining thickness which is not elsewhere classified.

FB43 Secondary disorders of synovium or tendon

Coding Note: Code also the causing condition

FB4Y Other specified disorders of synovium or tendon

FB4Z Disorders of synovium or tendon, unspecified

Miscellaneous specified soft tissue disorders (FB50‑FB56.6)

This is a group of other disorders, which are not defined elsewhere, affecting tissues that connect, support, or surround other structures and organs of the body, not being bone.

FB50 Bursitis

This is a disorder of inflammation of one or more bursae (small sacs) of synovial fluid in the body which usually results in pain.

Exclusions: Tibial collateral bursitis (FB54.2)

FB50.0 Infectious bursitis

This is a disorder of inflammation of one or more bursae (small sacs) of synovial fluid in the body which usually results in pain and is caused by an infectious agent.

Exclusions: Tuberculous bursitis (1B12.4)

FB50.1 Bursitis related to use, overuse or pressure

This is a disorder of inflammation of one or more bursae (small sacs) of synovial fluid in the body which usually results in pain and is caused by repetitive use, overuse and pressure irritation.

FB50.2 Synovial cyst of popliteal space

This is a benign swelling of the semimembranous or more rarely some other synovial bursa found behind the knee joint.

Exclusions: Spontaneous rupture of popliteal cyst (FB41.0)

FB50.3 Calcium deposit in bursa

Exclusions: Calcific tendinitis of shoulder (FB40.3)

FB50.Y Other specified bursitis

FB50.Z Bursitis, unspecified

FB51 Fibroblastic disorders

FB51.0 Palmar fascial fibromatosis

This is a fixed flexion contracture of the hand where the fingers bend towards the palm and cannot be fully extended (straightened).

Inclusions: Dupuytren disease of palm

FB51.1 Knuckle pads

These are benign, asymptomatic, well-circumscribed, smooth, firm, skin-coloured papules, nodules, or plaques, located in the skin over the dorsal aspects of the metacarpophalangeal (MCP) and interphalangeal (IP) joints.

FB51.2 Fasciitis and fibromatosis

FB51.3 Fibroblastic rheumatism

FB51.4 Retroperitoneal fibrosis

Retroperitoneal fibrosis (RPF) is a disease characterised by the development of extensive proliferation of fibrous tissue in the retroperitoneum, resulting in entrapment and obstruction of retroperitoneal structures, notably the ureters. RPF can be classified as primary (idiopathic) meaning that the cause is not known or secondary. But its association with various immune-related conditions and response to immunosuppression have led to speculation regarding an autoimmune aetiology of idiopathic RPF. One-third of the cases are secondary to malignancy, medication, trauma, or certain infections.

FB51.40 Primary retroperitoneal fibrosis

This is the commonest form of retroperitoneal fibrosis. By definition, no associated trigger (e.g. drugs or malignancy) can be determined, although atherosclerosis of the abdominal aorta is often associated. It has been postulated that such atherosclerosis may be of aetiological significance in some cases.

FB51.4Y Other specified retroperitoneal fibrosis

FB51.4Z Retroperitoneal fibrosis, unspecified

FB51.Y Other specified fibroblastic disorders

FB51.Z Fibroblastic disorders, unspecified

FB52 Soft tissue disorders in diseases classified elsewhere

This is a group of disorders affecting tissues that connect, support, or surround other structures and organs of the body, not being bone and occur in diseases classified elsewhere.

Coding Note: Code also the causing condition

FB53 Shoulder lesions

This is a group of disorders which are normally characterised with shoulder pain and reduced range of motion of the shoulder girdle.

Exclusions: Rotator cuff tendonitis (FB40.3)

Shoulder-hand syndrome (MG30.04)

FB53.0 Adhesive capsulitis of shoulder

This is a condition characterised by spontaneous onset of shoulder pain accompanied by progressive loss of active and passive ranges of motion.

Inclusions: Frozen shoulder

FB53.1 Rotator cuff syndrome

Exclusions: Rotator cuff tendonitis (FB40.3)

FB53.2 Impingement syndrome of shoulder

This is a clinical syndrome which occurs when the tendons of the rotator cuff muscles become irritated and inflamed as they pass through the subacromial space, the passage beneath the acromion. This can result in pain, weakness and loss of movement at the shoulder.

FB53.Y Other specified shoulder lesions

FB53.Z Shoulder lesions, unspecified

FB54 Enthesopathies of lower limb

This is a group of disorders which refer to any abnormality of tendon and ligament insertion points of the leg. Abnormalities include inflammation and calcification.

Exclusions: Bursitis related to use, overuse or pressure (FB50.1)

FB54.0 Iliac crest spur

This is a disorder characterised by bony exostosis at iliac muscle origins.

FB54.1 Iliotibial band syndrome

This is the most common running injury of the lateral side of the knee. It is a non-traumatic overuse injury caused by repeated flexion and extension of the knee that causes irritation in the structures around the knee causing knee pain.

FB54.2 Tibial collateral bursitis

FB54.3 Calcaneal spur

This is a disorder characterised by a bone outgrowth located on the calcaneus (heel bone).

FB54.4 Metatarsalgia

This is a condition characterised by pain and inflammation in the ball of your foot or at the metatarsal heads.

Exclusions: Morton metatarsalgia (8C11.6)

Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

FB54.Y Other specified enthesopathies of lower limb

FB54.Z Enthesopathies of lower limb, unspecified

FB55 Certain specified enthesopathies

Exclusions: Bursitis related to use, overuse or pressure (FB50.1)

spinal enthesopathy (FA92.00)

Osteophyte (FA37.0)

FB55.0 Medial epicondylitis of elbow

This is a common upper extremity disorder which is characterised by degenerative changes in the musculotendonous region of the medial epicondyle, resulting from repetitive stress of flexion and extension movements of the wrist joint.

FB55.1 Lateral epicondylitis of elbow

This is a common upper extremity disorder which is characterised by degenerative changes in the musculotendonous region of the lateral epicondyle, resulting from repetitive stress of flexion and extension movements of the wrist joint

Inclusions: Tennis elbow

FB55.2 Periarthritis of wrist

This disorder is characterised by inflammation of tissues around the joints of the wrist.

FB55.Z Enthesopathies, unspecified

FB56 Specified soft tissue disorders, not elsewhere classified

This is a group of other disorders, which are not classified elsewhere, affecting tissues that connect, support, or surround other structures and organs of the body, not being bone.

Exclusions: brachial radiculitis NOS (8B93)

lumbosacral radiculitis NOS (8B93)

Mononeuropathy (8C10‑8C1Z)

radiculitis NOS (8B93)

Sciatica (ME84.3)

FB56.0 Foreign body granuloma of soft tissue, not elsewhere classified

Exclusions: Foreign body granuloma of skin (EH93.3)

FB56.1 Residual foreign body in soft tissue

Exclusions: Foreign body granuloma of skin (EH93.3)

Foreign body granuloma of soft tissue, not elsewhere classified (FB56.0)

FB56.2 Myalgia

This is a disorder characterised by pain in a muscle or group of muscles.

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

FB56.3 Hypertrophy of infrapatellar fat pad

This is a hypertrophy of an intracapsular but extrasynovial structure limited by the inferior pole of the patella superiorly, the joint capsule and patellar tendon anteriorly, the proximal tibia and deep infrapatellar bursa inferiorly, and the synovium-lined joint cavity posteriorly.

FB56.4 Pain in limb

Exclusions: Chronic primary limb pain (MG30.02)

Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

FB56.6 Other specified soft tissue disorders

FB6Z Soft tissue disorders, unspecified

Osteopathies or chondropathies (FB80‑FB8Z)

Coded Elsewhere: Bone diseases with increased bone density (LD24.1)

Bone diseases with disorganised development of skeletal components (LD24.2)

Congenital vascular bone syndromes (LD26.6)

Tuberculosis of bones or joints (1B12.40)

Malignant otitis externa (AA02)

FB80 Certain specified disorders of bone density or structure

Exclusions: Osteopoikilosis (LD24.11)

Osteopetrosis (LD24.10)

Coded Elsewhere: Osteogenesis imperfecta (LD24.K0)

FB80.0 Fibrous dysplasia of bone

Fibrous dysplasia of bone is a congenital non-hereditary benign bone disease, where normal bone is replaced by a fibrous-like tissue with immature osteogenesis. Bone lesions are mono- or polyostotic and may be associated with bone pain and fragility, leading to fractures. In some patients or bone sites, they are hypertrophic, and responsible for neurological complications.

FB80.1 Skeletal fluorosis

FB80.2 Osteitis condensans

FB80.3 Hyperostosis of skull

FB80.4 Osteosclerosis

FB80.5 Solitary bone cyst

A solitary bone cyst is a benign non-epithelial bone cavity that is asymptomatic and that is found most commonly in the second decade of life by chance. The long bones are most often affected, but cases involving the jaw bone have been reported.

Exclusions: solitary cyst of jaw (DA05)

FB80.6 Aneurysmal bone cyst

Exclusions: aneurysmal cyst of jaw (DA05)

FB80.7 Malunion of fracture

FB80.8 Nonunion of fracture

Exclusions: Pseudarthrosis after fusion or arthrodesis (FC01.0)

FB80.9 Delayed union of fracture

FB80.A Stress fracture, not elsewhere classified

Exclusions: stress fracture of vertebra (FA72.3)

FB80.B Pathological fracture

Exclusions: Collapsed vertebra, not elsewhere classified (FA72.4)

FB80.Y Other specified disorders of bone density and structure

FB80.Z Disorder of bone density and structure, unspecified

FB81 Osteonecrosis

Osteonecrosis is the medical term for death of bone tissue that occurs when the supply of blood to the bone is cut off for some reason. Doctors sometimes refer to the condition as avascular necrosis, aseptic necrosis or ischemic bone necrosis

Coding Note: Code also the causing condition

Inclusions: avascular necrosis of bone

FB81.0 Idiopathic aseptic osteonecrosis

FB81.1 Osteonecrosis due to dialysis

FB81.2 Drug-induced osteonecrosis

Alteration of the normal structure of orofacial tissues resulting from medicinal substances acting locally or systemically.

Inclusions: Osteonecrosis due to chemical burn of oral mucosa

FB81.3 Osteonecrosis due to trauma

FB81.4 Osteonecrosis due to haemoglobinopathy

Coding Note: Code also the causing condition

FB81.5 Osteonecrosis due to ionizing radiation

Necrosis of bone attributable to ionizing radiation, most commonly seen affecting the mandible following radical radiotherapy for the treatment of head and neck cancer or the chest wall following radiotherapy for breast cancer.

Coded Elsewhere: Osteoradionecrosis of jaw (DA06.0)

FB81.6 Alcohol induced osteonecrosis

FB81.Y Other specified osteonecrosis

Coding Note: Code also the causing condition

FB81.Z Osteonecrosis, unspecified

Coding Note: Code also the causing condition

FB82 Chondropathies

Exclusions: postprocedural chondropathies (FC01)

Coded Elsewhere: Chondrodysplasia punctata (LD24.04)

FB82.0 Chondromalacia

FB82.00 Chondromalacia patellae

A disease of the knee joint, caused by damage to the cartilage under the patella. This disease is characterised by pain in the front of the knee that worsens when walking up or down stairs. This disease may be associated with injury or overuse.

FB82.0Y Other specified chondromalacia

FB82.0Z Chondromalacia, unspecified

FB82.1 Osteochondrosis or osteochondritis dissecans

Note: Osteochondroses are typically referred to by eponyms. The most common eponyms are indexed to osteochondrosis with specification identified by the site and time in life.

Coded Elsewhere: Medial condensing osteitis of clavicle (LB72.Y)

Idiopathic aseptic osteonecrosis of carpal lunate (FB81.0)

FB82.2 Slipped upper femoral epiphysis

FB82.3 Relapsing polychondritis

Relapsing polychondritis is a multisystem inflammatory disease of unknown aetiology affecting the cartilage. The disease is characterised by intermittent or fluctuant inflammatory manifestations due to inflammation of the cartilaginous structures, resulting in tissue damage and tissue destruction. Chondritis of auricular, nasal, tracheal cartilage predominates in this disease, suggesting response to tissue-specific antigens such as collagen II and cartilage matrix protein (matrillin-1). In about one third of patients, RP is associated with vasculitis (from isolated cutaneous leucocytoclastic vasculitis to systemic polyangiitis) and autoimmune rheumatic diseases (mainly rheumatoid arthritis and systemic lupus erythematosus). Haematological malignant diseases, gastrointestinal disorders and endocrine diseases may also occur. Functional and anatomical evaluation for upper and lower airway disease is essential in evaluation and management of the disease.

FB82.Y Other specified chondropathies

FB82.Z Chondropathies, unspecified

FB83 Low bone mass disorders

Coded Elsewhere: Genetic bone diseases with decreased bone density (LD24.K)

FB83.0 Osteopenia

Coding Note: Code also the causing condition

FB83.00 Premenopausal idiopathic osteopenia

FB83.01 Postmenopausal osteopenia

FB83.02 Senile osteopenia

Coding Note: Code also the causing condition

FB83.03 Osteopenia of disuse

FB83.04 Drug-induced osteopenia

FB83.0Y Other specified osteopenia

Coding Note: Code also the causing condition

FB83.0Z Osteopenia, unspecified

Coding Note: Code also the causing condition

FB83.1 Osteoporosis

Coded Elsewhere: Postoophorectomy osteoporosis (FC01.9)

Osteoporosis in multiple myelomatosis (2A83.1)

FB83.10 Premenopausal idiopathic osteoporosis

FB83.11 Postmenopausal osteoporosis

Susceptibility to bone fracture secondary to a systemic decrease in bone mass and micro-architectural deterioration of bone tissue related to hormonal changes associated with menopause

FB83.12 Osteoporosis of disuse

FB83.13 Drug-induced osteoporosis

FB83.14 Osteoporosis due to malabsorption

Coded Elsewhere: Osteoporosis in atypical cystic fibrosis (CA25.1)

Osteoporosis in classical cystic fibrosis (CA25.0)

Osteoporosis in unspecified cystic fibrosis (CA25.Z)

FB83.1Y Other specified osteoporosis

FB83.1Z Osteoporosis, unspecified

FB83.2 Adult osteomalacia

A disease characterised by defects in bone mineralization and bone softening secondary to vitamin D deficiency.

Exclusions: renal osteodystrophy (GB61)

osteomalacia: vitamin-D-resistant (5C64.3)

infantile and juvenile osteomalacia (5B57.0)

rickets (active) vitamin-D-resistant (5C64.3)

Coded Elsewhere: Puerperal osteomalacia (JB44.6)

FB83.20 Aluminium bone disease

Coding Note: Code also the causing condition

FB83.21 Adult osteomalacia due to malnutrition

Coding Note: Code also the causing condition

FB83.22 Drug-induced adult osteomalacia

FB83.2Y Other specified adult osteomalacia

FB83.2Z Adult osteomalacia, unspecified

FB84 Osteomyelitis or osteitis

Exclusions: osteomyelitis jaw (DA06.0)

osteomyelitis vertebra (FA90)

FB84.0 Acute haematogenous osteomyelitis

FB84.1 Other acute osteomyelitis

FB84.2 Subacute osteomyelitis

FB84.3 Chronic multifocal osteomyelitis

FB84.4 Chronic osteomyelitis with draining sinus

FB84.5 Other chronic haematogenous osteomyelitis

FB84.Y Other specified osteomyelitis or osteitis

FB84.Z Osteomyelitis or osteitis, unspecified

FB85 Paget disease of bone

A disorder characterised by pathologically excessive resorption of bone by multinucleated osteoclasts and abnormal modelling of disorganised, woven bone by osteoblasts with resultant bone vascularization, weakness, enlargement and deformity.

Inclusions: Osteitis deformans

FB85.0 Juvenile Paget disease

FB85.1 Paget disease of bone in neoplastic disease

Coding Note: Code also the causing condition

FB85.Y Other specified Paget disease of bone

FB85.Z Paget disease of bone, unspecified

FB86 Disorders associated with bone growth

FB86.0 Epiphyseal arrest

FB86.1 Bone hyperplasias

Coded Elsewhere: Ankylosing hyperostosis (FA72.0)

FB86.10 Hypertrophic osteoarthropathy

Hypertrophic osteoarthropathy (HOA) is a syndrome of clubbing of the digits, subperiosteal new bone formation (periostitis) affecting the long bones, and arthritis. The primary hereditary form is associated with mutations in the HPGD gene. The secondary form may be secondary to a number of systemic disorders, most commonly as a paraneoplastic phenomenon related to bronchial carcinoma.

Exclusions: Isolated congenital club finger (LB90.5)

FB86.11 Hypertrophy of bone

FB86.1Y Other specified bone hyperplasias

FB86.1Z Bone hyperplasias, unspecified

FB86.2 Osteolysis

Coding Note: Code also the causing condition

FB86.Y Other specified disorders associated with bone growth

FB86.Z Disorders associated with bone growth, unspecified

FB8Y Other specified osteopathies or chondropathies

FB8Z Osteopathies or chondropathies, unspecified

FC00 Certain specified acquired deformities of musculoskeletal system or connective tissue, not elsewhere classified

Coding Note: Code also the causing condition

Exclusions: Dentofacial anomalies (DA0E)

Spinal deformities (FA70)

Structural developmental anomalies of the skeleton (LB70‑LB9Z)

acquired deformities of limbs (FA30‑FA3Z)

acquired absence of limbs (QF00)

Postprocedural disorders of the musculoskeletal system (FC01)

Acquired absence of organs (QF01)

FC00.0 Acquired deformity of nose

Coding Note: Code also the causing condition

Exclusions: Deviated nasal septum (CA0D)

FC00.1 Acquired deformity of neck

Coding Note: Code also the causing condition

FC00.2 Acquired deformity of chest or rib

Coding Note: Code also the causing condition

FC00.3 Acquired deformity of pelvis

Coding Note: Code also the causing condition

Exclusions: Maternal care for known or suspected disproportion (JA83)

Obstructed labour due to maternal pelvic abnormality (JB05)

Obstructed labour due to deformed pelvis (JB05.0)

FC00.4 Acquired deformity of trunk

FC00.Y Acquired deformities of musculoskeletal system and connective tissue, not classified elsewhere, other specified sites

Coding Note: Code also the causing condition

FC01 Postprocedural disorders of the musculoskeletal system

Exclusions: Osteoporosis (FB83.1)

Presence of devices other than cardiac or vascular implants (QB51)

Arthropathy following intestinal bypass (FA11.0)

Coded Elsewhere: Osteonecrosis due to ionizing radiation (FB81.5)

Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

Wear of articular bearing surface of joint prosthesis (FA35)

Post radiation lordosis (FA70.2)

FC01.0 Pseudarthrosis after fusion or arthrodesis

FC01.1 Postlaminectomy syndrome, not elsewhere classified

FC01.2 Post radiation kyphosis

FC01.3 Postlaminectomy kyphosis

FC01.4 Postsurgical lordosis

FC01.5 Post radiation scoliosis

FC01.6 Fracture of bone following insertion of orthopaedic implant, joint prosthesis, or bone plate

FC01.7 Nonunion after arthrodesis

FC01.70 Nonunion after spinal arthrodesis

Inclusions: nonunion after spinal fusion

FC01.7Y Nonunion after arthrodesis of other sites

FC01.8 Postsurgical osteolysis

FC01.9 Postoophorectomy osteoporosis

osteoporosis occurring after oophorectomy

FC01.A Postsurgical malabsorption osteoporosis

FC0Y Other specified diseases of the musculoskeletal system or connective tissue

FC0Z Diseases of the musculoskeletal system or connective tissue, unspecified

CHAPTER 16

Diseases of the genitourinary system

This chapter has 119 four-character categories.

Code range starts with GA00

Any disease characterised by pathological changes to the genitourinary system.

Exclusions: Injury, poisoning or certain other consequences of external causes (Chapter 22)

Endocrine, nutritional or metabolic diseases (Chapter 05)

Complications of pregnancy, childbirth and the puerperium (Chapter 18)

Certain infectious or parasitic diseases (Chapter 01)

Coded Elsewhere: Contact with health services for reasons associated with reproduction (QA20-QA4Z)

Predominantly sexually transmitted infections (1A60-1A9Z)

Symptoms, signs or clinical findings of the genitourinary system (MF30-MG0Y)

Female gonococcal pelvic inflammatory disease (1A71)

This chapter contains the following top level blocks:

* Diseases of the female genital system
* Diseases of the male genital system
* Disorders of breast
* Diseases of the urinary system
* Other conditions of the genitourinary system
* Postprocedural disorders of genitourinary system

Diseases of the female genital system (GA00‑GA6Z)

Coded Elsewhere: Certain specified disorders of genital development

Neoplasms of the female genital organs

Symptoms, signs or clinical findings involving the female genital system (MF30-MF3Y)

Inflammatory disorders of the female genital tract (GA00‑GA0Z)

Exclusions: those complicating: abortion or ectopic or molar pregnancy (JA00‑JA0Z)

Infections of genitourinary tract in pregnancy (JA62)

Other infection during labour (JB0D)

Infections in the puerperium (JB40)

Coded Elsewhere: Endometriosis (GA10)

Adenomyosis (GA11)

GA00 Vulvitis

Exclusions: senile (atrophic) vaginitis (GA30.2)

Coded Elsewhere: Irritant contact dermatitis of vulva (EK02.13)

Genital warts of vulva (1A95.1)

Tuberculous ulceration of vulva (1B12.5)

GA00.0 Acute vulvitis

Exclusions: Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

GA00.1 Subacute, chronic or recurrent vulvitis

GA00.2 Abscess of vulva

A condition of the vulva, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by a focal accumulation of purulent material in the vulva. This condition may present with pain and swelling of the vulva, pain on sexual intercourse, or fever. Confirmation is by gynaecological examination.

GA00.3 Genital ulcer of vulva

Ulceration of the vulva of unknown or uncertain aetiology but where a sexually transmitted infection, especially Herpes simplex, primary syphilis or chancroid, is suspected. This is a provisional diagnosis which should be amended once the cause of the ulceration is known.

Coding Note: Code also the causing condition

GA00.4 Vulvovaginal ulceration and inflammation

Coded Elsewhere: Vulvovaginal candidosis (1F23.10)

GA00.40 Vulvovaginal ulceration

GA00.4Y Other specified vulvovaginal ulceration and inflammation

GA00.4Z Vulvovaginal ulceration and inflammation, unspecified

GA01 Inflammatory disorders of the uterus, except cervix

A spectrum of inflammations involving the Uterus and the supporting tissues. It is usually caused by an ascending infection of organisms from the endocervix. Such inflammation can lead to functional impairment and infertility.

GA01.0 Acute inflammatory disease of uterus

GA01.00 Acute endometritis

A disease of the endometrium, caused by an infection with a bacterial or viral source. This condition is characterised by fever, lower abdominal pain, abnormal vaginal bleeding, or vaginal discharge. Confirmation is by a pelvic exam and identification of the bacteria or virus from a cervical swab, endometrial biopsy, or laparoscopy.

Coded Elsewhere: Tuberculous endometritis (1B12.5)

GA01.01 Acute inflammatory disease of uterus with pyometra

GA01.0Z Acute inflammatory disease of uterus, unspecified

GA01.1 Chronic inflammatory disease of uterus

A condition characterised by inflammation of the uterus which lasts for more than 3 months.

GA01.10 Chronic endometritis

Coded Elsewhere: Tuberculous endometritis (1B12.5)

GA01.11 Chronic inflammatory disease of uterus with pyometra

GA01.1Z Chronic inflammatory disease of uterus, unspecified

GA01.Y Other specified inflammatory disorders of the uterus, except cervix

GA01.Z Inflammatory disorders of the uterus, except cervix, unspecified

GA02 Vaginitis

Coded Elsewhere: Vulvovaginal ulceration and inflammation (GA00.4)

Genital warts of vagina (1A95.1)

GA02.0 Acute vaginitis

Coding Note: Code also the causing condition

GA02.1 Inflammatory vaginitis

Clinical syndrome characterised by diffuse exudative vaginitis, epithelial cell exfoliation and a profuse purulent vaginal discharge, associated with vulvovaginal burning or irritation and dyspareunia. Signs may include vulvovaginal erythema and ecchymotic spots.

Coding Note: Code also the causing condition

GA02.2 Subacute or chronic vaginitis

Chronic vulvovaginal candidiasis, marked by chronic irritative symptoms of vestibule, vulva and vagina, with burning replacing itching as the prominent symptom. Differential diagnosis with chronic atopic dermatitis or atrophic vulvovaginitis.

GA02.3 Genital ulcer disease of vagina

GA02.Z Vaginitis, unspecified

GA03 Diseases of Bartholin gland

Any disease characterised by inflammation of the Bartholin gland.

GA03.0 Abscess of Bartholin gland

A condition of the Bartholin gland, caused by an infection with a bacterial, viral, or fungal source. This condition is characterised by focal accumulation of purulent material in the Bartholin gland, located on either side of the vaginal opening. This condition may present with swelling on either side of the vagina, pain on sexual intercourse, or fever. Confirmation is by gynaecological examination.

GA03.1 Cyst of Bartholin gland

A condition of the vagina, caused by growth of a flap of skin, occlusion of the Bartholin duct due to mucus, or infection. This condition is characterised by the accumulation of mucus or clear fluid in a closed sac-like structure that forms on (or from) one of the Bartholin glands or its ducts. This condition is commonly asymptomatic, but may become painful if the cyst becomes enlarged or infected.

GA03.Y Other specified diseases of Bartholin gland

GA03.Z Diseases of Bartholin gland, unspecified

GA04 Cervicitis

Coded Elsewhere: Tuberculosis of cervix uteri (1B12.5)

GA05 Female pelvic inflammatory diseases

Coded Elsewhere: Postprocedural acute female pelvic inflammatory disease (GC78)

Secondary syphilitic female pelvic inflammatory disease (1A61.4)

GA05.0 Acute female pelvic inflammatory disease

Coded Elsewhere: Tuberculous female pelvic inflammatory disease (1B12.5)

GA05.1 Chronic pelvic inflammatory disease

Coded Elsewhere: Chlamydial female pelvic inflammatory disease (1A81.1)

GA05.2 Female pelvic peritonitis, unspecified

This is an inflammation of the peritoneum, the thin tissue that lines the inner wall of the abdomen and covers most of the abdominal organs, unspecified.

GA05.3 Tuboovarian abscess

End-stage process of acute pelvic inflammatory disease (PID), marked by pelvic mass palpable during bimanual examination. Usually bilateral but can be unilateral.

GA05.Y Other specified female pelvic inflammatory diseases

GA05.Z Female pelvic inflammatory diseases, unspecified

GA06 Pelvic peritoneal adhesions of unknown or combined origin

A condition characterised by fibrous bands of scar tissue and abnormal connection between pelvic organs or tissues. This condition may also present with pelvic pain or bowel obstruction.

GA07 Salpingitis and oophoritis

Inflammation of the fallopian tube, characterised by a typical inflammatory response (redness and oedema). It is usually manifested by lower abdominal pain and tenderness, fever, increased pulse rate, hypermenorrhoea and/or metrorrhagia. The disorder may resolve or result in fibrosis, hydrosalpinx, pyosalpinx, or cyst formation.

Inclusions: salpingo-oophoritis

tubo-ovarian inflammatory disease

Exclusions: Salpingitis isthmica nodosa (GA17.4)

Coded Elsewhere: Tuberculous oophoritis or salpingitis (1B12.5)

Chlamydial salpingitis (1A81.1)

GA07.0 Acute salpingitis and oophoritis

Coded Elsewhere: Acute gonococcal salpingitis (1A71)

GA07.1 Chronic salpingitis and oophoritis

Coded Elsewhere: Chronic gonococcal salpingitis (1A71)

GA07.Z Salpingitis and oophoritis, unspecified

GA0Z Inflammatory disorders of the female genital tract, unspecified

GA10 Endometriosis

A condition of the uterus that is frequently idiopathic. This condition is characterised by ectopic growth and function of endometrial tissue outside the uterine cavity. This condition may be associated with remaining vestigial tissue from the wolffian or mullerian duct, or fragments endometrium refluxed backward into the peritoneal cavity during menstruation. This condition may also present with dysmenorrhoea, dyspareunia, nonmenstrual pelvic pain, infertility, alteration of menses, or may be asymptomatic. Confirmation is by laparoscopy and histological identification of ectopic fragments.

Coded Elsewhere: Salpingitis isthmica nodosa (GA17.4)

GA10.B Endometriosis of the reproductive system

Exclusions: Endometriosis of the uterus (GA11)

GA10.B0 Endometriosis of the uterosacral ligaments

GA10.B1 Endometriosis of the pelvic side wall

GA10.B2 Endometriosis of rectovaginal septum or vagina

GA10.B3 Endometriosis of fallopian tube

GA10.B4 Superficial ovarian endometriosis

Endometriosis on the ovarian cortex, containing typical or subtle lesions.

GA10.B5 Deep ovarian endometriosis

Ovarian endometriosis cyst containing dark stained blood (chocolate fluid) and lined by a pseudocyst wall covered by ectopic endometrium. This cyst can be subdivided according to its size in the following categories: less than 1 cm, 1-3 cm, > 3 cm

GA10.BY Endometriosis of other sites of the reproductive system

GA10.BZ Endometriosis of unspecified site of reproductive system

GA10.C Endometriosis of the digestive system

GA10.C0 Endometriosis of the gallbladder

GA10.C1 Endometriosis of intestine

Endometriosis situated inside the bowel wall at or below the subserosal level, excluding superficial serosal lesions that are still classified as peritoneal endometriosis. Mostly affecting rectosigmoid area, but can be found also in other parts of the bowel system.

GA10.C2 Endometriosis of pelvic peritoneum

A condition that is frequently idiopathic. This condition is characterised by ectopic growth and function of endometrial tissue extending 5 millimetres or less under the visceral or parietal pelvic peritoneal surface and appearing as black-brown or light red-orange lesions. This condition may be associated with remaining vestigial tissue from the wolffian or mullerian duct, or fragments endometrium refluxed backward into the peritoneal cavity during menstruation. This condition may also present with dysmenorrhoea, dyspareunia, nonmenstrual pelvic pain, infertility, alteration of menses, or may be asymptomatic. Confirmation is by laparoscopy and histological identification of ectopic fragments.

GA10.C3 Peritoneal pockets due to endometriosis

Peritoneal pockets usually observed in the cul-de-sac, may occur in other parts of the female pelvis, also known as Allen-Masters defect. Can be asymptomatic or harbour microscopic endometriosis.

GA10.CY Endometriosis of other sites within the digestive system

GA10.CZ Endometriosis of unspecified site within the digestive system

GA10.D Endometriosis of urinary system

GA10.D0 Endometriosis of the bladder

GA10.DY Endometriosis of other sites in the urinary system

GA10.DZ Endometriosis of unspecified site in the urinary system

GA10.E Endometriosis of the circulatory system

GA10.F Endometriosis of the nervous system

GA10.G Thoracic endometriosis

Thoracic endometriosis lesions can affect the diaphragm, pleura, lung and bronchi. There may be a greater affinity for the right hemi thorax, and the parenchyma is more commonly affected in the lower lobes. Macroscopically, the endometriotic implants appear as brown–yellow and sometimes red nodules surrounded by neovascularization. Symptoms include: dyspnea, shortness of breath, rapid heartbeat, coughing up blood and a variety of pain patterns to include scapula, chest, ipsilateral neck and shoulder, upper abdominal and epigastric. Thoracic endometriosis may present with catamenial pneumothorax (recurrent pneumothorax occurring within 72 hours of menstruation), haemoptysis in case of bronchial location, haemothorax, pericardial effusions. A diagnosis of thoracic endometriosis is simple when both endometrial stroma and gland are present. In cases of endometriosis with stroma only, a further classification of “aggregated pattern”, in which immunohistochemistry is ER-, PR- and CD10-positive might be necessary for diagnosis.

Exclusions: Endometriosis of the heart (GA10.E)

GA10.H Endometriosis in cutaneous scar

GA10.J Endometriosis-related adhesions

GA10.Y Endometriosis of other specified sites

GA10.Z Endometriosis of unspecified site

GA11 Adenomyosis

A condition of the uterus characterised by endometrial tissue growth in the myometrium, hypertrophy of the myometrium, and heavy or prolonged menstrual bleeding, dysmenorrhoea, dyspareunia, bleeding between menstruation, or infertility; it can also be asymptomatic. Confirmation is by histopathology or ultrasound.

Exclusions: Leiomyoma of uterus (2E86.0)

Noninflammatory disorders of female genital tract (GA12‑GA1Z)

Any disorder of the female genital tract, characterised by pathological changes, leading to noninflammatory effects.

Coded Elsewhere: Congenital abnormalities of vulva or perineum

Congenital abnormalities of vagina

Congenital abnormalities of cervix uteri

Congenital abnormalities of uterus, except cervix

Congenital abnormalities of fallopian tube

Congenital abnormalities of ovary

Congenital abnormalities of broad ligament

Endometriosis (GA10)

Adenomyosis (GA11)

GA12 Dyspareunia

A symptom of the genital system affecting females, caused by physical determinants. This symptom is characterised by recurrent genital pain or discomfort that occurs before, during, or after sexual intercourse, or superficial or deep vaginal penetration that is related to an identifiable physical cause, not including lack of lubrication. Confirmation is by medical assessment of physical causes.

Exclusions: Sexual pain-penetration disorder (HA20)

GA13 Acquired abnormalities of vulva or perineum

Any condition of the vulva and perineum, caused by determinants arising after birth. These conditions are characterised by a malfunction, malformation, or another anomaly of the vulva and perineum.

GA13.0 Polyp of vulva

GA13.1 Low grade squamous intraepithelial lesion of vulva

A condition of the vulva, characterised by lesion of the squamous vulvar intraepithelial cells, leading to unspecified grade or severity of dysplasia and varying degrees of atypia of the cells. This condition is associated with smoking and immunosuppression, or conditions such as human papillomavirus, chronic vulvar irritation, or herpes simplex virus type 2. Confirmation is by tissue biopsy.

Exclusions: Genital warts of vulva (1A95.1)

Squamous cell carcinoma of vulva (2C70.2)

High grade squamous intraepithelial lesion of vulva, HPV-associated (2E67.13)

Vulvar intraepithelial neoplasia, HPV-independent (2E67.12)

GA13.2 Hypertrophy of vulva

A condition of the vulva that is frequently idiopathic. This condition is characterised by enlargement or thickening of the tissues of all or part of the female external genitalia, such as the clitoris, labia, vestibule, or glands. This condition may also present with a patchy white discolouration, itching, pain or burning of the skin.

GA13.3 Vulvar cyst

Closed, fluid filled sac located on or in the vulvar tissue.

GA13.4 Labial agglutination

Sign of agglutination of labia minora and/or majora as a result of chronic vulvar inflammation from any cause, usually observed in prepubertal girls.

GA13.5 Skene duct cyst

Cystic dilations of the Skene glands, typically located adjacent to the urethral meatus within the vulvar vestibule. Mostly small and often asymptomatic, they may enlarge urinary obstruction, requiring excision.

GA13.6 Vulvar laceration

An injury to the vulva, caused by trauma due to childbirth, sexual abuse, or forceful impact. This injury is characterised by tearing of the skin, muscle, or other tissue in the vulvar area.

GA13.7 Vulvar haematoma

An injury to the vulvar branches of the internal pudendal or inferior rectal arteries, caused by rupture and trauma due to childbirth, sexual abuse, or forceful impact. This injury is characterised by a localised collection of extravasated blood vessels and significant bruising. This injury may also present with an inability to urinate.

GA13.Y Other specified acquired abnormalities of vulva or perineum

GA13.Z Acquired abnormalities of vulva or perineum, unspecified

GA14 Acquired abnormalities of vagina

Any condition of the vagina, caused by determinants arising after birth. These conditions are characterised by pathological changes to the vagina.

Coded Elsewhere: Postoperative adhesions of vagina (GC70)

Prolapse of vaginal vault after hysterectomy (GC71)

GA14.0 Polyp of vagina

GA14.1 Haematocolpos

A condition of the vagina, caused by an outflow vaginal obstruction. This condition is characterised by the presence of blood in the vagina.

GA14.2 Vaginal foreign body

A condition of the vagina, caused by foreign bodies lodged into the vaginal canal. This condition is characterised by vaginitis, vaginal bleeding, foul-smelling and purulent vaginal discharge, abdominal pain, and supra-pubic pain. This condition may also present with dysuria or infection.

GA14.3 Vaginal haematoma

A condition of the vagina, caused by trauma, commonly subsequent to childbirth, sexual abuse, or forceful impact. This condition is characterised by a localised collection of extravasated blood vessels and significant bruising. This condition may also present with pain, swelling, ecchymosis and urinary retention.

GA14.5 Leukoplakia of vagina

A condition of the vagina, caused by hyperkeratinisation of epithelial cells due to human papillomavirus (HPV) infection, chronic trauma, radiotherapy, or premalignant/malignant lesions. This condition is characterised by white, whitish yellow, or grey plaque on the mucosal surfaces in the vagina.

GA14.6 Low grade squamous intraepithelial lesion of vagina

GA14.Y Other specified acquired abnormalities of vagina

GA14.Z Acquired abnormalities of vagina, unspecified

GA15 Acquired abnormalities of cervix uteri

GA15.0 Polyp of cervix uteri

GA15.1 Erosion or ectropion of cervix uteri

A condition of the cervix uteri, caused by an increase in the total estrogen level in the body. This condition is characterised by protrusion and transformation of the endocervical columnar epithelium to stratified squamous epithelium on the cervix uteri. This condition may also present with non-purulent vaginal discharge, post-coital bleeding, or may be asymptomatic.

Exclusions: Cervicitis (GA04)

GA15.2 Nabothian cyst

GA15.3 Old laceration of cervix uteri

An injury of the cervix, caused by trauma subsequent to procedures that lacerate the cervix, such as vaginal delivery, induced abortion, or surgery. This condition is characterised by tearing of the cervix uteri tissue.

Exclusions: Perineal laceration during delivery (JB09)

GA15.4 Stricture or stenosis of cervix uteri

A condition of the cervix uteri, caused by inflammation, trauma, scarring, or atrophy. This condition is characterised by narrowing of the cervical ostium.

Exclusions: Obstructed labour due to abnormality of maternal pelvic organs (JB05.5)

GA15.5 Hypertrophic elongation of cervix uteri

A condition of the cervix uteri, caused by uterine prolapse. This condition is characterised by hypertrophy, hyperplasia, elongation or strain to the vaginal or supravaginal parts of the cervix uteri. This condition may also present with dyspareunia or infertility. Confirmation is by pelvic examination to differentiate between vaginal or supravaginal elongation.

GA15.6 Incompetence of cervix uteri

A condition of the cervix uteri, caused by the weakness of the cervical tissue and intrauterine pressure as pregnancy progresses. This condition is characterised by dilation and effacement of the cervix before reaching a term pregnancy. This condition may lead to a miscarriage during the second trimester, or an early preterm birth during the third trimester.

Exclusions: Fetus or newborn affected by incompetence of cervix uteri (KA01.0)

Maternal care for cervical incompetence (JA84.3)

GA15.7 Low grade squamous intraepithelial lesion of cervix uteri

A condition of the cervix uteri caused by chronic infection. This condition is characterised by premalignant transformation and abnormal cell growth and behaviour of the cervical squamous epithelial tissue.

Exclusions: Carcinoma in situ of cervix uteri (2E66)

High grade squamous intraepithelial lesion of cervix uteri (2E66.2)

Cervical Intraepithelial neoplasia grade III (2E66.2)

Cervical Intraepithelial neoplasia grade II (2E66.2)

GA15.Y Other specified acquired abnormalities of cervix uteri

GA15.Z Acquired abnormalities of cervix uteri, unspecified

GA16 Acquired abnormalities of uterus, except cervix

Any condition of the uterus, caused by determinants arising after birth. These conditions are characterised by a malfunction, malformation, or another anomaly of the uterus (excluding the cervix).

Coded Elsewhere: Adenomyosis (GA11)

Leiomyoma of uterus (2E86.0)

Acquired absence of the uterus (QF01.10)

GA16.0 Endometrial glandular hyperplasia

A condition of the uterus, caused by chronic, excess oestrogen stimulation due to obesity, anovulation, or oestrogen therapy. This condition is characterised by excessive proliferation of the endometrial gland cells and a greater gland-to-stroma ratio of endometrial cells. This condition may also present with abnormal uterine bleeding, particularly among postmenopausal women and premenopausal women of increasing age. Confirmation is by sampling endometrial tissue through biopsy or dilation and curettage.

GA16.1 Malposition of uterus

A condition of the uterus, caused by weakened pelvic ligaments, enlargement of the uterus, scarred pelvic tissue from pregnancy, tumour, menopause, endometriosis, inflammation, or salpingitis. This condition is characterised by a deviation in the position of the uterus from normal.

Exclusions: Obstructed labour due to abnormality of maternal pelvic organs (JB05.5)

Maternal care for other abnormalities of pelvic organs (JA84)

GA16.2 Intrauterine synechiae

Intrauterine adhesions caused by pelvic inflammatory disease, uterine surgery, or complications related to spontaneous, incomplete or induced abortion. May be asymptomatic or associated with amenorrhea or light menstrual bleeding and subfertility.

GA16.3 Haematometra

Presence of blood clots inside the uterus, usually caused by a uterine outflow obstruction.

Exclusions: haematometra with haematocolpos (GA14.1)

GA16.Y Other specified acquired abnormalities of uterus, except cervix

GA16.Z Acquired abnormalities of uterus, except cervix, unspecified

GA17 Acquired abnormalities of fallopian tube

A condition of the fallopian tube, caused by determinants arising after birth. This condition is characterised by a malfunction, malformation, or another anomaly.

GA17.0 Acquired parafimbrial cyst of the fallopian tube

Cyst located on the fallopian tube at the outside of the fimbrial end.

GA17.1 Fimbrial agglutination

Agglutination of fimbriae in the presence of an open or closed fallopian tube

GA17.2 Hydrosalpinx

A condition of the fallopian tube, caused by a distal occlusion and the release of purulent material following infection. This condition is characterised by the presence of fluid inside the fallopian tube, and pelvic pressure, pelvic pain, or dyspareunia.

GA17.3 Haematosalpinx

A condition of the Fallopian tube, caused by tubal pregnancy, endometriosis, tubal carcinoma, or cryptomenorrhoea. This condition is characterised by bleeding and the presence of blood clots inside the Fallopian tubes, and pelvic pain or uterine bleeding. Confirmation is by imaging.

Exclusions: haematosalpinx with haematocolpos (GA14.1)

haematosalpinx with haematometra (GA16.3)

GA17.4 Salpingitis isthmica nodosa

A condition of the fallopian tube caused by infection or inflammation. This condition is characterised by bilateral, nodular thickening of the isthmic and proximal ampullary tunica muscularis. This condition may also present with infertility or ectopic pregnancy. Confirmation is by imaging.

GA17.Y Other specified acquired abnormalities of fallopian tube

GA17.Z Acquired abnormalities of fallopian tube, unspecified

GA18 Acquired abnormalities of ovary

Any condition of the ovary, caused by determinants arising after birth. These conditions are characterised by a malfunction, malformation, or another anomaly of the ovary.

Coded Elsewhere: Polycystic ovary (5A80.2)

Cystic teratoma (2F32.0)

Ovarian fibroma (2F32.1)

Meigs' syndrome (2F32.2)

Serous ovarian cystadenoma (2F32.3)

GA18.0 Follicular cyst of ovary

A condition of the ovary, caused by a follicular growth or involution due to failure of ovulation. This condition is characterised by the non-neoplastic formation of closed sac-like structures filled with fluid on or in the ovary and lined by layers of granulosa cells. This condition is commonly asymptomatic, but may also present with pelvic pain, irregular menstrual bleeding, dyspareunia, nausea, vomiting, or urgency to urinate. Confirmation is by imaging.

Inclusions: Cyst of graafian follicle

GA18.1 Corpus luteum cyst

A condition affecting females, caused by the expansion of the corpus luteum with air, blood, or fluid in the ovary after ovulation of a follicle. This condition is characterised by a mass of up to 10 cm in diameter. This condition may also present with pelvic or abdominal pain, haemorrhage, or ovarian torsion.

GA18.2 Theca lutein cyst

Least common of functional ovarian cysts, usually bilateral and coexistent with pregnancy, including molar pregnancies. May be quite large (up to 30 cm), are multicystic and disappear spontaneously.

GA18.4 Para ovarian cyst

GA18.5 Torsion of ovary, ovarian pedicle or fallopian tube

A condition of the ovary, ovarian pedicle, and fallopian tube, caused by a benign ovarian cyst or ovarian hyperstimulation. This condition is characterised by the partial or complete rotation of the ovarian vascular pedicle and abdominal pain. Confirmation is by imaging.

GA18.6 Other or unspecified ovarian cysts

Any collection of fluid, surrounded by a very thin wall, within an ovary, which is not classified elsewhere. This includes any ovarian follicle that is larger than about two centimetres in diameter.

Exclusions: Polycystic ovary syndrome (5A80.1)

ovarian cyst: developmental (LB45.2)

ovarian cyst: neoplastic (2C73)

GA18.7 Acquired atrophy of ovary or fallopian tube

A condition of the ovary and Fallopian tube, caused by determinants such as infection, chemotherapy or radiation therapy, or shock, arising after birth. This condition is characterised by the partial or complete decrease in size and function of the ovary and the Fallopian tube, premature menopause, fatigue, irregular menstruation, weight gain, and irritability. Confirmation is by identification of elevated levels of oestrogen and follicle stimulating hormone levels in a blood sample.

GA18.Y Other specified acquired abnormalities of ovary

GA18.Z Acquired abnormalities of ovary, unspecified

GA19 Acquired abnormalities of broad ligament

Coded Elsewhere: Postprocedural pelvic peritoneal adhesions (GC73)

GA19.0 Haematoma of broad ligament

A condition affecting females, caused by childbirth, trauma, or surgery. This condition is characterised by a tear in the upper vagina, cervix, or uterus that extends into uterine or vaginal arteries, bleeding (although not always with obvious vaginal bleeding), back pain, pressure in the rectoanal area, dizziness, hypotension, or anaemia. Confirmation is by rectovaginal exam to rule out clotting and expansion of haematoma.

GA19.Y Other specified acquired abnormalities of broad ligament

GA19.Z Acquired abnormalities of broad ligament, unspecified

GA1Y Other specified noninflammatory disorders of female genital tract

GA1Z Noninflammatory disorders of female genital tract, unspecified

Abnormal uterine or vaginal bleeding (GA20‑GA2Z)

A condition of the genital system, caused by hormonal disturbances, weight changes, neoplasms, or use of pharmacological agents. This condition is characterised by irregular or excessive shedding of the uterine lining, or vaginal bleeding during or between menstrual cycles.

Coded Elsewhere: Postmenopausal uterine bleeding (GA30.1)

Neonatal vaginal or uterine haemorrhage (KA83.9)

GA20 Menstrual cycle bleeding disorders

GA20.0 Amenorrhoea

A condition of the genital system, caused by hormonal or endocrine disturbances, absence of the uterus, pregnancy, lactation, abnormalities of the genital outflow tract, or failure of the ovaries to retain egg cells during the antenatal period. This condition is characterised by the absence of menstruation by age 16, or the termination of an established menstruation cycle for more than 3-9 months.

Exclusions: Ovarian dysfunction (5A80)

Coded Elsewhere: Amenorrhoea related to obstetric fistula (GC04.1Y)

GA20.00 Primary amenorrhoea

No menses by age 14 in the absence of growth or development of secondary sexual characteristics; or no menses by age 16 regardless of the presence of normal growth and development of secondary sexual characteristics.

Coded Elsewhere: 46,XX gonadal dysgenesis (LB45.1)

GA20.01 Secondary amenorrhoea

In women who have menstruated previously, no menses for an interval of time equivalent to a total of at least 3 previous cycles, or 6 months

Coding Note: Code also the causing condition

GA20.02 Lactational amenorrhoea

A condition of the genital system affecting females, caused by hormonal disturbances associated with lactation. This condition is characterised by the termination of an established menstruation cycle for more than 3-9 months.

GA20.0Y Other specified amenorrhoea

GA20.0Z Amenorrhoea, unspecified

GA20.1 Abnormal frequency of uterine bleeding

Any condition of the genital system affecting females, caused by hormonal disturbances. These conditions are characterised by menstrual bleeding episodes that occur with increased frequency or are delayed over several menstrual cycles (within 90 days).

GA20.10 Frequent menstrual bleeding

A condition of the genital system affecting females, caused by hormonal change due to pharmacologic or nonpharmacologic agents. This condition is characterised by menstrual bleeding episodes that occur with increased frequency over several menstrual cycles (more than four episodes within 90 days).

GA20.11 Infrequent menstrual bleeding

Menstruation with a frequency of 39 days or more

GA20.1Z Abnormal frequency of uterine bleeding, unspecified

GA20.2 Ovulation bleeding

A condition of the genital system affecting females, caused by natural and routine fluctuations in endocrine hormones. This condition is characterised by recurrent and cyclic bleeding of the uterine lining, occurring during the peri-ovulatory period.

GA20.20 Intermenstrual bleeding

A condition of the genital system affecting females, caused by a hormonal imbalance, use of an intrauterine device, pregnancy complications, uterine fibroids or polyps, infection, or cancer. This condition is characterised by vaginal bleeding between menstrual periods.

GA20.2Y Other specified ovulation bleeding

GA20.2Z Ovulation bleeding, unspecified

GA20.3 Abnormal regularity of uterine bleeding

A condition of the genital system affecting females, caused by hormonal disturbances. This condition is characterised by abnormal menstruation, with a between cycle variation of 2-20 days.

GA20.4 Abnormal duration of uterine bleeding

GA20.5 Abnormal volume of uterine bleeding

GA20.50 Heavy menstrual bleeding

Menstruation with heavy (> 80 ml) volume of monthly blood loss

GA20.51 Light menstrual bleeding

Menstruation with light (< 5 ml) volume of monthly blood loss

GA20.5Z Abnormal volume of uterine bleeding, unspecified

GA20.Y Other specified menstrual cycle bleeding disorders

GA20.Z Menstrual cycle bleeding disorders, unspecified

GA21 Nonmenstrual bleeding disorders

Coded Elsewhere: Postprocedural nonmenstrual uterine bleeding (GC77)

GA21.0 Postcoital or contact bleeding

A condition of the genital system, caused by infection, cervical ectropion, cervical or endometrial polyps, cancer, or trauma to the cervix or vagina. This condition is characterised by non-menstrual bleeding after sexual intercourse. Confirmation is by transvaginal imaging to identify any structural abnormalities.

GA21.Y Other specified nonmenstrual bleeding disorders

GA21.Z Nonmenstrual bleeding disorders, unspecified

GA22 Excessive menstruation with irregular cycle

Inclusions: Menometrorrhagia

GA23 Anovulatory bleeding

GA2Y Other specified abnormal uterine or vaginal bleeding

GA2Z Abnormal uterine or vaginal bleeding, unspecified

GA30 Menopausal or certain specified perimenopausal disorders

Any disorder affecting females, characterised by pathological changes during the menopausal and perimenopausal periods.

Coded Elsewhere: Postprocedural ovarian failure (5D44)

Menopausal symptom or complaint (MF32)

GA30.0 Menopause

A condition affecting females, caused by the loss of ovarian follicular function and decline in circulating blood oestrogen levels. This condition is characterised by the cessation of menstruation, hot flushes, atrophic genital changes, psychophysiological effects, and bone loss. Confirmation is by taking a patient history to determine psychophysiological effects such as the presence of amenorrhoea, and identification of hypooestrogenaemia and elevated serum FSH levels in a blood sample.

Coded Elsewhere: Contact with health services for menopausal counselling (QA4B)

GA30.00 Menopausal or female climacteric states

Any condition of the genital system affecting females, caused by pathological changes associated with the perimenopausal period, such as the permanent cessation of menstruation and infertility.

Coding Note: Includes: Symptoms such as flushing, sleeplessness, headache, lack of concentration, associated with menopause

Exclusions: States associated with artificial menopause (GA30.3)

GA30.01 Menopausal transition

A condition affecting females, caused by gradual loss of ovarian follicular function and decline in circulating blood estrogen levels. This condition is characterised by infrequent or irregular menstrual bleeding, alterations in the functioning of the ovary, and gradual atrophic genital changes, psychophysiological effects. Confirmation is by taking a patient history to determine psychophysiological effects.

GA30.02 Excessive bleeding in the premenopausal period

aka “menorrhagia”, excessive uterine bleeding during MENSTRUATION

GA30.0Y Other specified menopause

GA30.0Z Menopause, unspecified

GA30.1 Postmenopausal uterine bleeding

A condition of the genital system, caused by polyps, endometrial atrophy, hyperplasia, or cancer. This condition is characterised by abnormal uterine bleeding subsequent to the completion of menopause.

Exclusions: that associated with artificial menopause (GA30.3)

GA30.2 Postmenopausal atrophic vaginitis

A condition of the vagina, caused by decreased oestrogen levels during the menopausal period. This condition is characterised by inflammation of the vagina and outer urinary tract, thinning and drying of the vaginal tissues, decreased lubrication, vaginal burning or dryness, shortening and tightening of the vaginal canal, or urinary incontinence after menopause.

Exclusions: States associated with artificial menopause (GA30.3)

GA30.3 States associated with artificial menopause

Any condition caused by the artificial cessation of menstruation induced by surgical or pharmacological effects.

GA30.4 Menopausal hot flush

A condition affecting females, caused by hormonal changes associated with menopause. This condition is characterised by recurrent and transient periods of flushing, sweating, and a systemic sensation of heat. This condition may also present with palpitations, anxiety, or periods of heat followed by chills.

GA30.5 Menopausal osteoporosis

GA30.6 Premature ovarian failure

Menopause occurring spontaneously before 40 years of age, generally resulting in secondary amenorrhea although some women may exhibit intermittent ovarian function and ovulation, with a minority conceiving and delivering a pregnancy. POF/POI occurs mostly without a known cause, but can be caused by the following conditions: numerical and structural chromosomal abnormalities, Fragile X (FMR1) premutations, autoimmune disorders, radiation therapy, chemotherapy, galactosemia, and other rare enzyme defects or mutations. To be subdivided in 4 categories according to cause: congenital, acquired, iatrogenic and unknown

Exclusions: Isolated gonadotropin deficiency (5A61.0)

Postprocedural ovarian failure (5D44)

Coded Elsewhere: Primary amenorrhoea (GA20.00)

Secondary amenorrhoea (GA20.01)

GA30.Y Other specified menopausal and perimenopausal disorders

GA30.Z Menopausal and perimenopausal disorders, unspecified

GA31 Female infertility

Disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.

Inclusions: inability to achieve a pregnancy

Exclusions: relative infertility (GA33)

Male infertility (GB04)

Coded Elsewhere: Contact with health services for preconception counselling (QA33)

Contact with health services for fertility preservation counselling (QA34)

Contact with health services by gestational carrier (QA35)

Female hypofertility in classical cystic fibrosis (CA25.0)

Female hypofertility in atypical cystic fibrosis (CA25.1)

Contact with health services for preimplantation genetic diagnosis (QA3Y)

Contact with health services for preimplantation genetic screening (QA3Y)

GA31.0 Primary female infertility

Infertility in a woman who has never had a clinical pregnancy

GA31.00 Primary female infertility of uterine origin

Female infertility caused by uterine abnormalities on the level of the endometrium or myometrium, with more detailed description classified elsewhere, i.e. under genitourinary infections, STDs and noninflammatory benign gynaecological disease

Coding Note: Code also the causing condition

GA31.01 Primary female infertility of tubal origin

Female infertility caused by dysfunction of one or both fallopian tubes, usually related to pelvic adhesions or occurring after pelvic surgery, with or without hydrosalpinx

Coding Note: Code also the causing condition

GA31.0Y Primary female infertility of other specified origin

GA31.0Z Primary female infertility of unspecified origin

GA31.1 Secondary female infertility

Infertility in a woman who has had at least one clinical pregnancy

GA31.10 Secondary female infertility of uterine origin

GA31.11 Secondary female infertility of tubal origin

GA31.1Y Secondary female infertility of other specified origin

GA31.1Z Secondary female infertility of unspecified origin

GA31.Z Female infertility without specification whether primary or secondary

GA32 Complications associated with medically assisted reproduction

Any complication caused by or subsequent to any intervention used to achieve pregnancy by artificial or partially artificial means.

GA32.0 Ovarian hyperstimulation syndrome

A disease of the endocrine system, caused by elevated human chorionic gonadotropin hormone, commonly after the use of injectable fertility treatments. This disease is characterised by ovarian enlargement, and hemodynamic or metabolic complications. This disease may also present with abdominal pain, abdominal bloating, or weight gain depending on graded symptoms.

Inclusions: Hyperstimulation of ovaries associated with induced ovulation

GA32.1 Bleeding after egg retrieval

Significant bleeding after egg retrieval requiring hospitalization for blood transfusion, surgical intervention, clinical observation or other medical procedure

GA32.2 Infection associated with medically assisted reproduction

Significant genital or pelvic infection occurring after egg retrieval or other treatment with medically assisted reproduction

GA32.3 Complications of attempted embryo transfer or medically assisted insemination

Any complication caused by or subsequent to any attempted embryo transfer or medically assisted sperm insemination procedure.

GA32.Y Other specified complications associated with medically assisted reproduction

GA32.Z Complications associated with medically assisted reproduction, unspecified

GA33 Recurrent pregnancy loss

Exclusions: currently pregnant (Chapter 18)

with current abortion (JA00‑JA0Z)

GA34 Female pelvic pain associated with genital organs or menstrual cycle

A symptom affecting females, characterised by pain in the pelvic region associated with any of the genital organs or the menstrual cycle.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

Coded Elsewhere: Interstitial cystitis (GC00.3)

GA34.0 Pain related to vulva, vagina or pelvic floor

A condition affecting females, characterised by any type of pain associated with the vulva, vagina, and pelvic floor tissues, either during sexual intercourse, physical activity, or rest.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.00 Vulval pain

A symptom of vulval pain affecting females, caused by trauma, infection, injury, inflammation, or hypersensitivity of the nerve fibres. This symptom is characterised by any type of pain in the vulva, during sexual intercourse, physical activity, or rest.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.01 Perineal pain

A symptom of perineal pain affecting females, caused by trauma, infection, injury, inflammation, or hypersensitivity of the nerve fibres. This symptom is characterised by any type of pain in the area between the posterior lip of the vaginal introitus and the anus, during sexual intercourse, physical activity, or rest.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.02 Vulvodynia

Vulvodynia describes a chronic sensation of pain, burning or rawness of vulval skin which cannot be ascribed to any specific cause and persists for at least three months. Symptoms may be diffuse and unprovoked (dysaesthetic vulvodynia) or localised, usually to the vulval vestibule, and provoked by touch (vestibulodynia). Dysaesthetic vulvodynia characteristically occurs in postmenopausal women who are often not sexually active: pain is spontaneous and often occurs independently of touch. Vestibulodynia occurs typically in younger women and is characterised by vestibular tenderness to touch, erythema of the vestibular epithelium and secondary dyspareunia.

GA34.0Y Other specified pain related to vulva, vagina or pelvic floor

GA34.0Z Pain related to vulva, vagina or pelvic floor, unspecified

GA34.1 Vaginal laxity

GA34.2 Female pelvic pain

Pain in the pelvic region in a female associated with any of the genital organs or the menstrual cycle.

Exclusions: Pain related to vulva, vagina or pelvic floor (GA34.0)

Pelvic or perineal pain (MD81.11)

Bladder pain (MF52)

Chronic primary bladder pain syndrome (MG30.00)

Sexual pain-penetration disorder (HA20)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

Coded Elsewhere: Vulvodynia (GA34.02)

Chronic pelvic pain in females (MG30.00)

GA34.20 Cyclic pelvic pain

A symptom affecting females, caused by gynaecological and physiological aspects associated with the menstrual cycle such as dysmenorrhoea or mittelschmetz. This symptom is characterised by recurrent pain in the pelvis, anterior abdominal wall, lower back, or buttocks, associated with a specific moment or period of time.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.21 Noncyclic pelvic pain

A symptom affecting females, caused by gynaecological and physiological aspects not associated with the menstrual cycle. This symptom is characterised by chronic pelvic pain in the pelvis, anterior abdominal wall, lower back, or buttocks, not associated with a specific moment or period of time.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.2Z Female pelvic pain, unspecified

GA34.3 Dysmenorrhoea

A condition of the genital system affecting females, caused by endometriosis, adenomyosis, ovarian cysts, or may be idiopathic. This condition is characterised by cyclic pelvic pain preceding or accompanying menstruation that interferes with daily activities, lower, umbilical, or suprapubic abdominal pain, such as sharp, throbbing, burning, or shooting pains that may extend to the thighs and lower back.

GA34.4 Premenstrual disturbances

GA34.40 Premenstrual tension syndrome

A syndrome affecting females that is frequently idiopathic. This syndrome is characterised by certain environmental, metabolic, or behavioural factors that occur during the luteal phase of the menstrual cycle, and leads to cyclic emotional, physical, or behavioural symptoms that interfere with an individual's lifestyle. Confirmation is by documentation of specific cyclic symptoms associated with the luteal and menstrual phases of the cycle (from a prospective symptom diary), and evidence of socioeconomic dysfunction.

Exclusions: Premenstrual dysphoric disorder (GA34.41)

Coded Elsewhere: Premenstrual symptom or complaint (MF33)

GA34.41 Premenstrual dysphoric disorder

During a majority of menstrual cycles within the past year, a pattern of mood symptoms (depressed mood, irritability), somatic symptoms (lethargy, joint pain, overeating), or cognitive symptoms (concentration difficulties, forgetfulness) that begin several days before the onset of menses, start to improve within a few days after the onset of menses, and then become minimal or absent within approximately 1 week following the onset of menses. The temporal relationship of the symptoms and luteal and menstrual phases of the cycle should ideally be confirmed by a prospective symptom diary over at least two symptomatic menstrual cycles. The symptoms are severe enough to cause significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning and do not represent the exacerbation of a mental disorder.

Inclusions: PMDD - [premenstrual dysphoric disorder]

Exclusions: Premenstrual tension syndrome (GA34.40)

GA34.4Y Other specified premenstrual disturbances

GA34.4Z Premenstrual disturbances, unspecified

GA34.5 Ovarian remnant syndrome

Chronic pelvic pain in a patient after bilateral salpingooophorectomy for severe endometriosis or PID, caused by residual ovarian cortical tissue left in situ after difficult dissection. Symptoms may include lateralizing pelvic pain, often cyclic and associated with genitourinary or gastrointestinal symptoms. Signs may include a tender mass in the lateral region of the pelvis.

GA34.6 Female genital pain

A symptom of genital pain affecting females that is idiopathic. This symptom is characterised by any type of pain in the genital area tissues, during sexual intercourse, physical activity, or rest.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

GA34.Y Other specified female pelvic pain associated with genital organs or menstrual cycle

GA34.Z Female pelvic pain associated with genital organs or menstrual cycle, unspecified

Dermatoses of female genitalia (GA40‑GA4Y)

Coded Elsewhere: Malignant neoplasms of vulva (2C70)

Carcinoma in situ of vulva (2E67.1)

Vulval melanotic macule (ED61.11)

Heterotopic sebaceous glands of vulva (ED91.0)

GA40 Inflammatory dermatoses of the vulva

Coded Elsewhere: Dermatitis or eczema of female genitalia (EA87.1)

Lichen sclerosus of vulva (EB60.0)

Vulval psoriasis (EA90.53)

GA41 Ulcerative or erosive disorders of the vulva

Coded Elsewhere: Genital ulcer of vulva (GA00.3)

Herpes simplex infection of vulva (1A94.0)

Erosive lichen planus of vulva or vagina (EA91.3)

Ulceration of vulva due to Behçet disease (4A62)

Vulval pemphigus (EB40.0Y)

Mucous membrane pemphigoid of vulval mucosa (EB41.1)

GA41.0 Vulval aphthosis

Vulval aphthae are vulval ulcers not attributable to infection or other identifiable cause. They typically occur on the medial aspects of the labia minora in young females (second decade of life). They may be associated with fever and malaise or with oral aphthae.

GA41.Y Other specified ulcerative or erosive disorders of the vulva

GA42 Sensory disturbance of the vulva

Disorders characterised by vulval pruritus, dysaesthesia or pain.

Coded Elsewhere: Lichen simplex of vulva (EA83.00)

Vulvodynia (GA34.02)

GA42.0 Vulval pruritus

Intense itching of the external female genitalia.

GA4Y Other specified dermatoses of female genitalia

GA6Y Other specified diseases of the female genital system

GA6Z Diseases of the female genital system, unspecified

Diseases of the male genital system (GA80‑GB0Z)

Any disease characterised by pathological changes to the male genital system.

Coded Elsewhere: Neoplasms of the male genital organs

Ejaculatory dysfunctions (HA03)

Problems of male genital organs (MF40)

Penoscrotodynia (EC92.0)

Structural developmental anomalies of the male genital system (LB50-LB5Z)

Symptoms, signs or clinical findings involving the male genital system (MF40-MF4Y)

Herpes simplex infection of genitalia or urogenital tract (1A94.0)

Dermatoses of male genitalia (GA80‑GA81.Y)

Coded Elsewhere: Inflammatory dermatoses affecting the penis or scrotum

Premalignant or malignant disorders of the penis or scrotum

Balanoposthitis (GB06.0)

GA80 Ulcerative disorders of the penis or scrotum

Coded Elsewhere: Herpes simplex infection of penis (1A94.0)

Mucous membrane pemphigoid of penile mucosa (EB41.1)

Ulceration of penis or scrotum due to Behçet disease (4A62)

Necrotising fasciitis of the scrotum, penis or perineum (1B71.1)

Amoebiasis of penis (1A36.1Y)

GA80.0 Aphthosis of penis or scrotum

Genital aphthosis in men is a non-infective but often painful ulceration of penile, scrotal or perigenital skin. It may be associated with oral ulceration (orogenital aphthosis) or with Behçet disease but may occur on its own. Both genital and orogenital aphthosis may represent formes frustes of Behçet disease.

Inclusions: Genital aphthosis in the male

GA80.1 Ulcer of penis of uncertain nature

Exclusions: Syphilitic chancre of penis (1A61.0)

Penile chancroid (1A90)

Herpetic ulcer of penis (1A94.0)

Penile aphthosis (GA80.0)

Ulceration of penis or scrotum due to Behçet disease (4A62)

GA80.Y Other specified ulcerative disorders of penis and scrotum

GA81 Miscellaneous dermatoses of male genitalia

Coded Elsewhere: Lichen simplex of male genitalia (EA83.01)

Penile melanotic macule (ED61.10)

Heterotopic sebaceous glands of penis (ED91.0)

Angiokeratoma of the scrotum (EF20.1)

Burning scrotum (EC92.0)

Genitoperineal median raphe cyst (LB5Y)

GA81.0 Penoscrotal pruritus

An intense itching sensation that produces the urge to rub or scratch the skin of the scrotum and/or base of the penis to obtain relief.

GA81.Y Other specified dermatoses of male genitalia

Diseases of prostate (GA90‑GA91.Z)

Coded Elsewhere: Tuberculosis of prostate (1B12.5)

GA90 Hyperplasia of prostate

A condition of the prostate, caused by an increased rate of cellular division of the glandular and stromal cells. This condition is characterised by enlargement of the prostatic tissue, dysuria, urinary urgency, nocturia, weak urine stream, straining while urinating, incomplete bladder emptying during urination, or increased frequency of urinary tract infection.

Inclusions: Adenofibromatous hypertrophy of prostate

Exclusions: Benign neoplasms of prostate (2F34)

GA91 Inflammatory and other diseases of prostate

Any disease caused by obstruction of the prostate gland. These diseases are characterised by a build-up of secretions and inflammation of the prostate.

Coded Elsewhere: Gonococcal prostatitis (1A70.Y)

Prostatitis due to Trichomonas vaginalis (1A92)

GA91.0 Chronic prostatitis

A condition caused by obstruction of the prostate glands. This condition is characterised by inflammation of the prostate gland, dysuria, pollakiuria, urinary urgency, genital pain, lower back pain, abdominal pain, and repeated bladder infections that last for at least three months.

GA91.1 Abscess of prostate

A condition caused by infection with the gram-negative bacteria Neisseria gonorrhoeae, Staphylococcus, or Escherichia coli, or the gram-positive bacteria Staphylococcus aureus or Mycobacterium tuberculosis. This condition is characterised by a focal accumulation of purulent material and neutrophils within or on the prostatic tissue, dysuria, fever, and suprapubic pain. Confirmation is by a transrectal ultrasound to identify size and location of abscess, and a urine sample to identify leukocytes.

GA91.2 Prostatocystitis

A condition characterised by inflammation of the bladder, bladder neck, prostate, and prostatic urethra.

GA91.3 Calculus of prostate

A condition characterised by a small, solid calcification commonly composed of calcium carbonate or calcium phosphate that is formed in the prostate. This condition may be associated with diabetes mellitus, infection, cancer, iatrogenic factors, or may be idiopathic. Confirmation is by imaging.

Inclusions: Prostatolithiasis

GA91.4 Haemorrhage of the prostate

A condition of the prostate, caused by ruptured vessel walls in the prostate. This condition is characterised by excessive loss of blood from the prostate.

Inclusions: Bleeding of prostate

prostatic varicosis

GA91.5 Atrophy of prostate

A condition of the prostate, caused by apoptosis of the cells due to diminished cellular proliferation, decreased cellular volume, decreased function, ischemia, malnutrition, disease, mutation, or hormonal changes. This condition is characterised by a partial or complete decrease in size and function of the prostatic tissue.

GA91.6 Low grade intraepithelial lesion of prostate

A condition of the prostate, caused by an alteration or mutation in cell growth, or prostatic epithelial cells that are dividing more rapidly than normal epithelium. This condition is characterised by premalignant transformation and abnormal development of the prostatic epithelial tissue.

Inclusions: Low grade prostatic intraepithelial neoplasia

Exclusions: high grade dysplasia of prostate (2E67.5)

PIN III (2E67.5)

high grade PIN (2E67.5)

GA91.Y Other specified inflammatory and other diseases of prostate

GA91.Z Inflammatory and other diseases of prostate, unspecified

GB00 Hydrocele or spermatocele

A condition characterised by an accumulation of serous fluid in the tunica vaginalis testis or along the spermatic cord, and cystic swelling containing fluid and dead spermatozoa of the testicular epididymis, rete testis or efferent ductuli.

Coded Elsewhere: Congenital hydrocele (KC00)

GB00.0 Encysted hydrocele

A condition of the testis, caused by inflammation or testicular epididymis, obstruction to the venous or lymphatic systems through the cord, or an abnormality during the antenatal period. This condition is characterised by a circumscribed accumulation of fluid in the tunica vaginalis testis or along the spermatic cord.

GB00.1 Infected hydrocele

GB00.2 Spermatocele

A condition characterised by cystic swelling (containing fluid and dead spermatozoa) of the epididymis, rete testis, or efferent ductuli. This condition may be associated with obstruction of the epididymal ducts due to trauma, infection, or an inflammatory process.

Exclusions: Encysted hydrocele (GB00.0)

Infected hydrocele (GB00.1)

GB00.Y Other specified hydrocele or spermatocele

GB00.Z Hydrocele or spermatocele, unspecified

GB01 Torsion of testis, epididymis or appendices

Any condition characterised by a partial or complete rotation and an occlusion to the venous or arterial blood supply of the testis, epididymis or testicular appendix.

GB01.0 Torsion of testis

A condition of the testes, caused by determinants arising during the antenatal period, or exposure to cold temperatures. This condition is characterised by twisting of the spermatic cord, ischaemia of the testis, severe pain, tenderness, and decreased or absent cremasteric reflex. Confirmation is by imaging.

Inclusions: Torsion of spermatic cord

GB01.1 Torsion of epididymis

A condition of the epididymis, caused by determinants arising during the antenatal period. This condition is characterised by twisting of the epididymis around its axis and ischaemia, scrotal pain, or inflammation. This condition may also present with a thickened scrotal wall, a reactive hydrocele, and enlargement of the head of the epididymis. Confirmation is by imaging.

GB01.2 Torsion of hydatids

A condition of the testicular appendix, caused by determinants arising during the antenatal period. This condition is characterised by twisting of the hydatid of Morgagni and pedunculated hydatid around its axis and ischaemia, testicular pain, scrotal oedema, and a palpable blue dot discolouration on the scrotum. Confirmation is by imaging.

GB01.Z Torsion of testis, epididymis or appendices, unspecified

GB02 Orchitis or epididymitis

Coded Elsewhere: Orchitis due to mumps virus (1D80.1)

Gonococcal epididymitis (1A70.Y)

Gonococcal orchitis (1A70.Y)

Chlamydial epididymitis (1A81.1)

Chlamydial orchitis (1A81.1)

GB02.0 Orchitis, epididymitis or epididymo-orchitis with abscess

Inflammation of a testis and / or the epididymitis with an associated abscess, a collection of pus (neutrophils) that has accumulated within a tissue because of an inflammatory process in response to either an infectious process or other foreign materials.

GB02.1 Orchitis, epididymitis or epididymo-orchitis without abscess

Inflammation of a testis and / or the epididymitis without associated abscess, a collection of pus (neutrophils) that has accumulated within a tissue because of an inflammatory process in response to either an infectious process or other foreign materials.

GB02.Y Other specified orchitis or epididymitis

GB02.Z Orchitis or epididymitis, unspecified

GB03 Atrophy of testis

A condition of the testis, caused by apoptosis of the cells due to diminished cellular proliferation, decreased cellular volume, decreased function, ischemia, malnutrition, disease, infection, mutation, or hormonal changes. This condition is characterised by a partial or complete decrease in size and function of the testis tissue.

GB04 Male infertility

Any disorder of the reproductive system affecting males, characterised by dysfunctionalities in the ejection of semen or an abnormal absence in the measurable level of sperm in semen.

Coded Elsewhere: Male infertility in classical cystic fibrosis (CA25.0)

Male infertility in atypical cystic fibrosis (CA25.1)

GB04.0 Azoospermia

Any condition of the genital system affecting males, caused by obstruction of the reproductive tract, abnormal hormone levels, testicular failure, or inadequate production of spermatozoa. These conditions are characterised by the absence of a measurable level of sperm cells in semen, and very low levels of fertility. Confirmation is by the absence of spermatozoa in the sediment of a centrifuged sample of ejaculate.

GB04.Y Other specified male infertility

GB04.Z Male infertility, unspecified

GB05 Redundant prepuce, phimosis or paraphimosis

Several conditions of the foreskin, caused by abnormalities in the prepuce. This condition is characterised by redundant or tight foreskin and lack of retractability of the foreskin or the inability of the foreskin to be reduced.

GB05.0 Redundant prepuce

A condition of the foreskin, caused by determinants arising during the antenatal period. This condition is characterised by the presence of excess foreskin tissue.

GB05.1 Frenulum breve

A condition of the frenulum preputii penis, caused by determinants arising during the antenatal period. This condition is characterised by a short frenulum and restricted movement of the prepuce, leading to hindered penetration during sexual intercourse or pain and tearing.

GB05.2 Phimosis

A condition of the foreskin, caused by the improper development of the foreskin during the antenatal period, balanitis, lichen sclerosus, inflammation, infection, repeated catheterization, or forcible foreskin retraction. This condition is characterised by constriction of the preputial orifice and restricted movement of the prepuce over the glans. This condition may also present with difficulty urinating or dysfunctions during sexual intercourse.

GB05.3 Paraphimosis

A condition of the foreskin, caused by a narrow or inflamed foreskin, improper handling of foreskin, or retraction of the foreskin for an extended duration. This condition is characterised by an inability for the foreskin to return to its normal position after being retracted over the glans, pain, and inflammation, and may lead to gangrene.

GB05.4 Adherent prepuce

A condition in which the prepuce is adherent to the prepuce which makes it hard to retract the prepuce.

GB05.Z Redundant prepuce, phimosis or paraphimosis, unspecified

GB06 Certain specified disorders of penis

Exclusions: Redundant prepuce, phimosis or paraphimosis (GB05)

Coded Elsewhere: Male erectile dysfunction (HA01.1)

GB06.0 Balanoposthitis

Inflammation of the foreskin and/or glans penis. It may be associated with specific disorders such as lichen planus, lichen sclerosus, reactive arthritis or contact dermatitis etc. but is most commonly "non-specific".

GB06.01 Irritant balanoposthitis

GB06.02 Balanoposthitis due to infection

Coded Elsewhere: Candida balanoposthitis (1F23.11)

GB06.0Y Other specified forms of balanitis and balanoposthitis

GB06.0Z Balanoposthitis, unspecified

GB06.1 Priapism

A condition of the penis, caused by acute leukaemia, sickle cell anaemia, infection, a penile or central nervous system lesion, or the use of certain pharmacological agents. This condition is characterised by prolonged or persistent painful penile erection lasting over four hours without physical or psychological sexual arousal.

Inclusions: Painful erection

GB06.2 Penile fibromatosis

A condition characterised by induration of the corpora cavernosa of the penis producing a painful fibrous chordee within the soft tissue of the penis and inflammation of the tunica albuginea. This condition may be associated with trauma or injury to the penis. This condition may also present with pain during erection, erectile dysfunction, shortening, or abnormal curvature of the penis when erect. Confirmation is by ultrasonography.

Inclusions: Peyronie disease

Plastic induration of penis

Induratio penis plastica

GB06.3 Mondor disease of the penis

A well-recognised usually benign and self-limiting entity occurring in sexually active men and presenting with a cord-like thickening of penile veins or lymphatics located around the coronal sulcus or, less commonly, along the dorsal vein of the penis. Infrequently it may be associated with non-sexual trauma or with hypercoagulable states.

GB06.4 Chronic penile oedema

Chronic oedema localised to the penis. Proposed causes include chronic strangulation, low grade streptococcal infection with resultant irreversible lymphatic damage or primary hypoplastic lymphatics.

GB06.5 Sclerosing lymphangitis of penis

This condition presents with a usually painless serpiginous cord-like swelling in the coronal sulcus of the penis. It is typically associated with vigorous sexual intercourse. It normally resolves within a period of weeks.

GB06.Y Other specified disorders of penis

GB06.Z Disorders of penis, unspecified

GB07 Inflammatory disorders of male genital organs, not elsewhere classified

Any disorder of the male genital organs, characterised by pathological changes and inflammation of the tissue, not classified elsewhere.

Exclusions: Inflammation of penis (GB06)

Orchitis or epididymitis (GB02)

Epididymorchitis (GB02)

GB07.0 Inflammatory disorders of seminal vesicle

Any disorder of the seminal vesicle, characterised by pathological changes and inflammation of the tissue.

Coded Elsewhere: Tuberculosis of seminal vesicle (1B12.5)

GB07.1 Inflammatory disorders of spermatic cord, tunica vaginalis or vas deferens

Any disorder of the spermatic cord, tunica vaginalis and vas deferens, characterised by pathological changes and inflammation of the tissue.

Coded Elsewhere: Chylocele of tunica vaginalis in loiasis (1F66.0)

Chylocele of tunica vaginalis in filariasis due to Wuchereria bancrofti (1F66.30)

GB07.2 Inflammatory disorders of scrotum

Any disorder of the scrotum, caused by poor hygiene or chafing of the skin. This condition is characterised by superficial inflammation of the tissue.

Exclusions: Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

GB07.Y Other specified inflammatory disorders of male genital organs, not elsewhere classified

GB08 Vascular disorders of male genital organs

Any disorder affecting the cardiovascular and genital systems, characterised by pathological changes to the blood vessels of the male genital organs.

GB0Y Other specified diseases of the male genital system

GB0Z Diseases of the male genital system, unspecified

Disorders of breast (GB20‑GB2Z)

Any disorder characterised by pathological changes to the breast or breast tissue.

Exclusions: Certain specified disorders of breast or lactation associated with childbirth (JB46)

Coded Elsewhere: Neoplasms of the breast

GB20 Benign breast disease

Any disease affecting females, characterised by benign, noncancerous lesions in the breast, leading to pathological changes to (and discomfort of) the breast or breast tissue.

Coded Elsewhere: Breast abscess (GB21.0)

Disorders of breast augmentation (GC7A)

Disorders of breast reduction (GC79)

GB20.0 Fibrocystic change of breast

A condition characterised by changes to the breast tissue leading to benign, noncancerous lesions in the breast. These conditions may be associated with small or large cyst formation, hyperplasia of the ductal epithelium, apocrine metaplasia of the ductal cells, papillomatosis, duct ectasia, sclerosing adenosis, or fibrosis of the stroma. This condition may also present with breast pain, thickening of breast tissue, or nipple discharge that worsen prior to menstruation, or may be asymptomatic. Confirmation is by clinical breast exam, followed by mammography or ultrasonography to distinguish between abnormal tissue.

GB20.1 Fibroadenosis of breast

Exclusions: Fibroadenoma of breast (2F30.5)

GB20.Y Other specified benign breast disease

GB20.Z Benign breast disease, unspecified

GB21 Inflammatory disorders of breast

Any disorder of the breast or breast tissue, characterised by inflammatory effects, pain, heat, redness, swelling, and loss of function.

Coded Elsewhere: Nonpurulent mastitis associated with childbirth (JB45.1)

Neonatal infectious mastitis (KA65.3)

GB21.0 Breast abscess

A condition of the breast, caused by inflammation due to infection with a bacterial or parasitic host, or contact with other foreign materials. This condition is characterised by a focal accumulation of purulent material within or on the breast tissue.

Coded Elsewhere: Abscess of breast associated with childbirth (JB45.0)

GB21.Y Other specified inflammatory disorders of breast

GB21.Z Inflammatory disorders of breast, unspecified

GB22 Hypertrophy of breast

A condition affecting the breast, characterised by unilateral or bilateral enlargement or thickening of the connective tissues that exceeds 3% of the total body weight. This condition may be associated with increased histologic sensitivity to, or abnormally high levels of, prolactin, estrogen, and progesterone in the blood.

GB23 Certain specified disorders of breast

Any disorder of the breast or breast tissue, characterised by pathological changes, not classified elsewhere.

Coded Elsewhere: Other signs or symptoms in breast (MF3Y)

GB23.0 Mammary duct ectasia

A condition of the breast, caused by lipid and cellular debris or secretory (such as colostrum) stasis, or a nonspecific duct widening process. This condition is characterised by obstruction and subsequent dilation of the lactiferous duct, periductal inflammation, periductal fibrosis, nipple retraction, inversion, pain, or bloody discharge from the nipple.

GB23.1 Fissure or fistula of nipple

A condition characterised by the formation of a deep furrow or crack-like lesion on the nipple and an abnormal passage between the nipple and adjacent tissues or surfaces.

GB23.2 Fat necrosis of breast

A condition of the breast, caused by saponification of fat tissue, commonly subsequent to trauma or radiation therapy. This condition is characterised by damage, death, or inflammation of the fat tissue by blood and tissue digestive enzymes, and the development of scar tissue and lesions. Confirmation is by imaging of the breast and needle aspiration.

GB23.3 Atrophy of breast

A condition of the breast, caused by apoptosis of the cells commonly due to prolonged estrogen reduction, diminished cellular proliferation, decreased cellular volume, decreased function, ischaemia, malnutrition, disease, or mutation. This condition is characterised by a partial or complete decrease in size and function of the breast tissue.

GB23.4 Galactorrhoea not associated with childbirth

A condition of the breast, characterised by persistent and abnormal secretion of white discharge. In females, the secretions occur between intervals of neonate or infant nursing, or after the infant has stopped breastfeeding. In males and children, these secretions occur spontaneously. This condition is not associated with the physiological changes as part of pregnancy, childbirth, or the puerperium.

GB23.5 Mastodynia

The symptom of breast pain. This symptom may be classified as cyclic or non-cyclical depending on the clinical patterns.

Exclusions: Chronic pain (MG30)

GB2Z Disorders of breast, unspecified

Diseases of the urinary system (GB40‑GC2Z)

Any disease characterised by pathological changes to the urinary system.

Coded Elsewhere: Neoplasms of the urinary system

Clinical findings on examination of urine, without diagnosis (MF90-MF9Y)

Structural developmental anomalies of the urinary system (LB30-LB3Z)

Symptoms, signs or clinical findings involving the urinary system (MF50-MF5Y)

Hypertensive renal disease (BA02)

Glomerular diseases (GB40‑GB4Z)

Any disease characterised by pathological changes to the glomerulus.

Exclusions: Hypertensive renal disease (BA02)

Coded Elsewhere: Clinical findings in specimens from the urinary system (MF80-MF8Z)

Symptomatic late syphilis of other sites (1A62.2)

Plasmodium malariae malaria with nephropathy (1F42.0)

Glomerular disorders in secondary systemic amyloidosis (5D00.1)

GB40 Nephritic syndrome

Sudden onset of glomerular disease usually with severe (macroscopic/visible) haematuria accompanied by oliguria, elevated blood pressure, mild oedema and albuminuria or proteinuria usually of sub-nephrotic range. May be a cause of acute renal failure in which case the syndrome is termed rapidly progressive nephritis. Nephritic syndrome has many possible causes and is associated with renal light microscopic changes such hypercellularity, necrosis or thrombosis.

Inclusions: acute nephritis

Exclusions: Tubulo-interstitial nephritis, not specified as acute or chronic (GB54)

GB41 Nephrotic syndrome

A condition characterised by severe proteinuria, greater than 3.5 g/day in an average adult. The substantial loss of protein in the urine results in hypoalbuminaemia and generalised oedema. There is also usually hyperlipidaemia. Other manifestations of glomerular disease may be present. There are many possible causes and renal histological appearances. Possible complications include vascular thrombosis, infections, malnutrition and renal failure.

GB42 Persistent proteinuria or albuminuria

Persistent albuminuria >3mg/mmol creatinine or >30mg/day is regarded as abnormal, indicative and often the first manifestation of chronic kidney disease (CKD). In surveillance for CKD in “at risk” patients such as diabetics, urinalysis for albuminuria is recommended by most clinical practice guidelines. This diagnosis does not refer to intermittent proteinuria as in orthostatic or exercise induced proteinuria, nor to non-albuminuric proteinuria such as Bence Jones (immunoglobulin light chain) proteinuria.

Exclusions: Orthostatic proteinuria (MF96.0)

proteinuria NOS (MF96)

Gestational proteinuria without hypertension (JA22.0)

Bence Jones proteinuria (MF96.1)

Nephrotic syndrome (GB41)

albuminuria NOS (MF96)

GB42.0 Albuminuria, Grade A2

Presence of excessive albumin in the urine, indicating abnormal permeability glomerular filtration. Can be quantitated by either timed collections or spot urine samples with the concentration adjusted to the urine creatinine concentration to correct for variations in overall urine concentration. When persistent and of moderate or greater severity usually indicates overt glomerular disease such as caused by diabetic glomerulosclerosis, glomerulonephritis or amyloid.

Coding Note: Code also the causing condition

GB42.1 Albuminuria, Grade A3

Presence of excessive albumin in the urine, indicating abnormal permeability glomerular filtration. Can be quantitated by either timed collections or spot urine samples with the concentration adjusted to the urine creatinine concentration to correct for variations in overall urine concentration. When persistent and of moderate or greater severity usually indicates overt glomerular disease such as caused by diabetic glomerulosclerosis, glomerulonephritis or amyloid.

Coding Note: Code also the causing condition

GB42.Y Other specified persistent proteinuria or albuminuria

GB42.Z Persistent proteinuria or albuminuria, unspecified

GB4Y Other specified glomerular diseases

GB4Z Glomerular diseases, unspecified

Renal tubulo-interstitial diseases (GB50‑GB5Z)

Any disease characterised by pathological changes to the renal tubules and interstitial tissues.

Exclusions: pyeloureteritis cystica (GB90)

Coded Elsewhere: Renal tubulo-interstitial disorders due to toxoplasmoa gondii (1F57.Y)

Renal tubulo-interstitial disorders due to salmonella infection (1A09.Y)

GB50 Acute tubulo-interstitial nephritis

A disease characterised by acute inflammation of, and damage to, tubules and the interstitium of the kidney, usually accompanied by acute renal failure (acute kidney injury). Histology shows acute inflammatory infiltrate in the interstitium with oedema and tubular cell necrosis, and often prominent eosinophils and plasma cells. Usually due to an allergic or immunological reaction to an identifiable allergen. Usually accompanied by acute renal failure which may be reversible if the allergen is withdrawn expeditiously with or without corticosteroid administration. Can lead to chronic tubulointerstitial nephritis, particularly if the allergen exposure is not short term. May be associated with other signs of an allergic reaction such as rash or fever.

GB51 Acute pyelonephritis

Acute inflammation of the renal pelvis and parenchyma due to bacterial infection. One of the commonest bacterial infections of adult women. Symptoms include fever, loin (kidney) pain, nausea and vomiting. Co-incident symptoms of acute cystitis with dysuria, frequency and haematuria may occur. Renal failure is not a feature unless there is septicaemia, hypotension or hypovolemia.

GB52 Acute tubular necrosis

Any condition of the kidney, caused by hypotension, hypoperfusion, ischaemia, hypoxia, or use of nephrotoxic drugs. These conditions are characterised by death of tubular epithelial cells and acute kidney injury. Confirmation is by identification of "muddy brown casts" of epithelial cells in a urine sample.

Coding Note: Code also the causing condition

GB53 Acute renal papillary necrosis

A condition of the kidney, caused by ischaemia, liver disease, or analgesic nephropathy. This condition is characterised by death of single or multiple renal papillae, haematuria, flank pain, and tissue fragments in the urine. This condition may also present with fever and chills.

GB54 Tubulo-interstitial nephritis, not specified as acute or chronic

A disease characterised by inflammation of and damage to tubules or the interstitium of the kidney while sparing the glomeruli secondary to immune reaction or toxic agent.

Exclusions: calculous pyelonephritis (GB70)

GB55 Chronic tubulo-interstitial nephritis

A disease characterised by inflammation of and damage to tubules and/or the interstitium of the kidney, interstitial scarring, fibrosis and tubule atrophy resulting in progressive chronic renal insufficiency

Coding Note: Code also the causing condition

Exclusions: calculous pyelonephritis (NFAD) (GB70)

Coded Elsewhere: Autosomal dominant polycystic kidney disease (GB81)

GB55.0 Balkan nephropathy

Balkan nephropathy is a form of interstitial nephritis characterised by a very localised geographic occurrence. It was first identified in the 1920s among several small, discrete communities along the Danube River and its major tributaries. Now thought to be due to chronic aristolochic acid ingestion (ingestion of Aristolochia clematitis seeds native to the Balkan region), though it has some differences from Chinese herbal nephropathy. This disease is characterised by renal insufficiency, proteinuria, tubulointerstitial nephritis, anaemia, weakness, copper discoloration of the skin, and may lead to end-stage renal disease within 5 years after onset.

Inclusions: Balkan endemic nephropathy

GB55.1 Nephropathy induced by heavy metals

A disease of the kidney, caused by exposure to heavy, nephrotoxic metals such as cadmium, lead, copper, and mercury. This disease is characterised by tubular damage, renal insufficiency, interstitial fibrosis, necrosis, or renal dysfunction. This disease may also present with hypertension, proteinuria, hyperuricaemia, aminoaciduria, or other symptoms characteristic of chronic kidney disease.

GB55.2 Chronic urate nephropathy

A condition characterised by deposition of urate crystals in the tubules and interstitium, partial or complete obstruction of the collecting ducts, renal pelvis, or ureter, hyperuricaemia disproportionate to the degree of renal insufficiency and decreased urate excretion. This condition may lead to inflammation, fibrosis, and renal failure.

GB55.Y Other specified chronic tubulo-interstitial nephritis

Coding Note: Code also the causing condition

GB55.Z Chronic tubulo-interstitial nephritis, unspecified

Coding Note: Code also the causing condition

GB56 Obstructive or reflux nephropathy

Distention of the pelvis and calices of the kidney with urine as a result of obstruction of the ureter or as a result of a vesicoureteral or vesicoureterorenal reflux of urine. Diffuse or focal cortical scarring and chronic tubulointerstitial nephritis may be present.

Exclusions: Calculus of kidney and ureter without hydronephrosis (GB70‑GB7Z)

Obstructive pyelonephritis (GB55)

GB56.0 Hydronephrosis with ureteropelvic junction obstruction

A condition caused by any obstruction in or stenosis of the ureteropelvic junction. This condition is characterised by distension of the pelvis and calyces of the kidney with a partial or complete obstructed flow of urine. This condition may present with flank pain, haematuria, pyuria, or hyperpyrexia.

Exclusions: Congenital ureteropelvic junction occlusion (QJCB) (LB31.8)

Congenital hydronephrosis (LB31.0)

GB56.1 Hydronephrosis with ureteral obstruction

Intrinsic stenosis or stricture or extrinsic obstruction of the ureter, except at the ureteropelvic junction or at the ureteral orifice, causing distension of the pelvis and calices of the kidney with urine.

Exclusions: Congenital hydronephrosis (LB31.0)

GB56.2 Hydronephrosis with ureteral orifice obstruction

Dilatation of the renal pelvis and calyces associated with (and presumably due to) obstruction of the ureter at the insertion into the bladder and hence ascending back pressure.

Exclusions: with infection (GB58)

GB56.3 Hydronephrosis due to bladder obstruction

A condition caused by an obstruction in the urinary bladder. It is characterised by distention of the pelvis and calices of one or both kidneys, and lack of free flow of urine from the kidney, and can lead to progressive atrophy of the kidney if untreated. The condition may also present with pain in the flank, haematuria, pyuria, or hyperpyrexia.

GB56.4 Other or unspecified hydronephrosis

This refers to distension and dilation of the renal pelvis and calyces in situations other than those coded elsewhere or when no additional details are available.

Exclusions: Pyonephrosis (GB58)

GB56.5 Hydronephrosis and reflux nephropathy with vesicoureteral or vesico-uretero-renal reflux

Distention of the pelvis and calices of the kidney with urine as a result of obstruction of the ureter not caused by strictures or stenoses of the ureter or by ureteral stones.

Exclusions: Congenital vesico-uretero-renal reflux (LB31.D)

Congenital hydronephrosis (LB31.0)

GB56.Y Other specified obstructive or reflux nephropathy

GB56.Z Obstructive or reflux nephropathy, unspecified

GB57 Nephrocalcinosis

A condition of the kidney, caused by previous inflammation or degeneration when accompanied by previous renal failure. This condition is characterised by renal lithiasis, or calcium-based deposition in the renal parenchyma. This condition may also present with infection, haematuria, anal colic, or decreased renal function. Confirmation is by abdominal medical imaging to determine location of deposits.

GB58 Pyonephrosis

A condition caused by complications subsequent to calyces, hydronephrosis, or pyelonephritis, or which may be idiopathic. This condition is characterised by a collection of pus in the renal pelvis, leading to distension of the kidney and possibly kidney failure.

GB59 Renal or perinephric abscess

A collection of purulent material in the kidney substance and/or around the kidneys. Usually due to bacterial infection. Minor: Origin can be haematogenous or ascending infection.

GB5Y Other specified renal tubulo-interstitial diseases

Coding Note: Code also the causing condition

GB5Z Renal tubulo-interstitial diseases, unspecified

Coding Note: Code also the causing condition

Kidney failure (GB60‑GB6Z)

Inability of the kidneys to adequately filter the blood of waste products, with a lower than normal glomerular filtration rate (GFR). Can be abrupt and potentially reversible (acute kidney injury) or persistent due to irreversible kidney damage (chronic kidney disease).

Exclusions: Hypertensive renal disease (BA02)

Coded Elsewhere: Renal failure following abortion, ectopic or molar pregnancy (JA05.4)

Congenital renal failure (KC01)

GB60 Acute kidney failure

An increase in serum creatinine by 0.3 mg/dl or greater within 48 hours; or increase in serum creatinine by 1.5-fold or greater above baseline, which is known or presumed to have occurred within 7 days; or urine volume less than 0.5 ml/kg/h for 6 hours or more.

Coding Note: Code also the causing condition

Inclusions: nontraumatic acute kidney injury

GB60.0 Acute kidney failure, stage 1

Rate of change of serum creatinine: Increase 1.5-1.9 times baseline within 7 days OR increase by 0.3 mg/dl increase within 48 h OR Magnitude of urine output: <0.5 ml/kg/h for 6-12 hours

Coding Note: Code also the causing condition

Inclusions: Acute nontraumatic kidney injury, mild

GB60.1 Acute kidney failure, stage 2

Rate of change of serum creatinine: 2.0-2.9 times baseline OR Magnitude of urine output: <0.5 ml/kg/h for >= 12 hours

Coding Note: Code also the causing condition

Inclusions: Acute nontraumatic kidney injury, moderate

GB60.2 Acute kidney failure, stage 3

Rate of change of serum creatinine: 3.0 times baseline OR increase to 4.0 mg/dl OR need for renal replacement therapy (i.e. dialysis) or for patients <18 years, decrease in GFR to <35 ml/min per 1.73 m2 OR Magnitude of urine output: <0.3 ml/kg/h for 24 hours OR anuria for >= 12 hours

Coding Note: Code also the causing condition

Inclusions: Acute nontraumatic kidney injury, severe

GB60.Y Other specified acute kidney failure

Coding Note: Code also the causing condition

GB60.Z Acute kidney failure, stage unspecified

Coding Note: Code also the causing condition

GB61 Chronic kidney disease

Glomerular Filtration Rate (GFR) < 60 ml/min/1.73m² or presence of kidney damage that is present for more than 3 months. Evidence of kidney damage can include structural abnormalities (imaging or histology), albuminuria above normal limits, urinary sediment abnormalities or electrolyte disturbances due to tubular disorders.

Coding Note: Code also the causing condition

Inclusions: chronic renal failure

Chronic renal insufficiency

Exclusions: Hypertensive renal disease (BA02)

GB61.0 Chronic kidney disease, stage 1

Kidney damage with normal or increased GFR (>90 ml/min/1.73m²)

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 1

GB61.1 Chronic kidney disease, stage 2

Kidney damage and GFR 60-89 ml/min/1.73m²

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 2

GB61.2 Chronic kidney disease, stage 3a

GFR 45-59 ml/min/1.63m²

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 3a

GB61.3 Chronic kidney disease, stage 3b

GFR 30-44 ml/min/1.73m²

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 3b

GB61.4 Chronic kidney disease, stage 4

GFR (15-29 ml/min/1.73m²)

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 4

GB61.5 Chronic kidney disease, stage 5

Kidney failure, GFR < 15 ml/min/1.73m²

Coding Note: Code also the causing condition

Inclusions: chronic renal failure, stage 5

Coded Elsewhere: Albuminurica retinitis (9B65.Z)

GB61.Z Chronic kidney disease, stage unspecified

Coding Note: Code also the causing condition

GB6Z Kidney failure, unspecified

Coding Note: Code also the causing condition

Urolithiasis (GB70‑GB7Z)

A condition of the urinary system, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by the presence of calculi originating in the urinary system or which are located within the urinary system. Confirmation is by abdominal radiography, or intravenous pyelography.

Exclusions: Hyperoxaluria (5C51.2)

Hypercalciuria (MF98.0)

Crystalluria (MF90‑MF9Y)

Cystinuria (5C60.2)

GB70 Calculus of upper urinary tract

A condition of the urinary system, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the upper urinary tract (renal papilla). This condition may present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.

GB70.0 Calculus of kidney

A condition of the kidney, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by the urinary calculi located in the kidney, in renal calyces, or in the renal pelvis. This condition may present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.

Inclusions: Renal calculus or stone

Stone in kidney

GB70.00 Staghorn calculus

A condition of the kidney, characterised by large, branched, struvite or calcium carbonate apatite calculi within the renal pelvis and extending into one or more caliceal extensions, and fever, haematuria, or flank pain, leading to renal failure and life-threatening sepsis. This condition may be associated with urinary tract infection. Confirmation is by imaging of the abdominal region.

GB70.0Y Other specified calculus of kidney

GB70.0Z Calculus of kidney, unspecified

GB70.1 Calculus of ureter

A condition of the ureter, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the ureter, and may lead to renal colic. This condition may present with haematuria, dysuria, or pain in the flank, lower abdomen, groin, thighs, or genitalia. Confirmation is by abdominal radiography to determine the presence and location of calculi.

Inclusions: Ureteric stone

Ureteral calculus or stone

Stone in the ureter

GB70.Z Calculus of upper urinary tract, unspecified

GB71 Calculus of lower urinary tract

A condition of the urinary system, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the lower urinary tract (urinary bladder and urethra). This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.

GB71.0 Calculus in bladder

A condition caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the bladder. This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography, to determine the presence and location of calculi.

Inclusions: Urinary bladder stone

Exclusions: Calculus in a bowel segment for urinary diversion (e.g. neobladder, pouch) (NFBC) (GB71.2)

GB71.1 Calculus in urethra

A condition caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the urethra, where it may lead to renal colic. This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, groin, thighs, or genitalia. Confirmation is by abdominal radiography to determine the presence and location of calculi.

Exclusions: Calculus of bowel segments for urinary diversion (GB71.2)

GB71.2 Calculus of bowel segments for urinary diversion

A condition caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterised by urinary calculi located in the bowel segment for urinary diversion (ileal neobladder, ileal conduit, ileocaecal pouch). This condition may also present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.

GB71.Z Calculus of lower urinary tract, unspecified

GB7Z Urolithiasis, unspecified

Cystic or dysplastic kidney disease (GB80‑GB8Z)

Any disease of the kidney, caused by determinants arising during the antenatal period or after birth. These diseases are characterised by pathological changes to one or both kidneys, and may manifest in other anatomical tissues.

Coded Elsewhere: Tuberous sclerosis (LD2D.2)

Noonan syndrome (LD2F.15)

Meckel-Gruber syndrome (LD2F.13)

Asphyxiating thoracic dystrophy (LD24.B1)

Multicystic renal dysplasia (LB30.9)

GB80 Nonfamilial nongenetic cystic kidney disease

Diseases where there are developmental anatomical or pathological changes in the renal substance not occurring in a familial distribution and not known to have a mono-genetic cause.

Coded Elsewhere: Medullary sponge kidney (LB30.8)

Multicystic renal dysplasia (LB30.9)

GB80.0 Simple renal cyst

A disease of the kidney, caused by obstruction of tubules, anaemia, or detachment of diverticula. This disease is characterised by the formation of thin-walled abnormal sacs filled with hypo-echogenic radiolucent fluid in the kidney. Confirmation is by imaging.

Inclusions: Bosniak 1 cyst

GB80.1 Complex renal cyst

Renal cyst with high attenuation or mixed contents, septate or thickened wall. May be subclassified by the Bosniak classification Bosniak 2-4 to indicate increasing likelihood of neoplasm.

GB80.2 Subscapular or perirenal urinoma

A disease of the kidney, caused by urinary obstruction such as calices in the kidney or ureter, or a breach of the integrity of the pelvis. This disease is characterised by an encapsulated collection of urine located in a fat-lined sac around the kidneys or in the retroperitoneum. Confirmation is by imaging.

GB80.Y Other specified nonfamilial nongenetic cystic kidney disease

GB80.Z Nonfamilial nongenetic cystic kidney disease, unspecified

GB81 Autosomal dominant polycystic kidney disease

Multiple cysts in both kidneys increasing in number and size from adolescence, associated with development of hypertension and chronic renal failure. Autosomal dominant familial pattern is usual and due to mutations on chromosomes 16 and 4. Non-renal manifestations can include cysts in the liver and less commonly pancreas. Cerebral arterial aneurysms with subarachnoid haemorrhage, and other non-renal vascular abnormalities can also occur.

GB82 Autosomal dominant tubulointerstitial disease

Nonglomerular, autosomal dominant kidney diseases characterised by progressive tubulointerstitial fibrosis and progression to end-stage renal disease. Currently there are 4 known genetic defects - in uromodulin, mucin-1, renin and hepatocyte nuclear factor 1-beta. The last is associated with Maturity-Onset Diabetes of the Young (MODY) and thus is classified as MODY-5

Coded Elsewhere: Medullary sponge kidney (LB30.8)

MODY 5 syndrome (5A13.6)

GB83 Nephronophthisis

Autosomal recessive disease characterised by polyuria, polydipsia, enuresis and chronic kidney disease with end stage renal failure occurring between birth and late adolescence depending on the NPHP gene involved. Extra-renal manifestations occur with associated multisystem genetic disorders (e.g. Senior-Loken, Cogan, Joubert)

GB8Y Other specified cystic or dysplastic kidney disease

GB8Z Cystic or dysplastic kidney disease, unspecified

GB90 Certain specified disorders of kidney or ureter

Any disorder characterised by pathological changes to the kidney or ureter.

Coding Note: Code also the causing condition

Exclusions: Urolithiasis (GB70‑GB7Z)

Coded Elsewhere: Macroscopic changes of size of the kidney (MF54)

Ureteral fistula (GC04.2)

Postinterventional ischemia or infarction of kidney (GC7B)

Neonatal haemorrhage originating in kidney or bladder (KA83.6)

Diabetic nephropathy (GB61.Z)

Renal late syphilis (1A62.2Y)

Disorders of kidney or ureter in tuberculosis (1B1Y)

GB90.0 Nephroptosis

Enhanced mobility of the kidney, resulting in ptosis when the patient is upright. More common on the right, associated with a longer renal artery, and debatably associated with fibromuscular hyperplasia and hypertension.

GB90.1 Hydroureter

A condition caused by obstruction, stricture, or stenosis of the ureter, which may be due to prostatic hypertrophy, carcinoma, retroperitoneal or pelvic neoplasms, calculi, or a congenital anomaly. This condition is characterised by distention of the ureter with urine.

Exclusions: Congenital primary megaureter (LB31.1)

GB90.2 Ureteral kinking or deviation without obstruction

A condition characterised by a sharp twist, curve, or other deviation in the length of the ureter, but without an obstructed flow of urine.

Inclusions: Kinking of the ureter without hydronephrosis

Exclusions: with infection (GB58)

congenital ureteric stenosis (LB31.8)

GB90.3 Ischaemia or infarction of kidney

Exclusions: Atherosclerosis of renal artery (BD40.2)

Goldblatt kidney (BD40.2)

Congenital renal artery stenosis (LA90.40)

GB90.4 Renal tubular function disorders

Disorders primarily due to abnormalities of renal tubular resorption or secretion.

Coded Elsewhere: Cystinuria (5C60.2)

Nephrogenic syndrome of inappropriate antidiuresis (5A60.20)

GB90.40 Hypotonia-cystinuria type 1

This is a rare syndrome including neonatal and infantile hypotonia and failure to thrive, cystinuria type 1, nephrolithiasis, growth retardation due to growth hormone deficiency, and minor facial dysmorphism due to a homozygous deletion of two contiguous genes on chromosome 2: SLC3A1 and PREP (2p21).

Coded Elsewhere: Hypotonia-cystinuria syndrome (5C60.Y)

GB90.41 Pseudohypoaldosteronism type 1

Pseudohypoaldosteronism type 1 (PHA1) are rare forms of mineralocorticoid resistance. PHA1 presents in the newborn with renal salt wasting, failure to thrive and dehydration. Two clinical forms have been described: i) a renal form (renal PHA1) that improves with age and in which mineralocorticoid resistance is restricted to the kidney, and ii) a generalised severe form (generalised PHA1) that persists into adulthood and in which mineralocorticoid resistance is systemic and salt loss occurs in multiple organs. Inheritance can be autosomal recessive (arPHA1) which is more severe and persistent than the autosomal dominant form (AdPHA1)

GB90.42 Fanconi syndrome

Disorder associated with generalised dysfunction of the proximal tubule expressed as amino-aciduria, low molecular weight proteinuria, polyuria with sodium and potassium wasting, hyper-phosphaturia (hence bone disease), renal tubular acidosis, glycosuria and hypercalciuria.

Coded Elsewhere: Oculocerebrorenal syndrome (5C60.0)

GB90.43 Bartter syndrome

Bartter syndrome is a genetic renal tubular disease characterised by the association of hypokalaemic alkalosis, increased levels of plasma renin and aldosterone, low blood pressure and vascular resistance to angiotensin II. Two forms of the disease can be distinguished according to clinical criteria: an antenatal or infantile Bartter syndrome (most patients with genotypes I, II and IV), characterised by polyhydramnios, premature delivery, polyuria, dehydration, hypercalciuria and nephrocalcinosis; and classical Bartter syndrome (mostly patients with genotype III, but also some type IV patients), manifesting as polyuria-polydipsia in infancy-childhood through to adulthood, dehydration and a variable delay in the height-weight growth curve.

GB90.44 Renal tubular acidosis

Conditions characterised by failure of the kidney to excrete acids, or to lose bicarbonate into the urine, which causes the blood to become too acidic. Characteristically hyperchloremic acidosis (low anion gap metabolic acidosis). Has several forms and many causes.

Coded Elsewhere: Osteopetrosis with renal tubular acidosis (LD24.10)

GB90.45 Renal glycosuria

Glycosuria (glucose in the urine) at normal blood glucose levels due to inadequate renal tubular resorption. Can be due to above normal glomerular filtration as in pregnancy or occurs residual nephrons in renal failure, or reduced tubular resorption.

GB90.46 Tubular disorders of sodium or potassium transport

Abnormalities of the renal tubules resorptive or secretory functions, inherited or acquired.

Exclusions: Fanconi syndrome (GB90.42)

GB90.47 Aminoaciduria

Conditions in which amino acids are found in the urine either due to over-production (high blood levels) or failure of tubular resorption

GB90.48 Disorders of calcium or phosphate excretion

Conditions in which renal excretion of calcium and / or phosphate is deranged.

Coded Elsewhere: Pseudohypoparathyroidism (5A50.1)

Hypophosphataemic rickets (5C63.22)

GB90.49 Renal hypocalciuria

A condition of the kidney, caused by renal tubular retention, low dietary calcium intake, or abnormalities in calcium absorption, and which may be associated with thiazide diuretic intake, Gitelman's disease, or familial hypocalciuric hypercalcaemia. This condition is characterised by a decrease in the level of calcium in the urine.

Coded Elsewhere: Familial hypocalciuric hypercalcaemia (5A51.2)

Acquired hypocalciuric hypercalcemia (5A51.Y)

GB90.4A Nephrogenic diabetes insipidus

Nephrogenic diabetes insipidus is a condition in which the kidney tubules respond poorly to pituitary secreted anti-diuretic hormone, resulting in a failure to concentrate the urine, and water loss. Polyuria with dilute urine and polydypsia (excessive thirst) are present. It can be congenital or acquired with many causes. The congenital forms may be attributed to vasopressin receptor or aquaporin-2 defects. They are characterised by polyuria with polydipsia, recurrent bouts of fever, constipation, and acute hypernatraemic dehydration after birth that may cause neurological sequelae.

Exclusions: Central diabetes insipidus (5A61.5)

GB90.4Y Other specified renal tubular function disorders

GB90.4Z Renal tubular function disorders, unspecified

GB90.Y Other specified disorders of kidney or ureter

Coding Note: Code also the causing condition

Certain specified diseases of urinary system (GC00‑GC0Y)

Exclusions: Infections of genitourinary tract in pregnancy (JA62)

Urolithiasis (GB70‑GB7Z)

Coded Elsewhere: Urinary incontinence (MF50.2)

Tuberculosis of kidney or ureter (1B12.5)

Tuberculosis of bladder (1B12.5)

GC00 Cystitis

A condition of the bladder, caused by infection, reaction to pharmacological agents, exposure to radiation therapy, or potential irritants. This condition is characterised by inflammation of the urinary bladder, dysuria, pollakiuria, fever, or flank pain.

Exclusions: Prostatocystitis (GA91.2)

Coded Elsewhere: Infections of bladder in pregnancy (JA62.1)

GC00.0 Trigonitis

A condition of the bladder that is frequently idiopathic. This condition is characterised by inflammation of the nonkeratinizing squamous metaplasia in the trigone region of the bladder.

GC00.1 Infectious cystitis

Inflammation of the urinary bladder caused by microbes

Exclusions: tuberculous cystitis (NHEA) (1B12.5)

bladder disorder in schistosomiasis [bilharziasis] (NHEB) (1F86.0)

GC00.2 Contracted urinary bladder

A condition characterised by inflammation of the urinary bladder that may lead to progressive shrinkage, fibrosis, contraction, and irreversible end-stage disease with high urination frequency.

GC00.3 Interstitial cystitis

A condition characterised by inflammation of the urinary bladder and ureters. This condition may be associated with a malformation of, or injury to, the bladder epithelium, infection with toxins, an autoimmune reaction, or an allergy. This condition may also present with Hunner ulcers diffuse glomerulations affecting all quadrants of the bladder mucosa, mild to severe chronic bladder pressure, bladder pain, urgency to urinate, and low volumes of urine.

GC00.Y Other specified cystitis

GC00.Z Cystitis, unspecified

GC01 Other disorders of bladder

Any disorder characterised by pathological changes to the urinary bladder.

Exclusions: Cystocele (GC40.0)

hernia or prolapse of bladder, female (GC40.0)

Calculus in bladder (GB71.0)

Coded Elsewhere: Bladder pain (MF52)

Neonatal haemorrhage originating in kidney or bladder (KA83.6)

GC01.0 Bladder neck obstruction

A condition of the bladder, caused by congenital or acquired abnormalities that impair the muscles that connect the bladder to the urethra. This condition is characterised by obstruction of the bladder neck and constricted opening during urination. This condition may also present with pelvic pain, pollakiuria, incontinence, or incomplete bladder emptying. Confirmation is by video urodynamics to observe the obstruction as the bladder fills and voids.

GC01.1 Vesical fistula, not elsewhere classified

A condition caused by medical intervention, trauma, inflammation, infection, cancer, or congenital factors. This condition is characterised by the formation of an abnormal passage between the urinary bladder and the skin, bowel, vagina, uterus, or rectum, and suprapubic pain, frequency, dysuria, or tenesmus.

Coded Elsewhere: Vesicovaginal fistula (GC04.10)

GC01.2 Diverticulum of bladder

A condition of the bladder, caused by congenital or acquired obstruction to the bladder outlet, a bladder dysfunction following a nerve injury, or a prior bladder surgery. This condition is characterised by balloon-like protrusions on the bladder lining, leading to an area of weakness in the bladder wall. This condition may be asymptomatic, or present with recurrent bladder infections, difficulty urinating, or abdominal fullness. Confirmation is by contrast radiography or cystoscopy.

Exclusions: Congenital diverticulum of urinary bladder (LB31.4)

Urachal diverticulum (LB03.0)

Hutch-diverticulum (LB31.4)

GC01.3 Rupture of bladder, nontraumatic

A condition of the bladder, caused by determinants not attributable to wound or injury. This condition is characterised by rupture of the bladder.

GC01.4 Neuromuscular dysfunction of bladder, not elsewhere classified

Exclusions: Functional urinary incontinence (MF50.23)

neurogenic bladder due to cauda equina syndrome (8B40)

due to spinal cord lesion (ND51)

Urinary incontinence associated with pelvic organ prolapse (GC40.5)

GC01.Y Other specified disorders of bladder

GC01.Z Disorder of bladder, unspecified

GC02 Urethritis and urethral syndrome

A condition of the urethra, caused by non-infectious factors such as trauma, allergies, anatomical malformations, or scarring and adhesions following a medical intervention. This condition is characterised by inflammation of the urethra, chronic recurrent urinary tract infections without bacterial growth, and pyuria.

Exclusions: urethrotrigonitis (GC00.0)

urethritis in diseases with a predominantly sexual mode of transmission (1A60‑1A9Z)

Reiter disease (FA11.2)

Coded Elsewhere: Infections of urethra in pregnancy (JA62.2)

GC02.0 Urethral abscess

A condition of the urethra, caused by an obstruction to the periurethral glands that is commonly the result of frequent infection. This condition is characterised by a focal accumulation of purulent material within or on the urethral tissue.

Exclusions: Urethral caruncle (GC07)

GC02.1 Nonspecific urethritis

Urethral inflammation for which a specific sexually transmitted infective cause, in particular gonococcal or chlamydial infection, has not been identified. It typically presents in males with dysuria, urethral discharge, itching or urinary urgency. It can occur following urinary tract infection or genital trauma. Historically, before chlamydia infection could be easily identified, chlamydial urethritis was labeled "non-specific".

Exclusions: Chlamydial infection of lower genitourinary tract (1A81.0)

Chlamydial urethritis (1A81.0)

Gonococcal genitourinary infection (1A70)

GC02.Y Other specified urethritis and urethral syndrome

GC02.Z Urethritis and urethral syndrome, unspecified

GC03 Urethral stricture

Stenosis of the urethra accompanied by fibrosis and scarring of the spongiosal body

Coded Elsewhere: Postprocedural urethral stricture (GC72)

GC04 Fistula of the genitourinary tract

Any condition caused by trauma, medical intervention, infection, cancer, or congenital factors. This condition is characterised by the formation of an abnormal passage between any two locations within the genitourinary tract.

Coded Elsewhere: Fistula of intestinal segments used for urinary diversion (GC01.1)

GC04.0 Urethral fistula

A condition of the urethra, caused by surgery, infection, trauma, or congenital factors. This condition is characterised by the formation of an abnormal passage between the urethra and adjacent organs or surfaces.

Coded Elsewhere: Urethrovaginal fistula (GC04.14)

GC04.1 Fistulae involving female genital tract

Any condition characterised by the formation of an abnormal passage between the genital tract and another organ, or between a genital organ and an adjacent organ or surface.

GC04.10 Vesicovaginal fistula

A condition of the bladder and vagina, caused by and subsequent to childbirth, trauma, hysterectomy, medical intervention, infections, bladder calculi, endometriosis, cone biopsy, or congenital factors. This condition is characterised by the formation of an abnormal passage between the urinary bladder and the vagina, leading to the continuous involuntary discharge of urine into the vagina.

Coded Elsewhere: Vesicosigmoidovaginal fistula (GC04.12)

GC04.11 Fistula of small intestine to vagina

Exclusions: Obstetric Fistula (GC04.1)

GC04.12 Fistula of large intestine to vagina

A condition of the large intestine and vagina, caused by damage to the tissue due to childbirth, an inflammatory bowel disease, radiation treatment, cancer, or a complication following pelvic surgery. This condition is characterised by the formation of an abnormal passage between any part of the large bowel and the vagina. This condition may also present with leakage of bowel contents (faeces or gas) through the vagina.

Exclusions: Obstetric Fistula (GC04.1)

Coded Elsewhere: Rectovaginal fistula (GC04.16)

GC04.13 Female genital tract-skin fistulae

A condition of the genital system, caused by damage to the tissue between the genital tract and the skin. This condition is characterised by the formation of an abnormal passage between the genital tract and the skin.

Exclusions: Obstetric Fistula (GC04.1)

GC04.14 Urethrovaginal fistula

This refers to the abnormal connection or passageway between the female urethra and the vagina without further specification.

GC04.15 Combined urethrovesicovaginal fistula

A condition of the bladder, urethra, and vagina, caused by and subsequent to childbirth, trauma, hysterectomy, medical intervention, infection, bladder calculi, endometriosis, cone biopsy, or congenital factors. This condition is characterised by the formation of an abnormal passage between the urinary bladder, urethra, and the vagina, not otherwise specified.

Inclusions: Urethrovesicovaginal fistula

GC04.16 Rectovaginal fistula

A condition of the rectum and vagina, caused by childbirth, trauma, Crohn's disease, medical intervention, or infection. This condition is characterised by the formation of an abnormal passage between the rectum and the vagina, not otherwise specified.

GC04.17 Vesicouterine fistula with severe scar or extensive tissue loss

This is a condition characterised by the presence of extensive amounts of fibrous tissue (fibrosis) that have replaced normal tissue associated with a vesicouterine fistula.

GC04.18 Other combined urinary fistula with severe scar or extensive tissue loss

Any other condition characterised by the presence of extensive amounts of fibrous tissue (fibrosis) that have replaced normal tissue associated with any other abnormal connection or passageway between any two locations within the urinary tract which do not normally connect.

GC04.19 Combined urinary and rectal fistula including cloaca with severe scar or extensive tissue loss

A condition characterised by the presence of extensive amounts of fibrous tissue (fibrosis) that have replaced normal tissue associated with an abnormal connection or passageway between the rectum, including cloaca, and a location within the urinary system.

GC04.1A Vaginal stenosis or gynatresia related to obstetric fistula

A condition of the vagina, caused by congenital or acquired factors. The congenital condition is caused by Mayer-Kustner-Hauser syndrome. The acquired condition is caused by severe or failed childbirth or medical intervention to repair a fistula. This condition is characterised by an abnormal narrowing and foreshortening of the vagina. Confirmation is by pelvic examination.

GC04.1Y Other specified fistulae involving female genital tract

GC04.1Z Fistulae involving female genital tract, unspecified

GC04.2 Ureteral fistula

Abnormal passage or communication between the ureter and another body organ or cavity or the body surface.

GC04.Y Other specified fistula of the genitourinary tract

GC04.Z Fistula of the genitourinary tract, unspecified

GC05 Prolapsed urethral mucosa

A condition characterised by a circular protrusion of the distal urethra mucosa through the external urethral meatus. This condition may be associated with congenital or acquired abnormalities such as weakened pelvic floor structures, trauma, or separation of the longitudinal and circular-oblique smooth muscle layers. This condition is commonly asymptomatic in adolescents, or presents with vaginal bleeding and difficulty urinating in postmenopausal individuals.

Inclusions: prolapse of urethra

Exclusions: Female urethrocele (GC40.0)

GC06 Urethral diverticulum

A disease of the urethra, caused by an obstruction to the periurethral glands due to subsequent to frequent infection, or congenitally. This disease is characterised by a localised protrusion of the urethra into the anterior vaginal wall, consisting mostly of fibrous tissue. This disease may also present with urinary frequency, urgency, and dysuria. Confirmation is by imaging to determine the extent and location of the diverticulum.

GC07 Urethral caruncle

A condition characterised by small, focal, benign, pink or red polypoid masses of the distal urethral mucosa, which may become painful, bloody, and deep red in colour. This condition may be associated with urogenital atrophy due to estrogen deficiency, and may be aggravated by chronic irritation of urethral mucosa exposure. This condition typically affects postmenopausal women.

GC08 Urinary tract infection, site not specified

Coded Elsewhere: Urinary tract infection following delivery (JB40.3)

Neonatal urinary tract infection (KA65.2)

Pyuria associated with urinary tract infection (MF97)

GC08.0 Urinary tract infection, site not specified, due to Escherichia coli

GC08.1 Urinary tract infection, site not specified, due to Klebsiella pneumoniae

GC08.2 Urinary tract infection, site not specified, due to Proteus

A disease of the urinary tract, caused by an infection with the gram-negative bacteria Proteus. In females, this disease is characterised by dysuria, pyuria, or pollakiuria; in males, this disease may present with urethral discharge. Transmission is unknown. Confirmation is by identification of Proteus in a urinary sample.

GC08.Y Urinary tract infection, site not specified due to other agent

GC08.Z Urinary tract infection, site and agent not specified

GC0Y Other diseases of urinary system

GC2Z Diseases of the urinary system, unspecified

Other conditions of the genitourinary system (GC40‑GC51.Z)

Any disorder characterised by pathological changes to the genitourinary system.

Female pelvic floor dysfunction (GC40‑GC4Z)

Any condition affecting females, caused by an altered or lack of function of the female pelvic floor. These conditions are characterised by weakened or tightened pelvic floor muscles, or an impairment of the sacroiliac joint, lower back, coccyx, or hip joint.

Coded Elsewhere: Rectal prolapse (DB31.2)

GC40 Pelvic organ prolapse

The descent of one or more of the anterior vaginal wall, posterior vaginal wall, the uterus (cervix), or the apex of the vagina (vaginal vault) or cuff scar after hysterectomy.

Exclusions: Obstructed labour due to abnormality of maternal pelvic organs (JB05.5)

Maternal care for other abnormalities of gravid uterus (JA84)

GC40.0 Prolapse of anterior vaginal wall

GC40.00 Incomplete anterior vaginal wall prolapse

Most distal prolapse is 1cm or less proximal or distal to the hymen

GC40.01 Complete anterior vaginal wall prolapse

GC40.0Z Prolapse of anterior vaginal wall, unspecified

GC40.1 Prolapse of posterior vaginal wall

GC40.10 Incomplete posterior vaginal wall prolapse

GC40.11 Complete posterior vaginal wall prolapse

GC40.1Z Prolapse of posterior vaginal wall, unspecified

GC40.2 Prolapse of the vaginal apex

GC40.20 Incomplete apical vaginal wall prolapse

GC40.21 Complete apical vaginal wall prolapse

GC40.2Z Prolapse of the vaginal apex, unspecified

GC40.3 Uterovaginal prolapse

GC40.30 Incomplete uterovaginal prolapse

A condition caused by weakness, damage, or stretching of the ligaments between the uterus and the vaginal wall, typically subsequent to childbirth. This condition is characterised by stage 1 descensus of the uterus into the vagina, leading to a bulge and distal prolapse greater than 1 centimetre above the hymen or stage 2 descensus with distal prolapse of 1 centimetre or less proximal or distal to the hymen. This condition may also present with urinary incontinence, sensation of heaviness in the pelvis, or difficulty urinating.

Exclusions: Incomplete uterine prolapse with anterior vaginal wall prolapse (GC40.31)

Incomplete uterine prolapse with posterior vaginal wall prolapse (GC40.32)

Incomplete uterine prolapse with anterior and posterior vaginal wall prolapse (GC40.33)

GC40.31 Incomplete uterine prolapse with anterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position into the vaginal area in association with herniation of the bladder into the vagina due to tearing of the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia).

GC40.32 Incomplete uterine prolapse with posterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position into the vaginal area in association with herniation of the rectum into the vagina, due to a tear in the rectovaginal septum (which is normally a tough, fibrous, sheet-like divider between the rectum and vagina).

GC40.33 Incomplete uterine prolapse with anterior and posterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position into the vaginal area in association with herniation of both the bladder and the rectum into the vagina, due to tears in the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia) and in the rectovaginal septum, a tough, fibrous, sheet-like divider between the rectum and vagina.

GC40.34 Complete uterovaginal prolapse

A condition caused by weakness, damage, or stretching of the ligaments between the uterus and the vaginal wall, typically subsequent to childbirth. This condition is characterised by stage 3 descensus of the uterus into the vagina, leading to a bulge and distal prolapse greater than 1 centimetre below the hymen or stage 4 descensus with complete eversion of the total length of the genital tract. This condition may also present with urinary incontinence, sensation of heaviness in the pelvis, or difficulty urinating.

GC40.35 Complete uterine prolapse with anterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position to at least one cm below the hymen, possibly up to complete eversion of the female genital tract, in association with herniation of the bladder into the vagina due to tearing of the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia).

GC40.36 Complete uterine prolapse with posterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position to at least one cm below the hymen, possibly up to complete eversion of the female genital tract, in association with herniation of the rectum into the vagina, due to a tear in the rectovaginal septum (which is normally a tough, fibrous, sheet-like divider between the rectum and vagina).

GC40.37 Complete uterine prolapse with anterior and posterior vaginal wall prolapse

A condition characterised by the displacement of the uterus from its normal position to at least one cm below the hymen, possibly up to complete eversion of the female genital tract, in association with herniation of both the bladder and the rectum into the vagina, due to tears in the tough fibrous wall between a woman's bladder and her vagina (the pubovesical fascia) and in the rectovaginal septum, a tough, fibrous, sheet-like divider between the rectum and vagina.

GC40.3Z Uterovaginal prolapse, unspecified

GC40.4 Pelvic floor muscle disruption

A condition caused by damage or trauma to the muscles of the pelvic floor. This condition is characterised by weakness and dysfunction of the muscle.

GC40.40 Levator avulsion from symphysis pubis

A condition caused by damage or trauma to the pelvic floor, leading to the detachment of the levator ani muscle fibres from the symphysis pubis. This condition is characterised by weakness and dysfunction of the muscle.

GC40.4Y Other specified pelvic floor muscle disruption

GC40.4Z Pelvic floor muscle disruption, unspecified

GC40.5 Urinary incontinence associated with pelvic organ prolapse

A condition of the urinary system, caused by the abnormal displacement of one or more pelvic organs. This condition is characterised by the involuntary loss of urine. Confirmation is by urinalysis.

GC40.50 Stress incontinence associated with pelvic organ prolapse

A condition of the urinary system, caused by weakness of the pelvic floor muscles and an increase in intra-abdominal pressure, leading to pressure on the bladder. This condition is characterised by a shift in the position of the urethra allowing urine to pass easily, and urinary incontinence when coughing, laughing, sneezing, exercising, or other physical activities that increase intra-abdominal pressure.

GC40.51 Urge incontinence associated with pelvic organ prolapse

A condition of the urinary system, caused by detrusor dysfunction. This condition is characterised by urinary incontinence that accompanies detrusor hyperreflexia when a specific bladder volume is reached, leakage of urine, lack of urge to urinate, or lack of awareness of bladder filling.

GC40.52 Mixed urinary incontinence associated with pelvic organ prolapse

A condition of the urinary system, caused by detrusor overactivity and impaired urethral function. This condition is characterised by a mix of stress and urge incontinence symptoms including involuntary loss of urine, urinary urgency, urinary frequency, or urinary incontinence when coughing, laughing, sneezing, exercising, or other physical activities that increase intra-abdominal pressure.

GC40.53 Overflow incontinence associated with pelvic organ prolapse

A condition of the urinary system, caused by the incomplete emptying of urine from the bladder and an acontractile detrusor muscle. This condition is characterised by urinary incontinence and leakage of urine in small volumes. This condition may be associated with obstruction, weak bladder muscles, injury, pharmacological use, diabetes mellitus, nerve damage or nervous system dysfunction.

GC40.54 Urinary incontinence, not otherwise specified with pelvic organ prolapse

GC40.6 Functional bladder disorders associated with pelvic organ prolapse

Any condition characterised by urinary postponement, stress incontinence, urge incontinence, urinary urgency, or urinary incontinence, or dysfunctional urinary voiding. These conditions are associated with abnormal displacement of one or more pelvic organs.

Exclusions: Diurnal enuresis (6C00.1)

Enuresis (6C00)

Nocturnal and diurnal enuresis (6C00.2)

Nocturnal enuresis (6C00.0)

Coded Elsewhere: Absent or diminished bladder sensation associated with pelvic organ prolapse (GC50.10)

GC40.60 Overactive bladder associated with pelvic organ prolapse

A condition of the bladder, caused by impaired kidney function, dysfunctional or absent nerve innervation, involuntary contraction of the bladder muscles, diabetes, pharmacological use, or infection. This condition is characterised by a sudden urge to urinate, urinary frequency, and urge incontinence. This condition may also present with nocturia.

GC40.6Y Other specified functional bladder disorders associated with pelvic organ prolapse

GC40.6Z Functional bladder disorders associated with pelvic organ prolapse, unspecified

GC40.Z Pelvic organ prolapse, unspecified

GC41 Anorectal dysfunction associated with pelvic organ prolapse

Any condition characterised by abnormal or absent function of the anus and rectum and dysfunctional defecation or flatus. These conditions are associated with abnormal displacement of one or more pelvic organs.

GC42 Sexual dysfunction associated with pelvic organ prolapse

A condition affecting women, characterised by difficulties experienced in the sensations or function of the genital system during normal sexual activity. This condition is associated with abnormal displacement of the vagina, introitus, or pelvic floor tissues.

GC42.0 Diminished sensation due to vaginal or introital laxity

A condition characterised by decreased or absent feeling due to decreased muscle tone in the vaginal muscles or at the vaginal opening (introitus).

GC42.1 Obstructed intercourse

A condition of the genital system, caused by obstruction or blockage in the vaginal canal, or hypertonicity of the vaginal muscles. This condition is characterised by the inability to engage in vaginal sexual intercourse.

GC4Z Female pelvic floor dysfunction, unspecified

GC50 Functional bladder disorders, not otherwise specified

Any other condition characterised by symptoms that include overactive bladder syndrome, voiding postponement, stress incontinence, giggle incontinence, and dysfunctional voiding in children, without further specification.

Exclusions: Diurnal enuresis (6C00.1)

Nocturnal and diurnal enuresis (6C00.2)

Enuresis (6C00)

Nocturnal enuresis (6C00.0)

GC50.0 Overactive bladder

A urological condition characterised by urgency and frequency, as well as the potential for nocturia, which may or may not be accompanied by incontinence.

Exclusions: Diurnal enuresis (6C00.1)

Nocturnal and diurnal enuresis (6C00.2)

Enuresis (6C00)

Nocturnal enuresis (6C00.0)

Coded Elsewhere: Overactive bladder associated with pelvic organ prolapse (GC40.60)

GC50.1 Absent or diminished bladder sensation

A condition of the bladder, caused by lack of muscle tone, dysfunctional or absent innervation, or chronic obstruction. This condition is characterised by a large, dilated bladder and incomplete bladder emptying.

GC50.10 Absent or diminished bladder sensation associated with pelvic organ prolapse

GC50.1Y Other specified absent or diminished bladder sensation

GC50.1Z Absent or diminished bladder sensation, unspecified

GC50.Y Other specified functional bladder disorders, not otherwise specified

GC50.Z Functional bladder disorders, not otherwise specified, unspecified

GC51 Female Genital Mutilation

A condition caused by procedures or other interventions for non-medical purposes. This condition is characterised by the partial or total removal of the external female genitalia or other injury to the female genital organs.

Exclusions: Traumatic amputation of entire vulva (NB93.24)

Traumatic amputation of part of vulva (NB93.25)

GC51.0 Female Genital Mutilation Type 1

Vulvar abnormality caused by partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

GC51.00 Female Genital Mutilation Type 1a

Removal of the clitoral hood or prepuce only.

GC51.01 Female Genital Mutilation Type 1b

Removal of the clitoris with the prepuce.

GC51.0Z Female Genital Mutilation Type 1, unspecified

GC51.1 Female Genital Mutilation Type 2

Vulvar abnormality caused by partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

GC51.10 Female Genital Mutilation Type 2a

Removal of the labia minora only.

GC51.11 Female Genital Mutilation Type 2b

Partial or total removal of the clitoris and the labia minora.

GC51.12 Female Genital Mutilation Type 2c

Partial or total removal of the clitoris, the labia minora and the labia majora.

GC51.1Z Female Genital Mutilation Type 2, unspecified

GC51.2 Female Genital Mutilation Type 3

Vulvar/vaginal abnormality caused by narrowing of the vaginal orifice with a covering seal, as a result from cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

GC51.20 Female Genital Mutilation Type 3a

Removal and apposition of the labia minora.

GC51.21 Female Genital Mutilation Type 3b

Removal and apposition of the labia majora.

GC51.2Z Female Genital Mutilation Type 3, unspecified

GC51.3 Female Genital Mutilation Type 4

All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

GC51.Z Female Genital Mutilation, unspecified

Postprocedural disorders of genitourinary system (GC70‑GC7B)

Any disorder caused by or subsequent to any intervention of the genitourinary system.

Exclusions: Irradiation cystitis (GC00)

States associated with artificial menopause (GA30.3)

Coded Elsewhere: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80-NE8Z)

GC70 Postoperative adhesions of vagina

A condition caused by or subsequent to any vaginal surgery or intervention. This condition is characterised by fibrous bands of scar tissue between the intravaginal tissues (intravaginal adhesions). This condition may also present with pelvic pain and dyspareunia.

GC71 Prolapse of vaginal vault after hysterectomy

A condition of the vagina, caused by or subsequent to hysterectomy. This condition is characterised by descensus of the vaginal vault that may also lead to weakening of the vaginal walls.

GC72 Postprocedural urethral stricture

Urethral stricture caused by catheterization, transurethral manipulations (e.g. transurethral resections), urethral instillations, or irradiation exposure

GC73 Postprocedural pelvic peritoneal adhesions

A condition caused by or subsequent to any pelvic intervention leading to damage and inflammation of the peritoneum. This condition is characterised by fibrous bands of scar tissue and abnormal connection between pelvic organs or tissues. This condition may also present with pelvic pain or bowel obstruction.

Exclusions: Endometriosis (GA10)

GC74 Malfunction or complication of external stoma of urinary tract

A condition caused by a surgically created opening connecting the urinary tract to the external environment. This condition is characterised by dysfunction or decreased function of the incision.

Exclusions: Postsurgical leak (NE81.3)

GC75 Malfunction of the afferent segment of a continent urinary pouch

A condition characterised by the dysfunction or lack of function of a surgically created urine reservoir within the body, specifically along the path by which urine enters the pouch.

GC76 Malfunction of the efferent segment of a continent urinary pouch

A condition characterised by the dysfunction or lack of function of a surgically created urine reservoir within the body, specifically along the path by which urine exits the pouch.

GC77 Postprocedural nonmenstrual uterine bleeding

Uterine bleeding occurring after procedure (i.e. uterine surgery, induced abortion, …)

GC78 Postprocedural acute female pelvic inflammatory disease

GC79 Disorders of breast reduction

GC7A Disorders of breast augmentation

A group of disorders that may arise in concert with or subsequent to the surgical placement of breast implants.

GC7B Postinterventional ischemia or infarction of kidney

This refers to a restriction in blood supply to tissues of the kidney due to a health care intervention causing a shortage of oxygen and glucose needed for cellular metabolism resulting in the death of kidney tissue cells.

GC8Y Other specified diseases of the genitourinary system

GC8Z Diseases of the genitourinary system, unspecified

CHAPTER 17

Conditions related to sexual health

This chapter has 15 four-character categories.

Code range starts with HA00

Coded Elsewhere: Changes in female genital anatomy

Changes in male genital anatomy

Paraphilic disorders (6D30-6D3Z)

Adrenogenital disorders (5A71)

Predominantly sexually transmitted infections (1A60-1A9Z)

Contact with health services for contraceptive management (QA21)

This chapter contains the following top level blocks:

* Sexual dysfunctions
* Sexual pain disorders
* Gender incongruence
* Changes in female genital anatomy
* Changes in male genital anatomy

Sexual dysfunctions (HA00‑HA0Z)

Sexual Dysfunctions are syndromes that comprise the various ways in which adult people may have difficulty experiencing personally satisfying, non-coercive sexual activities. Sexual response is a complex interaction of psychological, interpersonal, social, cultural and physiological processes and one or more of these factors may affect any stage of the sexual response. In order to be considered a sexual dysfunction, the dysfunction must: 1) occur frequently, although it may be absent on some occasions; 2) have been present for at least several months; and 3) be associated with clinically significant distress.

Coded Elsewhere: Sexual dysfunction associated with pelvic organ prolapse (GC42)

HA00 Hypoactive sexual desire dysfunction

Hypoactive Sexual Desire Dysfunction is characterised by absence or marked reduction in desire or motivation to engage in sexual activity as manifested by any of the following: 1) reduced or absent spontaneous desire (sexual thoughts or fantasies); 2) reduced or absent responsive desire to erotic cues and stimulation; or 3) inability to sustain desire or interest in sexual activity once initiated. The pattern of diminished or absent spontaneous or responsive desire or inability to sustain desire or interest in sexual activity has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA00.0 Hypoactive sexual desire dysfunction, lifelong, generalised

The person has always experienced hypoactive sexual desire dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA00.1 Hypoactive sexual desire dysfunction, lifelong, situational

The person has always experienced hypoactive sexual desire dysfunction, from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA00.2 Hypoactive sexual desire dysfunction, acquired, generalised

The onset of hypoactive sexual desire dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA00.3 Hypoactive sexual desire dysfunction, acquired, situational

The onset of hypoactive sexual desire dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA00.Z Hypoactive sexual desire dysfunction, unspecified

HA01 Sexual arousal dysfunctions

Sexual arousal dysfunctions include difficulties with the physiological or the subjective aspects of sexual arousal.

HA01.0 Female sexual arousal dysfunction

Female sexual arousal dysfunction is characterised by absence or marked reduction in response to sexual stimulation in women, as manifested by any of the following: 1) Absence or marked reduction in genital response, including vulvovaginal lubrication, engorgement of the genitalia, and sensitivity of the genitalia; 2) Absence or marked reduction in non-genital responses such as hardening of the nipples, flushing of the skin, increased heart rate, increased blood pressure, and increased respiration rate; 3) Absence or marked reduction in feelings of sexual arousal (sexual excitement and sexual pleasure) from any type of sexual stimulation. The absence or marked reduction in response to sexual stimulation occurs despite the desire for sexual activity and adequate sexual stimulation, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA01.00 Female sexual arousal dysfunction, lifelong, generalised

The person has always experienced female sexual arousal dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.01 Female sexual arousal dysfunction, lifelong, situational

The person has always experienced female sexual arousal dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.02 Female sexual arousal dysfunction, acquired, generalised

The onset of female sexual arousal dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.03 Female sexual arousal dysfunction, acquired, situational

The onset of female sexual arousal dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.0Z Female sexual arousal dysfunction, unspecified

HA01.1 Male erectile dysfunction

Male erectile dysfunction is characterised by inability or marked reduction in the ability in men to attain or sustain a penile erection of sufficient duration or rigidity to allow for sexual activity. The pattern of erectile difficulty occurs despite the desire for sexual activity and adequate sexual stimulation, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

Coding Note: Code also the causing condition

HA01.10 Male erectile dysfunction, lifelong, generalised

The person has always experienced male erectile dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.11 Male erectile dysfunction, lifelong, situational

The person has always experienced male erectile dysfunction from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA01.12 Male erectile dysfunction, acquired, generalised

The onset of male erectile dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA01.13 Male erectile dysfunction, acquired, situational

The onset of male erectile dysfunction has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situation

HA01.1Z Male erectile dysfunction, unspecified

Coding Note: Code also the causing condition

HA01.Y Other specified sexual arousal dysfunctions

HA01.Z Sexual arousal dysfunctions, unspecified

HA02 Orgasmic dysfunctions

Orgasmic dysfunctions refer to difficulties related to the subjective experience of orgasm.

HA02.0 Anorgasmia

Anorgasmia is characterised by the absence or marked infrequency of the orgasm experience or markedly diminished intensity of orgasmic sensations. In women, this includes a marked delay in orgasm, which in men would be diagnosed as Male Delayed Ejaculation. The pattern of absence, delay, or diminished frequency or intensity of orgasm occurs despite adequate sexual stimulation, including the desire for sexual activity and orgasm, has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

Inclusions: Psychogenic anorgasmy

HA02.00 Anorgasmia, lifelong, generalised

The person has always experienced anorgasmia from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA02.01 Anorgasmia, lifelong, situational

The person has always experienced anorgasmia from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA02.02 Anorgasmia, acquired, generalised

The onset of anorgasmia has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA02.03 Anorgasmia, acquired, situational

The onset of anorgasmia has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA02.0Z Anorgasmia, unspecified

HA02.Y Other specified orgasmic dysfunctions

HA02.Z Orgasmic dysfunctions, unspecified

HA03 Ejaculatory dysfunctions

Ejaculatory dysfunctions refer to difficulties with ejaculation in men, including ejaculatory latencies that are experienced as too short (Male early ejaculation) or too long (Male delayed ejaculation).

Coded Elsewhere: Retrograde ejaculation (MF40.3)

HA03.0 Male early ejaculation

Male early ejaculation is characterised by ejaculation that occurs prior to or within a very short duration of the initiation of vaginal penetration or other relevant sexual stimulation, with no or little perceived control over ejaculation. The pattern of early ejaculation has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA03.00 Male early ejaculation, lifelong, generalised

The person has always experienced early ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.01 Male early ejaculation, lifelong, situational

The person has always experienced early ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.02 Male early ejaculation, acquired, generalised

The onset of early ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.03 Male early ejaculation, acquired, situational

The onset of early ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.0Z Male early ejaculation, unspecified

HA03.1 Male delayed ejaculation

Male delayed ejaculation is characterised by an inability to achieve ejaculation or an excessive or increased latency of ejaculation, despite adequate sexual stimulation and the desire to ejaculate. The pattern of delayed ejaculation has occurred episodically or persistently over a period at least several months, and is associated with clinically significant distress.

HA03.10 Male delayed ejaculation, lifelong, generalised

The person has always experienced delayed ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.11 Male delayed ejaculation, lifelong, situational

The person has always experienced delayed ejaculation from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.12 Male delayed ejaculation, acquired, generalised

The onset of delayed ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA03.13 Male delayed ejaculation, acquired, situational

The onset of delayed ejaculation has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA03.1Z Male delayed ejaculation, unspecified

HA03.Y Other specified ejaculatory dysfunctions

HA03.Z Ejaculatory dysfunctions, unspecified

HA0Y Other specified sexual dysfunctions

HA0Z Sexual dysfunctions, unspecified

Sexual pain disorders (HA20‑HA2Z)

Sexual pain disorders refer to marked and persistent or recurrent difficulties related to the experience of pain during sexual activity in adult people, which are not entirely attributable to an underlying medical condition, insufficient lubrication in women, age-related changes, or changes associated with menopause in women and are associated with clinically significant distress.

Inclusions: Psychogenic dyspareunia

Coded Elsewhere: Dyspareunia (GA12)

HA20 Sexual pain-penetration disorder

Sexual pain-penetration disorder is characterised by at least one of the following: 1) marked and persistent or recurrent difficulties with penetration, including due to involuntary tightening or tautness of the pelvic floor muscles during attempted penetration; 2) marked and persistent or recurrent vulvovaginal or pelvic pain during penetration; 3) marked and persistent or recurrent fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of penetration. The symptoms are recurrent during sexual interactions involving or potentially involving penetration, despite adequate sexual desire and stimulation, are not entirely attributable to a medical condition that adversely affects the pelvic area and results in genital and/or penetrative pain or to a mental disorder, are not entirely attributable to insufficient vaginal lubrication or post-menopausal/age-related changes, and are associated with clinically significant distress.

Exclusions: Dyspareunia (GA12)

Pain related to vulva, vagina or pelvic floor (GA34.0)

HA20.0 Sexual pain-penetration disorder, lifelong, generalised

The person has always experienced genito-pelvic pain or penetration disorder from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA20.1 Sexual pain-penetration disorder, lifelong, situational

The person has always experienced genito-pelvic pain or penetration disorder from the time of initiation of relevant sexual activity and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA20.2 Sexual pain-penetration disorder, acquired, generalised

The onset of genito-pelvic pain or penetration disorder has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in all circumstances, including masturbation.

HA20.3 Sexual pain-penetration disorder, acquired, situational

The onset of genito-pelvic pain or penetration disorder has followed a period of time during which the person did not experience it and the desired response is currently absent or diminished in some circumstances, with some partners, or in response to some stimuli, but not in other situations.

HA20.Z Sexual pain-penetration disorder, unspecified

HA2Y Other specified sexual pain disorders

HA2Z Sexual pain disorders, unspecified

HA40 Aetiological considerations in sexual dysfunctions and sexual pain disorders

HA40.0 Aetiological considerations associated with a medical condition, injury, or the effects of surgery or radiation treatment

This category should be assigned when there is evidence that an underlying or co-occurring health condition, including hormonal, neurological, and vascular conditions, injuries, and consequences of surgical or radiation treatment is an important contributing factor to a Sexual Dysfunction or a Sexual Pain Disorder. In such cases, the diagnosis corresponding to the underlying or co-occurring health condition should also be assigned. However, underlying or contributory mental disorders should be noted using the qualifier ‘Associated with psychological and behavioural factors, including mental disorders’, rather than using with this category.

HA40.1 Aetiological considerations associated with psychological or behavioural factors, including mental disorders

This category should be assigned when psychological and behavioural factors or symptoms are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Examples include low self-esteem, negative attitudes toward sexual activity, adverse past sexual experiences, and behavioural patterns such as poor sleep hygiene and overwork. Depressive, anxiety, or cognitive symptoms as well as other symptoms of Mental, Behavioural, or Neurodevelopmental Disorders may also interfere with sexual functioning. If the symptoms reach the level of constituting a diagnosable Mental and Behavioural Disorder and the Sexual Dysfunction or Sexual Pain Disorder is an independent focus of clinical attention, this category should be used and the appropriate Mental and Behavioural Disorder diagnosis should also be assigned. However, underlying or contributory Disorders Due to Substance Use should be noted using the category ‘Associated with use of psychoactive substance or medication’, rather than using this category.

HA40.2 Aetiological considerations associated with use of psychoactive substance or medication

This category should be assigned when there is evidence that the direct physiological effects of a psychoactive substance or medication are an important contributing factor to the Sexual Dysfunction or Sexual Pain Disorder. Examples include selective serotonin reuptake inhibitors, histamine-2 receptor antagonists (e.g., cimetidine), alcohol, opioids, and amphetamines. If the diagnostic requirements for a Disorder Due to Substance Use are met, the appropriate Disorder Due to Substance Use diagnosis should also be assigned.

HA40.3 Aetiological considerations associated with lack of knowledge or experience

This category should be assigned when, in the clinician’s judgment, the individual’s lack of knowledge or experience of her or his own body, sexual functioning, and sexual response is an important contributing factor to the Sexual Dysfunction or Sexual Pain Disorder. This includes inaccurate information or myths about sexual functioning.

HA40.4 Aetiological considerations associated with relationship factors

This category should be assigned when, in the clinician’s judgment, relationship factors are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Examples include relationship conflict or lack of romantic attachment. This category may also be used when the Sexual Dysfunction or Sexual Pain Disorder is associated with a Sexual Dysfunction or Sexual Pain Disorder in the sexual partner.

HA40.5 Aetiological considerations associated with cultural factors

This category should be assigned when, in the clinician’s judgment, cultural factors are important contributing factors to the Sexual Dysfunction or Sexual Pain Disorder. Cultural factors may influence expectations or provoke inhibitions about the experience of sexual pleasure or other aspects of sexual activity. Other examples include strong culturally shared beliefs about sexual expression, for example a belief that loss of semen can lead to weakness, disease or death.

HA40.Y Other specified aetiological considerations in sexual dysfunctions and sexual pain disorders

Gender incongruence (HA60‑HA6Z)

Gender incongruence is characterised by a marked and persistent incongruence between an individual’s experienced gender and the assigned sex. Gender variant behaviour and preferences alone are not a basis for assigning the diagnoses in this group.

Exclusions: Paraphilic disorders (6D30‑6D3Z)

HA60 Gender incongruence of adolescence or adulthood

Gender Incongruence of Adolescence and Adulthood is characterised by a marked and persistent incongruence between an individual’s experienced gender and the assigned sex, which often leads to a desire to ‘transition’, in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual’s body align, as much as desired and to the extent possible, with the experienced gender. The diagnosis cannot be assigned prior the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Exclusions: Paraphilic disorders (6D30‑6D3Z)

HA61 Gender incongruence of childhood

Gender incongruence of childhood is characterised by a marked incongruence between an individual’s experienced/expressed gender and the assigned sex in pre-pubertal children. It includes a strong desire to be a different gender than the assigned sex; a strong dislike on the child’s part of his or her sexual anatomy or anticipated secondary sex characteristics and/or a strong desire for the primary and/or anticipated secondary sex characteristics that match the experienced gender; and make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex. The incongruence must have persisted for about 2 years. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Exclusions: Paraphilic disorders (6D30‑6D3Z)

HA6Z Gender incongruence, unspecified

HA8Y Other specified conditions related to sexual health

HA8Z Conditions related to sexual health, unspecified

CHAPTER 18

Pregnancy, childbirth or the puerperium

This chapter has 83 four-character categories.

Code range starts with JA00

A group of conditions characterised as occurring during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Coding Note: The codes included in this chapter are to be used for conditions related to or aggravated by the pregnancy, childbirth or by the puerperium (maternal causes or obstetric causes)

Exclusions: Postpartum necrosis of pituitary gland (5A61.0)

Obstetrical tetanus (1C14)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Coded Elsewhere: Gestational trophoblastic diseases

Contact with health services for reasons associated with reproduction (QA20-QA4Z)

This chapter contains the following top level blocks:

* Abortive outcome of pregnancy
* Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium
* Obstetric haemorrhage
* Certain specified maternal disorders predominantly related to pregnancy
* Maternal care related to the fetus, amniotic cavity or possible delivery problems
* Complications of labour or delivery
* Delivery
* Complications predominantly related to the puerperium
* Certain obstetric conditions, not elsewhere classified
* Gestational trophoblastic diseases

Abortive outcome of pregnancy (JA00‑JA0Z)

A group of conditions characterised by pregnancy which does not result in live offspring. These conditions include e.g. abortion, ectopic pregnancy or molar pregnancy.

Exclusions: Continuing pregnancy after abortion of one fetus or more (JA81.1)

JA00 Abortion

JA00.0 Spontaneous abortion

Spontaneous abortion (also referred to as miscarriage) is a spontaneous loss of pregnancy (i.e. embryo or fetus) before 22 completed weeks of gestation. When information on gestational age is unavailable, use birthweight less than 500 grams as the criteria.

Spontaneous abortions (miscarriages) are distinct from cases of induced abortion.

JA00.00 Spontaneous abortion, incomplete, complicated by genital tract or pelvic infection

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence and complicated by genital tract or pelvic infection. This condition is characterised by the incomplete passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.01 Spontaneous abortion, incomplete, complicated by delayed or excessive haemorrhage

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence and complicated by delayed or excessive bleeding. This condition is characterised by incomplete passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.02 Spontaneous abortion, incomplete, complicated by embolism

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence and complicated by embolism. This condition is characterised by incomplete passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.03 Spontaneous abortion, incomplete, with other or unspecified complications

JA00.04 Spontaneous abortion, incomplete, without complication

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence without any associated complications. This condition is characterised by incomplete passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.05 Spontaneous abortion, complete or unspecified, complicated by genital tract or pelvic infection

JA00.06 Spontaneous abortion, complete or unspecified, complicated by delayed or excessive haemorrhage

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence, and complicated by delayed or excessive bleeding. This condition is characterised by non-induced embryonic or fetal death or passage of products of conception prior to 22 weeks' gestation or weighing less than 500 grams.

JA00.07 Spontaneous abortion, complete or unspecified, complicated by embolism

A condition caused by immunological factors, abnormal ovum or uterine body, maternal disease or infection, or cervical incompetence, and complicated by embolism. This condition is characterised by non-induced embryonic or fetal death or passage of products of conception prior to 22 weeks gestation or weighing less than 500 grams.

JA00.08 Spontaneous abortion, complete or unspecified, with other or unspecified complications

JA00.09 Spontaneous abortion, complete or unspecified, without complication

JA00.1 Induced abortion

Induced abortion (also referred to as Artificial termination of pregnancy) is a complete expulsion or extraction from a woman of an embryo or a fetus (irrespective of the duration of the pregnancy), following a deliberate interruption of an ongoing pregnancy by medical or surgical means, which is not intended to result in a live birth. Induced abortions are distinct from cases of spontaneous abortion and stillbirth.

Inclusions: therapeutic abortion

JA00.10 Induced abortion, incomplete, complicated by genital tract or pelvic infection

JA00.11 Induced abortion, incomplete, complicated by delayed or excessive haemorrhage

JA00.12 Induced abortion, incomplete, complicated by embolism

JA00.13 Induced abortion, incomplete, with other or unspecified complications

JA00.14 Induced abortion, incomplete, without complication

JA00.15 Induced abortion, complete or unspecified, complicated by genital tract or pelvic infection

JA00.16 Induced abortion, complete or unspecified, complicated by delayed or excessive haemorrhage

A condition caused by surgical, pharmacological, mechanical, artificial, or other unspecified interventions and complicated by delayed or excessive bleeding. This condition is characterised by termination of pregnancy and intentional embryonic or fetal death with complete or unspecified expulsion of products of conception from the uterus before the fetus is viable.

JA00.17 Induced abortion, complete or unspecified, complicated by embolism

A condition caused by surgical, pharmacological, mechanical, artificial, or other unspecified interventions and complicated by embolism. This condition is characterised by termination of pregnancy and intentional embryonic or fetal death with complete or unspecified expulsion of products of conception from the uterus before the fetus is viable.

JA00.18 Induced abortion, complete or unspecified, with other complication

JA00.19 Induced abortion, complete or unspecified, without complication

JA00.2 Unspecified abortion

JA00.20 Unspecified abortion, incomplete, complicated by genital tract or pelvic infection

JA00.21 Unspecified abortion, incomplete, complicated by delayed or excessive haemorrhage

JA00.22 Unspecified abortion, incomplete, complicated by embolism

JA00.23 Unspecified abortion, incomplete, with other or unspecified complications

JA00.24 Unspecified abortion, incomplete, without complication

JA00.25 Unspecified abortion, complete or unspecified, complicated by genital tract or pelvic infection

JA00.26 Unspecified abortion, complete or unspecified, complicated by delayed or excessive haemorrhage

JA00.27 Unspecified abortion, complete or unspecified, complicated by embolism

JA00.28 Unspecified abortion, complete or unspecified, with other or unspecified complications

JA00.29 Unspecified abortion, complete or unspecified, without complication

JA00.3 Failed attempted abortion

Ongoing pregnancy after medical or surgical interventions which fail to terminate the pregnancy.

Inclusions: failure of attempted induction of abortion

Exclusions: incomplete abortion (JA00.1)

JA00.30 Failed medical abortion, complicated by genital tract or pelvic infection

Medical interventions which fail to terminate the pregnancy and complicated by genital tract and pelvic infection

JA00.31 Failed medical abortion, complicated by delayed or excessive haemorrhage

Medical interventions which fail to terminate the pregnancy and complicated by delayed or excessive haemorrhage

JA00.32 Failed medical abortion, complicated by embolism

Medical interventions which fail to terminate the pregnancy and complicated by delayed or excessive haemorrhage

JA00.33 Failed medical abortion, with other or unspecified complications

Medical interventions which fail to terminate the pregnancy and associated with other and unspecified complications.

JA00.34 Failed medical abortion, without complication

Medical interventions which fail to terminate the pregnancy without any associated complications.

JA00.35 Other or unspecified failed attempted abortion, complicated by genital tract or pelvic infection

JA00.36 Other or unspecified failed attempted abortion, complicated by delayed or excessive haemorrhage

JA00.37 Other or unspecified failed attempted abortion, complicated by embolism

JA00.38 Other or unspecified failed attempted abortion, with other or unspecified complications

JA00.39 Other or unspecified failed attempted abortion, without complication

JA01 Ectopic pregnancy

Any condition characterised by implantation of the embryo outside the endometrium and endometrial cavity during pregnancy.

Inclusions: ruptured ectopic pregnancy

JA01.0 Abdominal pregnancy

A condition characterised by implantation of the embryo within the peritoneal cavity during pregnancy.

Exclusions: Maternal care for viable fetus in abdominal pregnancy (JA86.6)

Delivery of viable fetus in abdominal pregnancy (JB23.3)

JA01.1 Tubal pregnancy

A condition characterised by implantation of the embryo within the fallopian tube (ampullary, isthmus, interstitium) during pregnancy.

Inclusions: Fallopian pregnancy

Tubal abortion

JA01.2 Ovarian pregnancy

A condition characterised by implantation of the embryo within the ovary during pregnancy.

JA01.Y Other specified ectopic pregnancy

JA01.Z Ectopic pregnancy, unspecified

JA02 Molar pregnancy

A condition caused by the over-production of cells arising into the placenta during pregnancy. This condition is characterised by a pregnancy with abnormal placental growth in which the chorionic villi become hydropic, trophoblast proliferation and invasion of the uterine tissue within 10-16 weeks after conception, and a placental mass.

Exclusions: malignant hydatidiform mole (2C75.0)

JA02.0 Complete hydatidiform mole

A condition caused by the over-production of cells arising into the placenta during pregnancy. This condition is characterised by a pregnancy with abnormal placental growth in which the chorionic villi become hydropic, slight to severe trophoblast proliferation and invasion of the uterine tissue within 10-16 weeks after conception, a placental mass, 25-30% theca lutein cysts, 15-20% persistent trophoblastic disease, 50% uterine size for dates, and vaginal bleeding, nausea, or vomiting. This condition leads to an absent fetus.

Inclusions: classical hydatidiform mole

JA02.1 Incomplete or partial hydatidiform mole

A condition caused by the over-production of cells arising into the placenta during pregnancy. This condition is characterised by a pregnancy with abnormal placental growth in which the chorionic villi become hydropic, slight to moderate trophoblast proliferation and invasion of the uterine tissue within 10-16 weeks after conception, a placental mass, theca lutein cysts, 1-5% persistent trophoblastic disease, small uterine size for dates, and vaginal bleeding, nausea, or vomiting. This condition leads to some fetal development and a missed abortion.

JA02.Y Other specified molar pregnancy

JA02.Z Molar pregnancy, unspecified

JA03 Missed abortion

A condition caused by genetic abnormality, abnormal cell division, or poor quality ovum or sperm. This condition is characterised by a failed pregnancy, immature fetal or embryonic death that is not expelled from the uterus for at least 8 weeks, and diminished uterine size. This condition may also present with maternal infection, blood clotting, fetal calcification, and resorption of conception products. Confirmation is by imaging.

Inclusions: Early fetal death with retention of dead fetus

Exclusions: Blighted ovum or nonhydatidiform mole (JA04)

Molar pregnancy (JA02)

JA04 Blighted ovum or nonhydatidiform mole

A condition caused by genetic abnormality, abnormal cell division, or poor quality ovum or sperm. This condition is characterised by a failed pregnancy, implantation of a fertilized egg without development into an embryo, haemorrhage into the decidua, and adjacent tissue necrosis.

Inclusions: Pathological ovum

JA05 Complications following abortion, ectopic or molar pregnancy

Any complication affecting pregnant females, caused by or subsequent to abortion, ectopic, and molar pregnancy.

JA05.0 Genital tract or pelvic infection following abortion, ectopic or molar pregnancy

Exclusions: septic or septicopyaemic embolism (JA05.2)

Urinary tract infection, site not specified (GC08)

JA05.1 Delayed or excessive haemorrhage following abortion, ectopic or molar pregnancy

JA05.2 Embolism following abortion, ectopic or molar pregnancy

JA05.3 Shock following abortion, ectopic or molar pregnancy

Exclusions: septic shock (JA05.0)

JA05.4 Renal failure following abortion, ectopic or molar pregnancy

JA05.5 Metabolic disorders following abortion, ectopic or molar pregnancy

JA05.6 Damage to pelvic organs and tissues following abortion, ectopic or molar pregnancy

JA05.7 Other venous complications following abortion, ectopic or molar pregnancy

JA05.Y Other specified complications following abortion, ectopic or molar pregnancy

JA05.Z Complications following abortion, ectopic or molar pregnancy, unspecified

JA0Z Abortive outcome of pregnancy, unspecified

Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium (JA20‑JA2Z)

Any disorder affecting pregnant females, characterised by excessive systemic fluid build-up, excess serum proteins in the urine, and abnormally elevated blood pressure during pregnancy, childbirth, or the puerperium.

JA20 Pre-existing hypertension complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by previously diagnosed maternal hypertension. This condition is characterised by any complication during pregnancy, childbirth, and the puerperium as a result of a blood pressure reading above 140/90 mmHg prior to the 20th week of pregnancy, or persisting longer than 12 weeks postpartum. Confirmation is by sphygmomanometer.

Exclusions: Pre-eclampsia superimposed on chronic hypertension (JA21)

JA20.0 Pre-existing essential hypertension complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

JA20.1 Pre-existing hypertensive heart disease complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension and associated heart disease. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

Inclusions: Hypertensive heart disease specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

JA20.2 Pre-existing hypertensive renal disease complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by previously diagnosed, or diagnosed within the first 20 weeks, hypertension and associated renal disease. This condition is characterised by blood pressure of 140/90 mmHg or greater, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

JA20.3 Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth or the puerperium

Blood pressure of 140 mm Hg or greater systolic and/or 90 mm Hg or greater diastolic diagnosed preconception or in the first 20 weeks of pregnancy with associated heart and renal disease

Inclusions: Hypertensive heart and renal disease specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

JA20.4 Pre-existing secondary hypertension complicating pregnancy, childbirth or the puerperium

A condition affecting pregnant females, caused by renal disease, endocrine disorders, or tumours. This condition is characterised by blood pressure greater than 140/90 mmHg prior to the 20th week of pregnancy, or persisting longer than 12 weeks postpartum, leading to a complication during pregnancy, childbirth, and the puerperium. Confirmation is by sphygmomanometer.

Inclusions: Secondary hypertension specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

JA20.Y Other specified pre-existing hypertension complicating pregnancy, childbirth or the puerperium

JA20.Z Pre-existing hypertension complicating pregnancy, childbirth or the puerperium, unspecified

JA21 Pre-eclampsia superimposed on chronic hypertension

A condition affecting pregnant females over 20 weeks gestation. This condition is characterised by systolic blood pressure greater than 140mmHg and diastolic greater or equal to 90mmHg on two occasions 4 hours apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction in a female diagnosed with pre-existing hypertension.

Inclusions: Superimposed pre-eclampsia

JA22 Gestational oedema or proteinuria without hypertension

A condition affecting pregnant females, characterised by excessive systemic fluid build-up and serum proteins in the urine, without an abnormally elevated blood pressure induced by pregnancy.

Inclusions: Pregnancy-induced oedema and proteinuria without hypertension

JA22.0 Gestational proteinuria without hypertension

JA22.1 Gestational oedema without hypertension

JA22.2 Gestational oedema with proteinuria without hypertension

The accumulation of fluid and proteinuria due to the physiological alterations of pregnancy in the absence of hypertension

JA23 Gestational hypertension

A condition affecting pregnant females, characterised by systolic blood pressure greater than 140mmHg and/or a diastolic blood pressure greater or equal to 90mmHg on two occasions, 4 hours or more apart. Can be newly diagnosed after 20 weeks gestation or before 1 week postpartum. Confirmation is by measurement of blood pressure, liver and kidney functions test, and urine test.

JA24 Pre-eclampsia

This condition is characterised by systolic blood pressure greater than 140 mmHg and/or diastolic greater or equal to 90 mmHg on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.

Exclusions: Pre-eclampsia superimposed on chronic hypertension (JA21)

JA24.0 Mild to moderate pre-eclampsia

This condition is characterised by systolic blood pressure greater than 140 mmHg and/or diastolic greater or equal to on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.

JA24.1 Severe pre-eclampsia

This condition is characterised by systolic blood pressure greater than 160 mmHg and/or diastolic greater or equal to 110 mmHg on two occasions 4 hours or more apart in the presence of either proteinuria or other new onset maternal organ dysfunction characterised by one thrombocytopenia, elevated serum creatinine or liver transaminases, or neurological conditions or fetal growth restriction.

JA24.2 HELLP syndrome

severe preeclampsia associated with haemolysis, elevated liver enzymes, or low platelets

JA24.Z Pre-eclampsia, unspecified

JA25 Eclampsia

Any condition affecting pregnant females, characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that may occur during pregnancy, labour, or the puerperium.

JA25.0 Eclampsia in pregnancy

This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during pregnancy.

JA25.1 Eclampsia in labour

This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during labour.

JA25.2 Eclampsia in the puerperium

This condition is characterised by seizure or convulsions newly arising in pregnancy. The condition is often associated with pregnancy-induced hypertension, convulsions, seizure, anxiety, epigastric pain, severe headache, blurred vision, proteinuria, and oedema that occurs during the puerperium.

JA25.3 Eclampsia, time period unspecified

Onset of convulsions in a woman with pre-eclampsia not attributable to other causes without a specific onset time.

JA2Z Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium, unspecified

Obstetric haemorrhage (JA40‑JA4Z)

JA40 Haemorrhage in early pregnancy

Exclusions: Abortive outcome of pregnancy (JA00‑JA0Z)

JA40.0 Threatened abortion

A bloody vaginal discharge of bleeding appears through a closed cervical os during the first half of pregnancy.

Inclusions: Haemorrhage specified as due to threatened abortion

JA40.Y Other specified haemorrhage in early pregnancy

JA40.Z Haemorrhage in early pregnancy, unspecified

JA41 Antepartum haemorrhage

Exclusions: Haemorrhage in early pregnancy (JA40)

JA41.0 Antepartum haemorrhage with coagulation defect

JA41.Y Other specified antepartum haemorrhage

JA41.Z Antepartum haemorrhage, unspecified

JA42 Intrapartum haemorrhage

Exclusions: Postpartum haemorrhage (JA43)

Maternal care related to premature separation of placenta (JA8C)

Antepartum haemorrhage (JA41)

Maternal care related to placenta praevia or low lying placenta (JA8B)

JA42.0 Intrapartum haemorrhage with coagulation defect

A condition affecting pregnant females, excluding those caused by abruptio placentae and placenta praevia. This condition is characterised by excessive loss of blood with difficulties in blood clotting factors, after 20 weeks gestation until labour and delivery.

JA42.1 Intrapartum haemorrhage resulting from obstructed labour with uterine rupture

Coding Note: Code also the causing condition

JA42.2 Intrapartum haemorrhage resulting from obstructed labour without mention of uterine rupture

Labour and delivery complicated by intrapartum haemorrhage from obstructed labour due to not otherwise specified causes or without mention of uterine rupture

Coding Note: Code also the causing condition

JA42.Y Other specified intrapartum haemorrhage

JA42.Z Intrapartum haemorrhage, unspecified

JA43 Postpartum haemorrhage

Coding Note: Code also the causing condition

Inclusions: haemorrhage after delivery of fetus or infant

JA43.0 Third-stage haemorrhage

A condition characterised by excessive loss of blood during the third stage of labour for a vaginal delivery. This condition is caused by uterine atony, trauma, retained placenta, or coagulopathy.

Coding Note: Code also the causing condition

Inclusions: third-stage postpartum haemorrhage

JA43.1 Other immediate postpartum haemorrhage

A condition characterised by excessive loss of blood within the first 24 hours after the completion of the third stage of labour for a vaginal delivery (more than 500 millilitres), or after a caesarean section (more than 1000 millilitres). This condition is caused by uterine atony, trauma, retained placenta, or coagulopathy.

Coding Note: Code also the causing condition

JA43.2 Delayed or secondary postpartum haemorrhage

A condition characterised by excessive loss of blood between 24 hours and 12 weeks after delivery. This condition is caused by uterine atony, trauma, retained placenta, or coagulopathy.

Coding Note: Code also the causing condition

JA43.3 Postpartum coagulation defects

A condition characterised by excessive loss of blood following a vaginal or caesarean section delivery. This condition is caused by coagulation defects during the postpartum period.

Coding Note: Code also the causing condition

JA43.4 Postpartum haemorrhage following obstructed labour with uterine rupture

Coding Note: Code also the causing condition

JA43.5 Postpartum haemorrhage following obstructed labour without mention of uterine rupture

Coding Note: Code also the causing condition

JA43.Y Other specified postpartum haemorrhage

Coding Note: Code also the causing condition

JA43.Z Postpartum haemorrhage, unspecified

Coding Note: Code also the causing condition

JA4Z Obstetric haemorrhage, unspecified

Certain specified maternal disorders predominantly related to pregnancy (JA60‑JA6Z)

A group of conditions of the mother which occur during the period of time from conception to delivery (pregnancy).

Exclusions: Maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium (JB63)

Maternal care related to the fetus, amniotic cavity or possible delivery problems (JA80‑JA8Z)

Certain maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium (JB64)

Coded Elsewhere: Pregnancy symptom or complaint (MF34)

JA60 Excessive vomiting in pregnancy

JA60.0 Mild hyperemesis gravidarum

Vomiting occurring during pregnancy responsive to dietary modification and antiemetic treatment

Inclusions: Hyperemesis gravidarum, mild or unspecified, starting before the end of the 22nd week of gestation

Exclusions: Hyperemesis gravidarum with metabolic disturbance (JA60.1)

JA60.1 Hyperemesis gravidarum with metabolic disturbance

Vomiting in pregnancy, not responsive to dietary modification and antiemetic treatment and associated with electrolyte disturbances and acid-base imbalance

JA60.2 Late vomiting of pregnancy

Vomiting occurring after 22 completed weeks of gestation.

Inclusions: Excessive vomiting starting after 22 completed weeks of gestation

JA60.Y Other specified excessive vomiting in pregnancy

JA60.Z Excessive vomiting in pregnancy, unspecified

JA61 Venous complications in pregnancy

Exclusions: Complications following abortion, ectopic or molar pregnancy (JA05)

obstetric pulmonary embolism (JB42.2)

Venous complications in the puerperium (JB41)

JA61.0 Varicose veins of lower extremity in pregnancy

JA61.1 Genital varices in pregnancy

JA61.2 Superficial thrombophlebitis in pregnancy

Inclusions: Thrombophlebitis of legs in pregnancy

JA61.3 Deep phlebothrombosis in pregnancy

JA61.4 Haemorrhoids in pregnancy

A condition affecting females during pregnancy, caused by an increase in intra-abdominal pressure and hormonal changes during pregnancy. This condition is characterised by enlarged and varicosed haemorrhoidal veins in the anus and lower rectum. This condition may also present with itching, burning, painful swellings at the anus, dyschezia or rectal bleeding with bowel movements. Confirmation is by digital or visual examination with an anoscope, proctoscope, or sigmoidoscope of the anal canal and rectum to determine the presence of haemorrhoids.

JA61.5 Cerebral venous thrombosis in pregnancy

Inclusions: Cerebrovenous sinus thrombosis in pregnancy

JA61.Y Other specified venous complications in pregnancy

JA61.Z Venous complications in pregnancy, unspecified

JA62 Infections of genitourinary tract in pregnancy

JA62.0 Infections of kidney in pregnancy

Kidney infections occurring during pregnancy

JA62.1 Infections of bladder in pregnancy

Bladder infections occurring during pregnancy

JA62.2 Infections of urethra in pregnancy

Urethra infections occurring during pregnancy

JA62.3 Infections of other parts of urinary tract in pregnancy

Infections of urinary tract other than kidney, bladder and urethra occurring during pregnancy

JA62.4 Infections of the genital tract in pregnancy

JA62.Y Infections of genitourinary tract in pregnancy, other specified site

JA62.Z Infection of genitourinary tract in pregnancy, site unspecified

JA63 Diabetes mellitus in pregnancy

A condition caused by dysfunctional maternal insulin receptors. This condition is characterised by glucose intolerance with onset or first recognition during pregnancy, with at least one of the following criteria met: fasting plasma glucose greater than or equal to 7.0 millimoles per litre (126 mg/dL); 2-hour plasma glucose greater than or equal to 11.1 millimoles per litre (200 mg/dL) following a 75 gram oral glucose load; random plasma glucose greater than or equal to 11.1 millimoles per litre (200 mg/dL). Confirmation is by an oral glucose tolerance test.

JA63.0 Pre-existing type 1 diabetes mellitus in pregnancy

JA63.1 Pre-existing type 2 diabetes mellitus in pregnancy

JA63.2 Diabetes mellitus arising in pregnancy

Diabetes mellitus arising or diagnosed in pregnancy (per WHO criteria or other national criteria)-Gestational diabetes. Gestational diabetes mellitus is defined as any degree of glucose intolerance with onset or first recognition during pregnancy. The definition applies regardless of whether insulin or only diet modification is used for treatment or whether the condition persists after pregnancy.

JA63.Y Other specified diabetes mellitus in pregnancy

JA63.Z Diabetes mellitus in pregnancy, unspecified

JA64 Malnutrition in pregnancy

A condition caused by ingestion of a diet in which the nutrients are lacking or are in excess.

JA65 Maternal care for other conditions predominantly related to pregnancy

Any reason for encounter to assess (or care for) a mother for other conditions predominantly related to pregnancy.

JA65.0 Liver disorders in pregnancy, childbirth or the puerperium

Any disorder affecting females, characterised by pathological changes to the liver that occur during pregnancy, childbirth, and the puerperium.

Exclusions: Hepatorenal syndrome following labour or delivery (JB44.4)

Viral hepatitis (1E50‑1E5Z)

Coded Elsewhere: HELLP syndrome (JA24.2)

JA65.1 Pregnancy dermatoses

A group of skin disorders which are specific to pregnancy.

Coded Elsewhere: Generalised pustular psoriasis of pregnancy (EA90.40)

JA65.10 Gestational pemphigoid

Gestational pemphigoid (pemphigoid gestationis) is an autoimmune skin disease characterised by pruritic plaques and blister formation on the skin in association with pregnancy or the trophoblastic tumours, hydatiform mole and choriocarcinoma. The exact causes of the disease are unknown but the disease is mediated by auto-antibodies to the hemidesmosome component BP180/BPAg2/collagen XVII. The maternal antibodies may cause short lived disease in the neonate, neonatal pemphigoid gestationis.

This disease is not an infection with herpes virus despite its old name, herpes gestationis.

Exclusions: impetigo herpetiformis (EA90.40)

JA65.11 Pruritus of pregnancy

Pruritus in pregnancy can usually be attributed to a specific cause such as cholestasis, a pregnancy-specific dermatosis such as pruritic urticarial papules and plaques of pregnancy, or to exacerbation of a preexisting inflammatory dermatosis such as atopic eczema. Not uncommonly, however, a specific cause cannot be identified.

Coded Elsewhere: Intrahepatic cholestasis of pregnancy (JA65.0)

JA65.12 Polymorphic eruption of pregnancy

Polymorphic eruption of pregnancy is a dermatosis which occurs almost exclusively in primigravidae or women with multiple pregnancy. It is associated with above average weight gain in pregnancy and it is thought that distension of abdominal skin is important in the pathogenesis: the precise mechanism is not understood. The eruption characteristically first appears in the third trimester of pregnancy as intensely itchy erythematous urticarial papules and plaques in and around the abdominal striae distensae. In some women it may then become more generalised. Onset is sometimes delayed until the immediate postpartum period. It does not usually recur in subsequent pregnancies.

JA65.1Y Other specified pregnancy dermatoses

JA65.2 Excessive weight gain in pregnancy

Any reason for encounter to assess (or care for) a mother for excessive weight gain during pregnancy.

Exclusions: Gestational oedema without hypertension (JA22.1)

JA65.3 Low weight gain in pregnancy

Any reason for encounter to assess (or care for) a mother for low weight gain during pregnancy.

JA65.4 Pregnancy care of habitual aborter

Any reason for encounter to assess (or care for) a mother who has a history of habitual aborting.

Exclusions: habitual aborter with current abortion (JA00‑JA0Z)

habitual aborter without current pregnancy (GA33)

JA65.5 Retained intrauterine contraceptive device in pregnancy

Any reason for encounter to assess (or care for) a mother with a retained intrauterine contraceptive device during pregnancy.

Exclusions: Retained intrauterine device without injury or harm in non-pregnant uterus (QA21.60)

JA65.6 Maternal hypotension syndrome

Any reason for encounter to assess a mother for low blood pressure during pregnancy.

Inclusions: Supine hypotensive syndrome

JA65.7 Subluxation of symphysis pubis in pregnancy, childbirth or the puerperium

Any reason for encounter to assess (or care for) a mother for subluxation of pubis symphysis during pregnancy.

Exclusions: traumatic separation of symphysis (pubis) during childbirth (JB0A.7)

JA65.Y Maternal care for other specified conditions predominantly related to pregnancy

JA65.Z Maternal care for unspecified conditions predominantly related to pregnancy

JA66 Clinical findings on antenatal screening of mother

Any sign characterised by an abnormality detected during an antenatal screening of the mother.

Exclusions: Maternal care related to the fetus, amniotic cavity or possible delivery problems (JA80‑JA8Z)

JA66.0 Abnormal haematological finding on antenatal screening of mother

A sign characterised by an abnormality detected by haematology during an antenatal screening of the mother.

JA66.1 Abnormal biochemical finding on antenatal screening of mother

A sign characterised by an abnormality detected by biochemistry during an antenatal screening of the mother.

JA66.2 Abnormal cytological finding on antenatal screening of mother

A sign characterised by an abnormality detected by cytology during an antenatal screening of the mother.

JA66.3 Abnormal ultrasonic finding on antenatal screening of mother

A sign characterised by an abnormality detected by ultrasound during an antenatal screening of the mother.

JA66.4 Abnormal radiological finding on antenatal screening of mother

A sign characterised by an abnormality detected by radiology during an antenatal screening of the mother.

JA66.5 Abnormal chromosomal or genetic finding on antenatal screening of mother

A sign characterised by a chromosomal or genetic abnormality detected during an antenatal screening of the mother.

JA66.Y Other specified clinical findings on antenatal screening of mother

JA66.Z Clinical findings on antenatal screening of mother, unspecified

JA67 Complications of anaesthesia during pregnancy

Exclusions: Complications of anaesthesia during the puerperium (JB43)

Complications of anaesthesia during labour or delivery (JB0C)

complications of anaesthesia during: abortion or ectopic or molar pregnancy (JA00‑JA0Z)

JA67.0 Pulmonary complications of anaesthesia during pregnancy

JA67.1 Cardiac complications of anaesthesia during pregnancy

JA67.2 Central nervous system complications of anaesthesia during pregnancy

JA67.3 Toxic reaction to local anaesthesia during pregnancy

A condition affecting females during pregnancy, caused by the properties or the concentration of the anaesthetic agent, or patient factors. This condition is characterised by a local or systemic toxic reaction leading to malfunctioning or failure of the neurovascular, central nervous, respiratory or cardiovascular systems with onset between 30 seconds and 60 minutes after administration of an anaesthetic.

JA67.4 Spinal or epidural anaesthesia-induced headache during pregnancy

A condition affecting females during pregnancy, caused by the administration of spinal and epidural anaesthesia. This condition is characterised by cephalgia during pregnancy.

JA67.5 Failed or difficult intubation during pregnancy

A condition affecting females during pregnancy, caused by physiological, pathophysiological, or psychological factors that aggravate the tissues necessary to secure the tube. This condition is characterised by a difficulty or inability to insert a tube into an external or internal orifice of the body during pregnancy.

JA67.6 Awareness under general anaesthesia during pregnancy

JA67.Y Other specified complications of anaesthesia during pregnancy

JA67.Z Complications of anaesthesia during pregnancy, unspecified

JA6Z Maternal disorders predominantly related to pregnancy, unspecified

Maternal care related to the fetus, amniotic cavity or possible delivery problems (JA80‑JA8Z)

A group of conditions characterised by the provision of health interventions to the mother due to conditions associated with the fetus, the amniotic cavity, or to issues associated with labour and delivery.

JA80 Maternal care related to multiple gestation

Exclusions: Maternal care related to complications specific to multiple gestation (JA81)

JA80.0 Twin pregnancy

JA80.1 Triplet pregnancy

JA80.2 Quadruplet pregnancy

JA80.Y Maternal care related to other specified multiple gestation

JA80.Z Maternal care related to unspecified multiple gestation

JA81 Maternal care related to complications specific to multiple gestation

Exclusions: Delayed delivery of successive neonates (JB03.2)

conjoined twins causing disproportion (JA83)

Obstructed labour due to malposition or malpresentation of fetus (JB04)

Maternal care for multiple gestation with malpresentation of one fetus or more (JA82.5)

Obstructed labour due to maternal pelvic abnormality (JB05)

Obstructed labour due to other causes (JB06)

JA81.0 Papyraceous fetus

Inclusions: Fetus compressus

JA81.1 Continuing pregnancy after abortion of one fetus or more

JA81.2 Continuing pregnancy after intrauterine death of one fetus or more

JA81.3 Loss of pregnancy after abortion or intrauterine death of one fetus or more

JA81.Y Other specified maternal care related to complications specific to multiple gestation

JA81.Z Maternal care related to complications specific to multiple gestation, unspecified

JA82 Maternal care for known or suspected malpresentation of fetus

Care provided for the pregnant female for incorrect position or orientation of the fetus at near term or during labour, determined by its relation to the spine of the mother and the birth canal.

Exclusions: Obstructed labour due to malposition or malpresentation of fetus (JB04)

JA82.0 Maternal care for unstable lie

JA82.1 Maternal care for breech presentation

JA82.2 Maternal care for transverse or oblique lie

JA82.3 Maternal care for face, brow or chin presentation

JA82.4 Maternal care for high head at term

Inclusions: Failure of head to enter pelvic brim

JA82.5 Maternal care for multiple gestation with malpresentation of one fetus or more

JA82.6 Maternal care for compound presentation

JA82.Y Maternal care for known or suspected other specified malpresentation of fetus

JA82.Z Maternal care for known or suspected malpresentation of fetus, unspecified

JA83 Maternal care for known or suspected disproportion

A condition characterised by the provision of health interventions to the mother due to the situation in which the head or body of the fetus is too large to fit through the pelvis of the mother.

Exclusions: Obstructed labour due to maternal pelvic abnormality (JB05)

Obstructed labour due to other causes (JB06)

JA83.0 Maternal care for disproportion due to deformity of maternal pelvic bones

JA83.1 Maternal care for disproportion due to generally contracted pelvis

JA83.2 Maternal care for disproportion due to inlet contraction of pelvis

JA83.3 Maternal care for disproportion due to outlet contraction of pelvis

JA83.4 Maternal care for disproportion of mixed maternal and fetal origin

JA83.5 Maternal care for disproportion due to unusually large fetus

JA83.6 Maternal care for disproportion due to hydrocephalic fetus

JA83.Y Maternal care for known or suspected other specified disproportion

JA83.Z Maternal care for known or suspected disproportion, unspecified

JA84 Maternal care for known or suspected abnormality of pelvic organs

A condition characterised by the provision of health interventions to the mother due to some abnormality that is either suspected or known to be present in one or more of her pelvic organs.

Exclusions: Obstructed labour due to maternal pelvic abnormality (JB05)

JA84.0 Maternal care for congenital malformation of uterus

Care provided for the pregnant female necessary due to malformation of the pregnant female's uterus present at or before the time of birth.

JA84.1 Maternal care for tumour of corpus uteri

Care provided for the pregnant female necessary due to the presence of a uterine tumour at the time of pregnancy.

Exclusions: maternal care for tumour of cervix (JA84)

JA84.2 Maternal care due to uterine scar from previous surgery

Inclusions: Maternal care for scar from prior uterine surgery

Exclusions: Vaginal delivery following previous caesarean section (JB0D.6)

JA84.3 Maternal care for cervical incompetence

JA84.4 Maternal care for abnormality of vagina

Care provided for the pregnant female necessary due to some abnormality of the vagina.

Exclusions: maternal care for vaginal varices in pregnancy (JA61.1)

JA84.5 Maternal care for abnormality of vulva or perineum

Exclusions: maternal care for perineal and vulval varices in pregnancy (JA61.1)

JA84.Y Maternal care for known or suspected other specified abnormality of pelvic organs

JA84.Z Maternal care for known or suspected abnormality of pelvic organs, unspecified

JA85 Maternal care for known or suspected fetal abnormality or damage

A condition characterised by the provision of health interventions to the mother due to some abnormality or damage that is either suspected or known to be present in the fetus.

Exclusions: Maternal care for known or suspected disproportion (JA83)

JA85.0 Maternal care for known or suspected central nervous system malformation in fetus

Exclusions: Maternal care for known or suspected chromosomal abnormality in fetus (JA85.1)

JA85.1 Maternal care for known or suspected chromosomal abnormality in fetus

JA85.2 Maternal care for known or suspected hereditary disease in fetus

Exclusions: Maternal care for known or suspected chromosomal abnormality in fetus (JA85.1)

JA85.3 Maternal care for known or suspected damage to fetus from viral disease in mother

JA85.Y Maternal care for known or suspected other specified fetal abnormality or damage

JA85.Z Maternal care for known or suspected fetal abnormality or damage, unspecified

JA86 Maternal care for other known or suspected fetal problems

A condition characterised by the provision of health interventions to the mother due to any other issue that is either suspected or known to be present in the fetus.

Exclusions: Labour or delivery complicated by fetal distress (JB07)

Placental transfusion syndromes (JA8A.0)

JA86.0 Maternal care for red cell antibodies

Maternal care for rhesus or other isoimmunization

JA86.1 Maternal care for hydrops fetalis

JA86.2 Maternal care for signs of fetal hypoxia

JA86.3 Maternal care for intrauterine death

Exclusions: Missed abortion (JA03)

JA86.4 Maternal care for fetal growth restriction

JA86.5 Maternal care for suspected macrosomia

Inclusions: Maternal care for known or suspected large-for-dates

JA86.6 Maternal care for viable fetus in abdominal pregnancy

JA86.Y Maternal care for other specified fetal problems

JA86.Z Maternal care for other known or suspected fetal problems, unspecified

JA87 Maternal care related to polyhydramnios

Excessive amniotic fluid normally diagnosed on ultrasound either subjectively using either single deepest vertical pocket of greater or equal to 8 cm and/or amniotic fluid index greater or equal to 24 cm.

Inclusions: Hydramnios

JA88 Maternal care related to certain specified disorders of amniotic fluid or membranes

Exclusions: Maternal care related to premature rupture of membranes (JA89)

JA88.0 Oligohydramnios

JA88.1 Infection of amniotic sac or membranes

JA88.Y Other specified disorders of amniotic fluid and membranes

JA88.Z Disorders of amniotic fluid and membranes, unspecified

JA89 Maternal care related to premature rupture of membranes

Spontaneous rupture of fetal membranes before the onset of labour.

JA89.0 Premature rupture of membranes, onset of labour within 24 hours

JA89.1 Premature rupture of membranes, onset of labour after 24 hours

Exclusions: Premature rupture of membranes, labour delayed by therapy (JA89.2)

JA89.2 Premature rupture of membranes, labour delayed by therapy

JA89.3 Preterm premature rupture of membranes

JA89.Y Other specified maternal care related to premature rupture of membranes

JA89.Z Maternal care related to premature rupture of membranes, unspecified

JA8A Maternal care related to placental disorders

Exclusions: Maternal care related to premature separation of placenta (JA8C)

Maternal care related to placenta praevia or low lying placenta (JA8B)

maternal care for poor fetal growth due to placental insufficiency (JA86.4)

JA8A.0 Placental transfusion syndromes

JA8A.1 Malformation of placenta

JA8A.2 Morbidly adherent placenta

JA8A.Y Other specified maternal care related to placental disorders

JA8A.Z Maternal care related to placental disorders, unspecified

JA8B Maternal care related to placenta praevia or low lying placenta

A placenta that is implanted over or very near the internal cervical os--total, partial, marginal, low-lying placenta

JA8B.0 Placenta praevia specified as without haemorrhage

Inclusions: low implantation of placenta specified as without haemorrhage

JA8B.1 Placenta praevia with haemorrhage

Exclusions: labour and delivery complicated by haemorrhage from vasa praevia (JB08.3)

JA8B.Z Maternal care related to placenta praevia or low lying placenta, unspecified

JA8C Maternal care related to premature separation of placenta

JA8C.0 Premature separation of placenta with coagulation defect

JA8C.Y Other specified maternal care related to premature separation of placenta

JA8C.Z Maternal care related to premature separation of placenta, unspecified

JA8D Maternal care related to false labour

Contractions suggestive of labour but which do not lead to cervical dilatation.

JA8D.0 False labour before 37 completed weeks of gestation

JA8D.1 False labour at or after 37 completed weeks of gestation

JA8D.Z Maternal care related to false labour, unspecified

JA8E Maternal care related to prolonged pregnancy

Pregnancy that has exceeded a duration of 42 weeks from the last menstrual period.

Inclusions: Post-term

JA8Y Maternal care related to other specified fetus, amniotic cavity or possible delivery problems

JA8Z Maternal care related to unspecified fetus, amniotic cavity or possible delivery problems

Complications of labour or delivery (JB00‑JB0Z)

Any complication characterised by the adverse evolution of a condition that arises during any one of the three stages of labour and delivery.

JB00 Preterm labour or delivery

A condition characterised by the onset of labour and delivery before 37 completed weeks.

Assign an additional extension code, if desired, for Duration of pregnancy.

JB00.0 Preterm labour without delivery

A condition characterised by the onset of labour before 37 completed weeks, without delivery.

JB00.1 Preterm spontaneous labour with preterm delivery

A condition characterised by the spontaneous onset of labour and delivery before 37 completed weeks.

JB00.2 Preterm labour with term delivery

A condition characterised by the spontaneous onset of labour before 37 completed weeks followed by a delivery after 39 weeks.

JB00.3 Preterm delivery following iatrogenic induction of labour or caesarean section

JB00.Y Other specified preterm labour or delivery

JB00.Z Preterm labour or delivery, unspecified

JB01 Failed induction of labour

A condition characterised by a failed attempt to stimulate contractions before the spontaneous onset of labour. This condition may occur with or without ruptured membranes.

JB01.0 Failed medical induction of labour

A condition characterised by a failed attempt to stimulate contractions pharmacologically before the spontaneous onset of labour. This condition may occur with or without ruptured membranes.

JB01.1 Failed instrumental induction of labour

A condition characterised by a failed attempt to instrumentally stimulate contractions before the spontaneous onset of labour. This condition may occur with or without ruptured membranes.

JB01.Z Failed induction of labour, unspecified

JB02 Abnormalities of forces of labour

Any condition affecting pregnant females, characterised by an anomaly or dysfunction to the tissues or processes associated with the natural progression of labour. These conditions may lead to further complications during labour and childbirth.

JB02.0 Primary uterine inertia

A condition affecting pregnant females characterised by insufficiently strong or inappropriately coordinated rhythmic activity of the myometrium during labour to efface and dilate the cervix.

Inclusions: Primary hypotonic uterine dysfunction

Uterine inertia during latent phase of labour

Primary inadequate contractions

JB02.1 Secondary uterine inertia

A condition affecting pregnant females that is idiopathic. This condition is characterised by vigorous contractions that decrease in vigour due to exhaustion or dehydration of the individual. This condition leads to lack of labour progress.

Inclusions: Secondary hypotonic uterine dysfunction

Arrested active phase of labour

JB02.2 Other uterine inertia

A condition affecting pregnant females that is idiopathic. This condition is characterised by the absence of effective uterine contractions during labour and abnormal relaxation of the uterus during labour. This condition leads to lack of labour progress or uterine haemorrhage.

Inclusions: Atony of uterus, during labour

Exclusions: atony of uterus, postpartum (JA43.1)

JB02.3 Precipitate labour

A condition affecting pregnant females that is idiopathic. This condition is characterised by rapid labour and the lack of time for standard obstetric preparations or procedures leading to the delivery of the newborn. This condition leads to vaginal bleeding, frequent strong contractions, feelings of defecation, crowning of the fetus head at the vaginal introitus, or bulging of the amniotic sac.

JB02.4 Hypertonic, incoordinate, or prolonged uterine contractions

A condition affecting pregnant females that is idiopathic. This condition is characterised by uterine dysfunction leading to hypertonic, uncoordinated, and prolonged rhythmic activity of the myometrium during labour.

Exclusions: dystocia (fetal)(maternal) NOS (JB06)

JB02.Y Other specified abnormalities of forces of labour

JB02.Z Abnormalities of forces of labour, unspecified

JB03 Long labour

Any condition characterised by a longer than average parturition between the initiation of regular, rhythmic, and painful contractions and cervical dilation, to the delivery of the placenta.

JB03.0 Prolonged first stage of labour

The first stage of labour where cervical dilatation progresses less than 1 centimetre per hour for a minimum of 4 hours. Protracted descent is less than 1 centimetre per hour for nulliparas and less than 2 centimetre per hour for multiparas.

JB03.1 Prolonged second stage of labour

The fetus has not been delivered after the cervix has become fully dilated within 2 hours for a primipara, or 1 hour for a multipara. Presence of regional anaesthesia will add 1 hour.

JB03.2 Delayed delivery of successive neonates

A condition affecting pregnant females, characterised by the delayed spontaneous or caesarean section delivery of the successive neonates in a multiple delivery.

JB03.Z Long labour, unspecified

JB04 Obstructed labour due to malposition or malpresentation of fetus

A condition affecting pregnant females, caused by the abnormal position of fetal head or the abnormal presentation of the fetus away from the fetal head in vertex.

JB04.0 Obstructed labour due to incomplete rotation of fetal head

JB04.1 Obstructed labour due to breech presentation

JB04.2 Obstructed labour due to face presentation

JB04.3 Obstructed labour due to brow presentation

JB04.4 Obstructed labour due to shoulder presentation

Inclusions: Prolapsed arm

Exclusions: Obstructed labour due to shoulder dystocia (JB06.0)

impacted shoulders (JB06.0)

JB04.5 Obstructed labour due to compound presentation

JB04.Y Obstructed labour due to other malposition and malpresentation of fetus

JB04.Z Obstructed labour due to malposition or malpresentation of fetus, unspecified

JB05 Obstructed labour due to maternal pelvic abnormality

Obstructed labour means that, in spite of strong contractions of the uterus, the fetus cannot descend through the pelvis because there is an insurmountable barrier preventing its descent. Obstruction usually occurs at the pelvic brim, but occasionally it may occur in the cavity or at the outlet of the pelvis. Complications resulting from obstructed labour can be avoided if a woman in obstructed labour is identified early and appropriate action is taken.

JB05.0 Obstructed labour due to deformed pelvis

JB05.1 Obstructed labour due to generally contracted pelvis

JB05.2 Obstructed labour due to pelvic inlet contraction

JB05.3 Obstructed labour due to pelvic outlet or mid-cavity contraction

JB05.4 Obstructed labour due to foetopelvic disproportion, unspecified

Exclusions: dystocia due to abnormality of fetus (JB06)

JB05.5 Obstructed labour due to abnormality of maternal pelvic organs

Inclusions: Obstructed labour due to maternal care for known or suspected abnormality of pelvic organs

JB05.Y Obstructed labour due to other maternal pelvic abnormalities

JB05.Z Obstructed labour due to maternal pelvic abnormality, unspecified

JB06 Obstructed labour due to other causes

Any other condition characterised by the inability of the presenting part of the fetus to progress into the birth canal for any reason.

JB06.0 Obstructed labour due to shoulder dystocia

Inclusions: Impacted shoulders

JB06.1 Obstructed labour due to locked twins

JB06.2 Obstructed labour due to unusually large fetus

JB06.3 Obstructed labour due to other abnormalities of fetus

JB06.Y Obstructed labour due to other specified causes

JB06.Z Obstructed labour due to unspecified causes

JB07 Labour or delivery complicated by fetal distress

JB07.0 Labour or delivery complicated by fetal heart rate anomaly

A condition characterised by an abnormal fetal heart rate. This condition leads to further difficulties and complications during labour and delivery. Confirmation is by Doppler ultrasound.

Exclusions: Labour or delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid (JB07)

JB07.1 Labour or delivery complicated by meconium in amniotic fluid

A condition characterised by complications during labour and delivery that is caused by meconium in amniotic fluid.

Exclusions: Labour or delivery complicated by fetal heart rate anomaly with meconium in amniotic fluid (JB07)

JB07.2 Labour or delivery complicated by biochemical evidence of fetal stress

A condition characterised by complications during labour and delivery that is caused by biochemical evidence of fetal distress. Confirmation is by a fetal blood sample from a scalp prick through the open cervix during labour.

JB07.Y Other specified labour or delivery complicated by fetal distress

JB07.Z Labour or delivery complicated by fetal distress, unspecified

JB08 Labour or delivery complicated by umbilical cord complications

JB08.0 Labour or delivery complicated by prolapse of cord

A condition characterised by complications during labour and delivery that is caused by umbilical cord prolapse.

JB08.1 Labour or delivery complicated by cord around neck, with compression

A condition characterised by complications during labour and delivery that is caused by wrapping of the umbilical cord around the neck of the fetus, with compression.

JB08.2 Labour or delivery complicated by short cord

A condition characterised by complications during labour and delivery that is caused by a short umbilical cord.

JB08.3 Labour or delivery complicated by vasa praevia

A condition characterised by complications during labour and delivery that is caused when the umbilical vessels traverse the membranes of the internal cervical os.

Inclusions: Haemorrhage from vasa praevia

JB08.4 Labour or delivery complicated by vascular lesion of cord

A condition characterised by complications during labour and delivery that is caused by vascular lesion of the umbilical cord.

JB08.5 Labour or delivery complicated by other cord entanglement, with compression

JB08.Y Labour and delivery complicated by other specified umbilical cord complications

JB08.Z Labour or delivery complicated by umbilical cord complications, unspecified

JB09 Perineal laceration during delivery

An injury characterised by a laceration to the maternal perineum during delivery.

Inclusions: episiotomy extended by laceration

JB09.0 First degree perineal laceration during delivery

Perineal lacerations involving the fourchette, perineal skin, and vaginal mucous membrane but not the underlying fascia and muscle.

JB09.1 Second degree perineal laceration during delivery

Perineal lacerations involve, in addition, the fascia and muscles of the perineal body but not the anal sphincter.

Exclusions: that involving anal sphincter (JB09.2)

JB09.2 Third degree perineal laceration during delivery

Perineal lacerations extending farther to involve the anal sphincter.

Exclusions: that involving anal or rectal mucosa (JB09.3)

JB09.3 Fourth degree perineal laceration during delivery

Perineal lacerations extending through the rectum's mucosa to expose its lumen.

JB09.Z Perineal laceration during delivery, unspecified

JB0A Certain specified obstetric trauma

Any injury characterised by maternal trauma. These injuries are caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

Coded Elsewhere: Vesicovaginal fistula (GC04.10)

Urethrovaginal fistula (GC04.14)

Combined urethrovesicovaginal fistula (GC04.15)

Vesicouterine fistula with severe scar or extensive tissue loss (GC04.17)

Other combined urinary fistula with severe scar or extensive tissue loss (GC04.18)

Rectovaginal fistula (GC04.16)

Combined urinary and rectal fistula including cloaca with severe scar or extensive tissue loss (GC04.19)

Vaginal stenosis or gynatresia related to obstetric fistula (GC04.1A)

Obstetric Fistula (GC04.1Z)

JB0A.0 Rupture of uterus before onset of labour

An injury characterised by rupture of the myometrial wall of the uterus before the onset of labour. This injury is caused by pregnancy. This injury presents with abdominal pain, haemorrhage, or hypovolemic shock in the mother, or late decelerations, reduced variability, tachycardia, or bradycardia in the fetus.

JB0A.1 Rupture of uterus during labour

An injury characterised by rupture of the myometrial wall of the uterus during labour. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery. This injury presents with abdominal pain, haemorrhage, or hypovolemic shock in the mother, or late decelerations, reduced variability, tachycardia, or bradycardia in the fetus.

Inclusions: Rupture of uterus not stated as occurring before onset of labour

JB0A.2 Postpartum inversion of uterus

An injury characterised by uterine inversion and prolapse through the dilated cervix that occurs after the delivery of a neonate. This condition is caused by or subsequent to labour and delivery, commonly as a result of excessive fundal pressure or cord traction. This condition presents with postpartum haemorrhage.

JB0A.3 Obstetric laceration of cervix

An injury characterised by a laceration to the cervix. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

JB0A.4 Obstetric high vaginal laceration

An injury characterised by a laceration in the upper third area of the vagina. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

Inclusions: Laceration of vaginal wall without mention of perineal laceration

high vaginal obstetrical instrument injury

JB0A.5 Obstetric uterine laceration or tear

JB0A.6 Other obstetric injury to pelvic organs

Any injury characterised by damage to the maternal pelvic organs. These injuries are caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

JB0A.7 Obstetric damage to pelvic joints or ligaments

An injury characterised by damage to the pelvic joints and ligaments. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery.

JB0A.8 Obstetric haematoma of pelvis

An injury characterised by a collection of extravasated blood trapped in the pelvic tissues. This injury is caused by or subsequent to the process of (or any intervention related to) pregnancy, or labour and delivery. This condition may also present with bruising or blood clots in the pelvic area.

JB0A.Y Other specified obstetric trauma

JB0A.Z Obstetric trauma, unspecified

JB0B Retained placenta or membranes, without haemorrhage

A condition characterised by a placenta or membranes that have not been expelled from the uterus during the third stage of labour and up to 30 minutes following delivery, and without haemorrhage. This condition is caused by uterine atony, a trapped placenta, or a placenta accreta. This condition may lead to primary postpartum haemorrhage or infection.

JB0B.0 Retained placenta without haemorrhage

A condition characterised by a placenta that has not been expelled from the uterus during the third stage of labour and up to 30 minutes following delivery, and without haemorrhage. This condition is caused by uterine atony, a trapped placenta, or a placenta accreta. This condition may lead to primary postpartum haemorrhage or infection.

Coding Note: Code also the causing condition

JB0B.1 Retained portions of placenta or membranes, without haemorrhage

A condition characterised by portions of a placenta and membranes that have not been expelled from the uterus during the third stage of labour and up to 30 minutes following delivery, and without haemorrhage. This condition is caused by uterine atony, a trapped placenta, or a placenta accreta. This condition may lead to primary postpartum haemorrhage or infection.

Coding Note: Code also the causing condition

JB0C Complications of anaesthesia during labour or delivery

Any complication caused by or subsequent to any anaesthetic intervention used during labour and delivery.

Inclusions: maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during labour and delivery

Exclusions: Complications of anaesthesia during pregnancy (JA67)

Complications of anaesthesia during the puerperium (JB43)

JB0C.0 Aspiration pneumonitis due to anaesthesia during labour or delivery

Massive gastric inhalation causing pulmonary insufficiency from aspiration pneumonitis due to anaesthesia during labour and delivery.

Inclusions: Mendelson syndrome due to anaesthesia during labour and delivery

JB0C.1 Other pulmonary complications of anaesthesia during labour or delivery

JB0C.2 Cardiac complications of anaesthesia during labour or delivery

JB0C.3 Central nervous system complications of anaesthesia during labour or delivery

JB0C.4 Toxic reaction to local anaesthesia during labour or delivery

JB0C.5 Spinal or epidural anaesthesia-induced headache during labour or delivery

JB0C.6 Other complications of spinal or epidural anaesthesia during labour or delivery

JB0C.7 Failed or difficult intubation during labour or delivery

JB0C.8 Awareness under general anaesthesia during labour or delivery

JB0C.Y Other specified complications of anaesthesia during labour or delivery

JB0C.Z Complications of anaesthesia during labour or delivery, unspecified

JB0D Certain specified complications of labour or delivery, not elsewhere classified

Exclusions: Infections in the puerperium (JB40)

Puerperal sepsis (JB40.0)

JB0D.0 Maternal distress during labour or delivery

A condition characterised by maternal anxiety, depression, or stress during labour and delivery.

JB0D.1 Shock during or following labour or delivery

A syndrome characterised by systemic cellular hypoxia and organ dysfunction as a result of hypoperfusion following labour and delivery. This syndrome is caused by haemorrhage, vomiting, diarrhoea, inadequate fluid intake, or a systemic inflammatory response to bacteria, endotoxins, or exotoxins.

Inclusions: Obstetric shock

JB0D.2 Pyrexia during labour, not elsewhere classified

A complication characterised by maternal fever during labour, and not elsewhere classified.

JB0D.3 Other complications of obstetric surgery or procedures

Any complication caused by or subsequent to obstetric surgery and procedures, and not elsewhere classified.

Exclusions: Infection of obstetric surgical wound (JB40.1)

Haematoma of obstetric wound (JB44.2)

Complications of anaesthesia during labour or delivery (JB0C)

Disruption of perineal obstetric wound (JB44.1)

JB0D.4 Delayed delivery after artificial rupture of membranes

A complication characterised by a delayed neonatal delivery after the artificial rupture of the membranes.

JB0D.5 Delayed delivery after spontaneous or unspecified rupture of membranes

A complication characterised by a delayed neonatal delivery after the spontaneous or unspecified rupture of the membranes.

Exclusions: spontaneous premature rupture of membranes (JA89)

JB0D.6 Vaginal delivery following previous caesarean section

JB0D.7 Failed application of vacuum extractor or forceps, unspecified

Inclusions: Failed application of ventouse or forceps, with subsequent delivery by forceps or caesarean section respectively

JB0D.8 Failed trial of labour, unspecified

JB0D.Y Other specified complications of labour or delivery, not elsewhere classified

JB0Y Other specified complications of labour or delivery

JB0Z Complications of labour or delivery, unspecified

Delivery (JB20‑JB2Z)

Birth of one or more neonates from the uterus either spontaneously, assisted, or by caesarean section.

Exclusions: Disorders of newborn related to length of gestation or fetal growth (KA20‑KA2Z)

JB20 Single spontaneous delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by spontaneous parturition of a neonate from the uterus.

Inclusions: delivery in a completely normal case

JB20.0 Spontaneous vertex delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by spontaneous parturition of a neonate in vertex position from the uterus.

JB20.1 Spontaneous breech delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by spontaneous parturition of a neonate in breech position from the uterus.

JB20.Y Single spontaneous delivery with other specified presentation

JB20.Z Single spontaneous delivery, unspecified

JB21 Single delivery by forceps or vacuum extractor

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate from the uterus using forceps and vacuum extractor to assist the delivery.

Exclusions: Failed application of vacuum extractor or forceps, unspecified (JB0D.7)

JB22 Single delivery by caesarean section

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a single neonate from the uterus by caesarean section.

JB22.0 Delivery by elective caesarean section

JB22.1 Delivery by emergency caesarean section

JB22.2 Single delivery by caesarean hysterectomy

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate from the uterus by caesarean section followed by removal of the uterus.

JB22.Z Single delivery by caesarean section, unspecified

JB23 Other assisted single delivery

JB23.0 Breech extraction

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate in breech position from the uterus using breech extraction interventions or techniques to assist the delivery.

JB23.1 Other assisted breech delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate in breech position from the uterus using other interventions or techniques to assist the delivery.

JB23.2 Other manipulation-assisted delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate from the uterus using other manipulation-assisted interventions or techniques to assist the delivery.

JB23.3 Delivery of viable fetus in abdominal pregnancy

A condition caused by the development of a viable fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a viable neonate from the abdominal cavity, at the culmination of an abdominal pregnancy.

JB23.4 Destructive operation for delivery

A condition caused by the development of a fetus to the culmination of the pregnancy period. This condition is characterised by parturition of a neonate using destructive operation interventions or techniques to assist the delivery.

JB23.Z Other assisted single delivery, unspecified

JB24 Multiple delivery

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate from the uterus either spontaneously, assisted, or by caesarean section.

JB24.0 Multiple delivery, all spontaneous

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate spontaneously from the uterus.

JB24.1 Multiple delivery, all by forceps or vacuum extractor

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate from the uterus using forceps and vacuum extractor.

JB24.2 Multiple delivery, all by caesarean section

A condition caused by the development of more than one fetus to the culmination of the pregnancy period. This condition is characterised by parturition of more than one neonate from the uterus by caesarean section.

JB24.3 Multiple delivery by combination of methods with caesarean

JB24.Y Other specified multiple delivery

JB24.Z Multiple delivery, unspecified

JB2Z Delivery, unspecified

Complications predominantly related to the puerperium (JB40‑JB4Z)

A group of conditions characterised as any adverse evolution (complication) which may arise during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Exclusions: Obstetrical tetanus (1C14)

Coded Elsewhere: Postpartum symptom or complaint (MF35)

JB40 Infections in the puerperium

Exclusions: infection during labour (JB0D)

JB40.0 Puerperal sepsis

Coding Note: Any type of infection - bacterial, viral, fungal or protozoal, can cause sepsis and must be coded as well. When the site of infection is unknown, select a code for Infection of unspecified site by organism followed by the appropriate code for sepsis.

Exclusions: Obstetric pyaemic or septic embolism (JB42.3)

sepsis during labour (JB0D)

JB40.1 Infection of obstetric surgical wound

JB40.2 Other infection of genital tract following delivery

JB40.3 Urinary tract infection following delivery

JB40.4 Pyrexia of unknown origin following delivery

Exclusions: puerperal fever (JB40.0)

Pyrexia during labour, not elsewhere classified (JB0D.2)

JB40.Y Other specified infections in the puerperium

JB40.Z Infections in the puerperium, unspecified

JB41 Venous complications in the puerperium

Exclusions: Venous complications in pregnancy (JA61)

Obstetric embolism (JB42)

JB41.0 Superficial thrombophlebitis in the puerperium

JB41.1 Deep phlebothrombosis in the puerperium

JB41.2 Haemorrhoids in the puerperium

JB41.3 Cerebral venous thrombosis in the puerperium

JB41.Y Other specified venous complications in the puerperium

JB41.Z Venous complications in the puerperium, unspecified

JB42 Obstetric embolism

A condition characterised by the lodging of a blood clot, a fat globule or a gas bubble (embolus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Exclusions: Embolism following abortion, ectopic or molar pregnancy (JA05.2)

JB42.0 Obstetric air embolism

A condition characterised by the lodging of a gas bubble (air embolus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB42.1 Amniotic fluid embolism

Amniotic fluid embolism is a rare obstetric emergency in which it is postulated that amniotic fluid, fetal cells, hair, or other debris enter the maternal circulation, causing cardiorespiratory collapse.

Inclusions: Anaphylactoid syndrome of pregnancy

JB42.2 Obstetric blood-clot embolism

A condition characterised by the lodging of a blood clot (a specific type of embolus known as a thrombus) in the bloodstream, which can cause a blockage associated with the physiological and other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB42.3 Obstetric pyaemic or septic embolism

JB42.Y Other specified obstetric embolism

JB42.Z Obstetric embolism, unspecified

JB43 Complications of anaesthesia during the puerperium

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

Exclusions: Complications of anaesthesia during pregnancy (JA67)

Complications of anaesthesia during labour or delivery (JB0C)

JB43.0 Pulmonary complications of anaesthesia during the puerperium

JB43.1 Cardiac complications of anaesthesia during the puerperium

JB43.2 Central nervous system complications of anaesthesia during the puerperium

JB43.3 Spinal or epidural anaesthesia-induced headache during the puerperium

JB43.4 Other complications of spinal or epidural anaesthesia during the puerperium

JB43.5 Failed or difficult intubation during the puerperium

JB43.6 Awareness under general anaesthesia during the puerperium

JB43.Y Other specified complications of anaesthesia during the puerperium

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

JB43.Z Complications of anaesthesia during the puerperium, unspecified

Coding Note: Maternal complications arising from the administration of a general or local anaesthetic, analgesic or other sedation during the puerperium

JB44 Certain specified complications of the puerperium

A group of conditions characterised as any adverse evolution (complication) which may arise during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium) which are not classified elsewhere.

JB44.0 Disruption of caesarean section wound

JB44.1 Disruption of perineal obstetric wound

Inclusions: Secondary perineal tear

JB44.2 Haematoma of obstetric wound

JB44.3 Cardiomyopathy in the puerperium

A group of diseases in which the dominant feature is the involvement of the cardiac muscle itself occurring in puerperium, the period of 6-8 weeks after giving birth. Cardiomyopathies are classified according to their predominant pathophysiological features or their etiological/pathological factors.

JB44.4 Postpartum acute renal failure

JB44.5 Postpartum thyroiditis

Postpartum thyroiditis (PPT) is the occurrence, in the postpartum period, of transient hyperthyroidism and/or transient hypothyroidism, with most women returning to the euthyroid state by 1 year postpartum.

JB44.6 Puerperal osteomalacia

Coding Note: Code also the causing condition

JB44.Y Other specified complications of the puerperium

JB44.Z Complications of the puerperium, unspecified

JB45 Infections of breast associated with childbirth

JB45.0 Abscess of breast associated with childbirth

JB45.1 Nonpurulent mastitis associated with childbirth

JB45.Y Other specified infections of breast associated with childbirth

JB45.Z Infections of breast associated with childbirth, unspecified

JB46 Certain specified disorders of breast or lactation associated with childbirth

Coded Elsewhere: Breast or lactation symptom or complaint (MF31)

JB46.0 Retracted nipple associated with childbirth

A condition characterised as the abnormal inversion of a nipple that does not return to normal position even when stimulated that has occurred in association with childbirth.

JB46.1 Cracked nipple associated with childbirth

JB46.2 Other or unspecified disorders of breast associated with childbirth

JB46.3 Agalactia

Inclusions: Failure of lactation

Primary agalactia

JB46.4 Hypogalactia

Inclusions: Insufficient milk supply

Delayed milk supply

JB46.5 Suppressed lactation

JB46.6 Galactorrhoea

Excessive or inappropriate lactation in females or males, and not necessarily related to pregnancy. Galactorrhoea can occur either unilaterally or bilaterally, and be profuse or sparse. Its most common cause is hyperprolactinemia.

Inclusions: Oversupply of milk

Exclusions: Galactorrhoea not associated with childbirth (GB23.4)

JB46.7 Other or unspecified disorders of lactation

JB4Z Complications predominantly related to the puerperium, unspecified

Certain obstetric conditions, not elsewhere classified (JB60‑JB6Z)

Any condition characterised by an obstetric complication, condition, disease, or death during pregnancy, labour and delivery, or the puerperium that is not elsewhere classified.

JB60 Obstetric death of unspecified cause

A condition characterised by maternal death during pregnancy or within 42 days following delivery. This death may be associated with physiological, obstetrical, or other changes or is provoked by interventions used during pregnancy, childbirth, or puerperium, but has no specified cause.

JB61 Death from any obstetric cause occurring more than 42 days but less than one year after delivery

A condition characterised by maternal death between 43 days and one year following delivery. This death is caused by any physiological, obstetrical, or other changes or is provoked by interventions used during pregnancy, childbirth, or puerperium.

Coding Note: This category is to be used to indicate death from any obstetric cause (conditions in categories JA00-JB0Z; JB40-JB4Z and JB63-JB6Z), and occurring more than 42 days but less than one year after delivery.

Exclusions: Sequelae of complication of pregnancy, childbirth or the puerperium (JB65)

Death from sequelae of obstetric causes (JB62)

JB61.0 Death from direct obstetric cause occurring more than 42 days but less than one year after delivery

Any condition directly resulting in death due to any cause associated with the physiological or other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Coding Note: This category is to be used to indicate death from direct obstetric cause and occurring more than 42 days but less than one year after delivery.

JB61.1 Death from indirect obstetric cause occurring more than 42 days but less than one year after delivery

Any condition indirectly resulting in death via an intermediate cause due to any issue associated with the physiological or other changes that occur during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

Coding Note: This category is to be used to indicate death from indirect obstetric cause and occurring more than 42 days but less than one year after delivery.

JB61.Z Death from obstetric cause occurring more than 42 days but less than one year after delivery, unspecified whether direct or indirect

Coding Note: This category is to be used to indicate death from any obstetric cause (conditions in categories JA00-JB0Z; JB40-JB4Z and JB63-JB6Z), and occurring more than 42 days but less than one year after delivery.

JB62 Death from sequelae of obstetric causes

A secondary condition of pregnant females, caused by and subsequent to any complications during pregnancy, childbirth, or puerperium. This condition is characterised by maternal death.

Inclusions: Death from any direct obstetric cause occurring one year or more after delivery

JB62.0 Death from sequelae of direct obstetric cause

Any condition directly resulting in death due to a pathological condition resulting from any adverse evolution (complication) which may arise associated with the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB62.1 Death from sequelae of indirect obstetric cause

Any condition resulting in death via an intermediate cause due to a pathological condition resulting from any adverse evolution (complication) which may arise associated with the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the approximately six weeks after delivery during which the uterus returns to the original size (puerperium).

JB62.Z Death from sequelae of obstetric causes, unspecified

JB63 Maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

Exclusions: Obstetrical tetanus (1C14)

Laboratory evidence of human immunodeficiency virus (MA14.0)

Asymptomatic human immunodeficiency virus infection (1C62.0)

puerperal infection (JB40)

Puerperal sepsis (JB40.0)

when the reason for maternal care is that the disease is known or suspected to have affected the fetus (JA80‑JA8Z)

JB63.0 Tuberculosis complicating pregnancy, childbirth or the puerperium

JB63.00 Tuberculous placenta

JB63.0Y Other specified tuberculosis complicating pregnancy, childbirth or the puerperium

JB63.0Z Tuberculosis complicating pregnancy, childbirth or the puerperium, unspecified

JB63.1 Syphilis complicating pregnancy, childbirth or the puerperium

Syphilis complicating pregnancy, childbirth or the puerperium

JB63.2 Gonorrhoea complicating pregnancy, childbirth or the puerperium

JB63.3 Other infections with a predominantly sexual mode of transmission complicating pregnancy, childbirth or the puerperium

JB63.4 Viral hepatitis complicating pregnancy, childbirth or the puerperium

JB63.5 Other viral diseases complicating pregnancy, childbirth or the puerperium

JB63.6 Protozoal diseases complicating pregnancy, childbirth or the puerperium

JB63.60 Malaria complicating pregnancy, childbirth, or the puerperium

JB63.6Y Other specified protozoal diseases complicating pregnancy, childbirth or the puerperium

JB63.6Z Protozoal diseases complicating pregnancy, childbirth or the puerperium, unspecified

JB63.7 Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium

JB63.Y Other specified maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

JB63.Z Maternal infectious diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium, unspecified

JB64 Certain maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: when the reason for maternal care is that the condition is known or suspected to have affected the fetus (JA85)

infectious and parasitic diseases (JB63)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Coded Elsewhere: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20-6E2Z)

Injury complicating pregnancy (ND56.9)

JB64.0 Anaemia complicating pregnancy, childbirth or the puerperium

A condition of the circulatory system affecting pregnant females, characterised by a haemoglobin level below 11 grams per decilitre that complicates pregnancy, childbirth, or the puerperium.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB64.1 Other diseases of the blood or blood-forming organs or certain disorders involving the immune mechanism complicating pregnancy, childbirth or the puerperium

Any disease affecting pregnant females, characterised by pathological changes to the blood and blood-forming organs and pathological changes involving the immune mechanism that complicate pregnancy, childbirth, or the puerperium not classified elsewhere.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Antepartum haemorrhage with coagulation defect (JA41.0)

Intrapartum haemorrhage with coagulation defect (JA42.0)

JB64.2 Endocrine, nutritional or metabolic diseases complicating pregnancy, childbirth or the puerperium

Any disease affecting pregnant females, characterised by endocrine, nutrition, or metabolic manifestations that complicate pregnancy, childbirth, or the puerperium.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Malnutrition in pregnancy (JA64)

Diabetes mellitus in pregnancy (JA63)

Postpartum thyroiditis (JB44.5)

JB64.3 Diseases of the nervous system complicating pregnancy, childbirth or the puerperium

Any disorder or disease of the nervous system affecting pregnant females leading to complications during pregnancy, childbirth, or puerperium.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium (6E20‑6E2Z)

JB64.4 Diseases of the circulatory system complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Obstetric embolism (JB42)

venous complications and cerebrovenous sinus thrombosis in pregnancy (JA61)

Venous complications in the puerperium (JB41)

Oedema, proteinuria, or hypertensive disorders in pregnancy, childbirth, or the puerperium (JA20‑JA2Z)

Cardiomyopathy in the puerperium (JB44.3)

Other venous complications following abortion, ectopic or molar pregnancy (JA05.7)

JB64.5 Diseases of the respiratory system complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB64.6 Diseases of the digestive system complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Liver disorders in pregnancy, childbirth or the puerperium (JA65.0)

JB64.7 Diseases of the skin complicating pregnancy, childbirth or the puerperium

Diseases of the skin or subcutaneous tissue not specifically related to pregnancy but which contribute to increased morbidity during pregnancy, childbirth or the puerperium, for example genetic blistering disorders or lichen sclerosus.

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

Exclusions: Herpes gestationis (JA65.10)

Gestational pemphigoid (JA65.10)

Polymorphic eruption of pregnancy (JA65.12)

Pregnancy dermatoses (JA65.1)

Pruritus of pregnancy (JA65.11)

JB64.8 Congenital anomaly complicating pregnancy

JB64.Y Other specified maternal diseases classifiable elsewhere but complicating pregnancy, childbirth or the puerperium

Coding Note: This category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care but no specific category exists in this chapter.

JB65 Sequelae of complication of pregnancy, childbirth or the puerperium

A secondary condition that develops during the period of time from conception to delivery (pregnancy), during labour and delivery (childbirth) or during the six weeks following delivery (puerperium).

Exclusions: Death from any obstetric cause occurring more than 42 days but less than one year after delivery (JB61)

Death from sequelae of obstetric causes (JB62)

JB6Y Other specified obstetric conditions, not elsewhere classified

JB6Z Unspecified obstetric condition

CHAPTER 19

Certain conditions originating in the perinatal period

This chapter has 151 four-character categories.

Code range starts with KA00

This chapter includes conditions that have their origin in the perinatal period even though death or morbidity occurs later.

Coding Note: Conditions arising in the perinatal period, even though death or morbidity occurs later, should, as far as possible, be coded to chapter 19, which takes precedence over chapters containing codes for diseases by their anatomical site.

For children less than 28 days old, assume that a reported condition developed in the perinatal period, unless the duration is stated and the onset was after the first completed week of life.

Exclusions: Endocrine, nutritional or metabolic diseases (Chapter 05)

Congenital malformations, deformations and chromosomal abnormalities (Chapter 20)

Neoplasms (Chapter 02)

Injury, poisoning or certain other consequences of external causes (Chapter 22)

Congenital gonococcal infection (1A70‑1A7Z)

Certain infectious or parasitic diseases - acquired after birth (Chapter 01)

Gastroenteritis or colitis of infectious origin (1A00‑1A40.Z)

Hereditary haemolytic anaemia (3A10)

Transient hypogammaglobulinaemia of infancy (4A01.03)

Certain congenital diseases of the nervous system (Chapter 08)

congenital cardiomyopathy (BC43)

Paralytic ileus (DA93.0)

Pemphigus neonatorum (EA50)

Cradle cap (EH40.00)

This chapter contains the following top level blocks:

* Fetus or newborn affected by maternal factors or by complications of pregnancy, labour or delivery
* Disorders of newborn related to length of gestation or fetal growth
* Birth injury
* Infections of the fetus or newborn
* Haemorrhagic or haematological disorders of fetus or newborn
* Neurological disorders specific to the perinatal or neonatal period
* Respiratory disorders specific to the perinatal or neonatal period
* Cardiovascular disorders present in the perinatal or neonatal period
* Transitory endocrine or metabolic disorders specific to fetus or newborn
* Digestive system disorders of fetus or newborn
* Genitourinary system disorders specific to the perinatal or neonatal period
* Disorders involving the integument of fetus or newborn
* Disturbances of temperature regulation of newborn
* Certain disorders originating in the perinatal period

Fetus or newborn affected by maternal factors or by complications of pregnancy, labour or delivery (KA00‑KA0Z)

A group of conditions characterised by findings in the fetus or newborn due to conditions associated with the mother or by an adverse evolution (complication) which may arise associated with the time period from conception through childbirth.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA00 Fetus or newborn affected by maternal conditions that may be unrelated to present pregnancy

A group of conditions characterised by findings in the fetus or newborn due to conditions associated with the mother which are unrelated to the present pregnancy.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

Exclusions: Fetus or newborn affected by maternal complications of pregnancy (KA01)

fetus and newborn affected by maternal endocrine and metabolic disorders (KB60‑KB6Z)

Fetus or newborn affected by noxious influences transmitted via placenta or breast milk (KA06)

KA00.0 Fetus or newborn affected by maternal hypertensive disorders

Maternal hypertensive disorders - chronic hypertension, preeclampsia-eclampsia, preeclampsia superimposed on chronic hypertension, and gestational hypertension.

KA00.1 Fetus or newborn affected by gestational oedema or proteinuria without hypertension

KA00.2 Fetus or newborn affected by maternal renal or urinary tract diseases

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother associated with the kidneys and urinary tract.

KA00.3 Fetus or newborn affected by maternal infectious diseases

A condition affecting fetuses or newborns, that is (or suspected to be) caused by a maternal infection with a bacterial, viral, fungal, or parasitic source.

Exclusions: Infections of the genital tract in pregnancy (JA62.4)

KA00.4 Fetus or newborn affected by periodontal disease in mother

KA00.5 Fetus or newborn affected by maternal respiratory diseases

KA00.6 Fetus or newborn affected by maternal nutritional disorders

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother that are directly or indirectly associated with a lack of essential nutrients in the diet.

KA00.60 Fetus or newborn affected by maternal malnutrition

KA00.61 Fetus or newborn affected by maternal overweight or obesity

KA00.6Y Other specified fetus or newborn affected by maternal nutritional disorders

KA00.6Z Fetus or newborn affected by maternal nutritional disorders, unspecified

KA00.7 Fetus or newborn affected by abnormal maternal chemistry

KA00.8 Fetus or newborn affected by maternal injury

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother resulting from physical damage or harm.

Inclusions: Fetus or newborn affected by maternal injury, poisoning or certain other consequences of external causes

KA00.9 Fetus or newborn affected by maternal chemotherapy

KA00.A Fetus or newborn affected by surgical procedure on mother

A group of conditions characterised by findings in the fetus or newborn due to conditions in the mother resulting from surgical health intervention.

Exclusions: damage to placenta from amniocentesis, caesarean section or surgical induction (KA02)

Termination of pregnancy, affecting surviving fetus or newborn (KD3A)

previous surgery to uterus or pelvic organs (KA05)

Fetus or newborn affected by caesarean delivery (KA05.4)

KA00.B Fetus or newborn affected by maternal anaemia

KA00.Y Fetus or newborn affected by other specified maternal condition that may be unrelated to present pregnancy

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA00.Z Fetus or newborn affected by unspecified maternal condition that may be unrelated to present pregnancy

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA01 Fetus or newborn affected by maternal complications of pregnancy

Any other condition characterised by findings in the fetus or newborn due to any condition of the mother due to an adverse evolution (complication) which may arise associated with the time period from conception through childbirth.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA01.0 Fetus or newborn affected by incompetence of cervix uteri

Cervical incompetence refers to a weakness of the cervix and lower uterine segment, which can lead to recurrent second-trimester or early third-trimester loss of pregnancy due to an inability of the uterine cervix to retain a pregnancy until term. It is associated with a premature shortening of the cervix, dilatation, and opening of the cervical os during pregnancy. Ultrasound changes that suggest cervical incompetence include a cervical length < 1.5 cm, cervical width > 3 cm, and an expanded cervical canal > 8 mm.

KA01.1 Fetus or newborn affected by premature rupture of membranes

Preterm premature rupture of membranes (PPROM) refers to a patient who is at less than 37 weeks’ gestation and has presented with a rupture of membranes prior to the onset of labour. Complications include pre-term delivery, ascending infection, umbilical cord prolapse, oligohydramnios, placental abruption, retained placenta, postpartum haemorrhage, or rupture of the vasa praevia.

KA01.2 Fetus or newborn affected by oligohydramnios

Oligohydramnios is defined as a decrease in the volume of amniotic fluid. It is diagnosed if the diameter of the largest amniotic fluid depot is < 2 cm, or if the amniotic fluid index (AFI) is < 5 cm.

Exclusions: Fetus or newborn affected by premature rupture of membranes (KA01.1)

KA01.3 Fetus or newborn affected by polyhydramnios

Polyhydramnios is defined as an abnormally large volume of amniotic fluid within the uterus. An amount of 2 L at term, any single pool >8cm or an amniotic fluid index (AFI) > 24 cm is considered to be polyhydramnios.

Inclusions: fetus or newborn affected by hydramnios

KA01.4 Fetus or newborn affected by ectopic pregnancy

An ectopic pregnancy occurs when a pregnancy begins outside of the uterus. The most common site is within one of the fallopian tubes, although in rare cases, ectopic pregnancies can occur in the stomach region, cervix, or ovary. It is often caused by a condition that slows or blocks the movement of a fertilised egg through the fallopian tube to the uterus. Ectopic pregnancies cannot continue to term and the developing cells must be removed to prevent rupture of the ectopic area, which can lead to shock and danger the life of the mother.

Inclusions: Abdominal pregnancy affecting fetus or newborn

KA01.5 Fetus or newborn affected by multiple pregnancy

A condition characterised by findings in the fetus or newborn due to any condition associated with the presence of a multiple pregnancy.

KA01.6 Fetus or newborn affected by maternal death

A condition characterised by findings in the fetus or newborn due to death of the mother.

KA01.7 Fetus or newborn affected by malpresentation before labour

Malpresentations are all presentations of the fetus other than the vertex, and includes breech, transverse, shoulder, compound, face, and brow presentations. They may pose risks to the fetus and mother and may necessitate operative vaginal or caesarean delivery, or other interventions to accomplish delivery. Breech presentation, the most common malpresentation, results when the fetal buttocks, legs, feet, or a combination of these presents first into the maternal pelvis.

KA01.8 Fetus or newborn affected by maternal blood loss

KA01.Y Fetus or newborn affected by other specified maternal complication of pregnancy

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA01.Z Fetus or newborn affected by unspecified maternal complication of pregnancy

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA02 Fetus or newborn affected by complications of placenta

A group of conditions characterised by findings in the fetus or newborn due to an adverse evolution (complication) associated with the placenta, umbilical cord, or chorioamniotic membranes.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA02.0 Fetus or newborn affected by placenta praevia

Placenta praevia exists when the placenta lies wholly or in part in the lower segment of the uterus. Diagnosis has evolved from the clinical I-IV grading system, and is determined by ultrasonic imaging techniques relating the leading edge of the placenta to the cervical os. Grade I is a low lying placenta, Grade II is a placenta that meets the edge of the cervical os, Grade III is a placenta that partially covers the os, and Grade IV is a placenta that completely covers the os.

KA02.1 Fetus or newborn affected by placental oedema or large placenta

A large placenta, also known as placentomegaly, is one that weighs > 750 g. Placentomegaly can be seen in the following conditions: fetal hydrops, maternal diabetes mellitus, Rh incompatibility, chronic infections (e.g. syphilis, cytomegalovirus), maternal anaemia, or acute placental oedema with acute chorioamnionitis.

KA02.2 Fetus or newborn affected by placental infarction

Placental infarction is the formation of localised areas of ischemic villous necrosis, usually due to vasospasm of the maternal circulation. The affected regions of the placenta are incompetent, and lead to placental insufficiency if the infarcts are severe.

KA02.3 Fetus or newborn affected by placental insufficiency or small placenta

Placental insufficiency is defined as the inability of the placenta to deliver a sufficient supply of oxygen and nutrients to the fetus, and therefore, is unable to sustain the growth of the developing baby until term. Placental insufficiency can result in intrauterine growth restriction (IUGR), pre-eclampsia, abruption, or preterm labour and delivery. A small placenta is defined as a placenta that weighs less than the lower limit of normal for the gestational period. A low placental weight can be the result of a maternal or fetal conditions. Among maternal conditions belong those causing underperfusion of the placenta, such as pre-eclampsia or maternal hypertension. Among fetal conditions belong fetal malformations or chromosomal anomalies.

KA02.4 Fetus or newborn affected by placental transfusion syndromes

Twin-to-twin transfusion syndrome (TTTS) occurs in monozygotic twins while they are in the uterus. It occurs when blood travels from one twin to the other, and the twin that loses blood is the donor twin, while the twin that receives blood is the recipient twin. Depending on the severity of the transfusion, both infants may experience problems, such as anaemia, paleness, and dehydration in the donor twin, and redness and an increased blood pressure in the recipient twin.

Inclusions: Placental and cord abnormalities resulting in twin-to-twin or other transplacental transfusion

KA02.Y Fetus or newborn affected by other specified complication of placenta

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA02.Z Fetus or newborn affected by unspecified complication of placenta

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA03 Fetus or newborn affected by complications of umbilical cord

KA03.0 Fetus or newborn affected by prolapsed cord

A prolapsed umbilical cord is when the cord enters the opening cervix and down into the birth canal during labour before the baby has left the uterus. The risk of prolapse is higher if the baby is lying in a transverse position, the mother has had more than one baby, an excess amount of amniotic fluid exists, there is preterm prelabour rupture of membranes, or if membranes are artificially ruptured.

KA03.1 Fetus or newborn affected by other compression of umbilical cord

A group of conditions characterised by findings in the fetus or newborn due obstruction of blood flow through the umbilical cord secondary to pressure from an external object or misalignment of the cord itself not classified elsewhere.

Coded Elsewhere: Fetus or newborn affected by umbilical cord-to-cord entanglements in monoamniotic twins (LB03.Y)

Fetus or newborn affected by umbilical cord knot (LB03.Y)

Fetus or newborn affected by umbilical cord loop (LB03.Y)

KA03.2 Fetus or newborn affected by abnormalities of umbilical cord length

KA03.20 Fetus or newborn affected by short umbilical cord

An umbilical cord < 2 SD in length below mean for the gestational age. At term, this is < 35 cm. Often associated with fetal hypokinesia

KA03.21 Fetus or newborn affected by long umbilical cord

An umbilical cord > 2 SD in length above mean for the gestational age. At term, this is > 80 cm.

KA03.2Y Other specified fetus or newborn affected by abnormalities of umbilical cord length

KA03.2Z Fetus or newborn affected by abnormalities of umbilical cord length, unspecified

KA03.3 Fetus or newborn affected by vasa praevia

An obstetric complication characterised by fetal vessels crossing or running in close proximity to the internal orifice of the cervix (inner cervical os).

Exclusions: Fetal blood loss from vasa praevia (KA80.0)

KA03.4 Fetus or newborn affected by traumatic injury of the umbilical cord

KA03.Y Fetus or newborn affected by other specified complication of umbilical cord

KA03.Z Fetus or newborn affected by unspecified complication of umbilical cord

KA04 Fetus or newborn affected by other abnormalities of membranes

KA04.0 Fetus or newborn affected by chorioamnionitis

Chorioamnionitis is an infection of the placental tissues and amniotic fluid. It can lead to bacteraemia in the mother, which is an infection of the blood, and this can cause preterm birth or infection in the newborn. Organisms which are usually responsible for chorioamnionitis include Escherichia coli (E. coli) and Group B streptococcus.

Exclusions: Infections of the fetus or newborn (KA60‑KA6Z)

KA04.1 Fetus or newborn affected by amniotic band syndrome

KA04.Y Fetus or newborn affected by other specified abnormality of membranes

KA04.Z Fetus or newborn affected by unspecified abnormality of membranes

KA05 Fetus or newborn affected by certain complications of labour or delivery

A group of conditions characterised by findings in the fetus or newborn due to any other adverse evolution (complication) during labour and delivery.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA05.0 Fetus or newborn affected by breech delivery or extraction

Breech presentation refers to a fetus that is lying with its bottom downwards. There are three different types of breech presentation: breech with extended legs (frank), fully flexed legs (complete), or footling (incomplete) with one or both thighs extended. Breech presentation is associated with an increased risk of intrapartum trauma or asphyxia, and caesarean section is a common mode of delivery to reduce birth-related complications.

KA05.1 Fetus or newborn affected by other malpresentation, malposition or disproportion during labour or delivery

A condition characterised by findings in the fetus or newborn due to abnormal positions of the vertex of the fetal head (malposition) or any presentation position of the fetus other than vertex of the fetal head, first (malpresentation) during labour and delivery.

KA05.2 Fetus or newborn affected by forceps delivery

A condition characterised by findings in the fetus or newborn due to assisted birth in which intervention assistance is provided with smooth metal instruments curved to fit around the head (forceps).

KA05.3 Fetus or newborn affected by delivery by vacuum extractor

A condition characterised by findings in the fetus or newborn due to assisted birth in which intervention assistance is provided with a soft or hard plastic or metal cup attached by a tube to a suction device that fits firmly onto the head and attaches with suction (vacuum extractor, ventouse).

Inclusions: Fetus and newborn affected by delivery by ventouse

KA05.4 Fetus or newborn affected by caesarean delivery

A condition characterised by findings in the fetus or newborn due to delivery via a surgical procedure in which one or more incisions are made through a mother's abdomen (laparotomy) and uterus (hysterotomy) to deliver one or more babies (Caesarean delivery).

KA05.5 Fetus or newborn affected by precipitate delivery

A precipitate delivery is one that is < 3 hours and where contractions are unusually severe. It commonly occurs in multiparous women or when labour has been induced. Due to the force and speed of delivery, trauma may occur to the mother and newborn. The mother may suffer from haemorrhage, perineal laceration, infection, or uterine rupture, and the newborn may suffer from subdural hematoma, anoxia, or fractures.

KA05.6 Fetus or newborn affected by abnormal uterine contractions

Abnormal uterine contractions can either be hypertonic or hypotonic. Hypertonic contractions are ones that occur more frequently and are marked by an increase in resting tone to more than 15 mm Hg. Hypotonic contractions are ones where the number of contractions is unusually low, the resting tone of the uterus is less than 10 mm Hg, and the strength of contractions is consistently < 26 mm Hg.

KA05.7 Fetus or newborn affected by abnormality in fetal intrauterine heart rate or rhythm

KA05.70 Fetus and newborn affected by abnormality in fetal intrauterine heart rate or rhythm before onset of labour

KA05.71 Fetus and newborn affected by abnormality in fetal intrauterine heart rate or rhythm during labour

KA05.7Z Fetus or newborn affected by abnormality in fetal intrauterine heart rate or rhythm, unspecified

KA05.8 Meconium passage during delivery

Meconium passage by the fetus during labour and/or delivery process.

Exclusions: Neonatal aspiration of meconium (KB26.0)

Meconium staining (KD38)

KA05.Y Fetus or newborn affected or suspected to be affected by other specified complications of labour or delivery

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA05.Z Fetus or newborn affected or suspected to be affected by unspecified complications of labour or delivery

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA06 Fetus or newborn affected by noxious influences transmitted via placenta or breast milk

A group of conditions characterised by findings in the fetus or newborn due to the transmission of any harmful or poisonous substance to the fetus or newborn via the placenta or in breast milk.

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

Inclusions: nonteratogenic effects of substances transmitted via placenta

Exclusions: congenital malformations (Chapter 20)

Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother (KA87.4)

KA06.0 Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery

A condition characterised by findings in the fetus or newborn due to the transmission of anaesthesia or analgesia provided to the mother during the period of time between conception and childbirth.

Inclusions: Reactions and intoxications from maternal opiates and tranquillizers administered during labour and delivery

KA06.1 Fetus or newborn affected by maternal use of tobacco

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from tobacco use by the mother to the fetus or newborn.

Exclusions: Exposure to tobacco smoke in the perinatal period (KD37)

KA06.2 Fetus or newborn affected by maternal use of alcohol

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from alcohol use by the mother to the fetus or newborn.

Exclusions: Fetal alcohol syndrome (LD2F.00)

KA06.3 Fetus or newborn affected by maternal use of drugs of addiction

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from other drug use by the mother to the fetus or newborn.

Exclusions: Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery (KA06.0)

withdrawal symptoms from maternal use of drugs of addiction (KD35)

KA06.4 Fetus or newborn affected by maternal use of nutritional chemical substances

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from nutritional chemical use by the mother to the fetus or newborn.

KA06.5 Fetus or newborn affected by maternal exposure to environmental chemical substances

A condition characterised by findings in the fetus or newborn due to the transmission of any substances derived from exposure of the mother to environmental chemicals.

KA06.Y Fetus or newborn affected by other specified noxious influence transmitted via placenta or breast milk

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA06.Z Fetus or newborn affected by unspecified noxious influence transmitted via placenta or breast milk

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

KA07 Neonatal dermatoses due to maternal antibodies

A range of antibody-mediated neonatal skin disorders due to transplacental transfer of maternal antibodies to the fetus. The relevant autoimmune disorder may or may not be apparent in the mother.

KA07.0 Neonatal lupus erythematosus

Neonatal lupus erythematosus results from trans-placental transfer of maternal antibodies, in particular anti-Ro/SSA and anti La/SSB. It manifests with an erythematous rash which may be obviously photosensitive and is closely associated with congenital heart block. The mother may have known lupus, especially subacute cutaneous lupus erythematosus, but she may be asymptomatic. The rash normally subsides within the first few months of life.

KA07.1 Neonatal pemphigus

Neonatal pemphigus vulgaris is a short lived autoimmune skin disease arising as a result of transplacental transmission to the neonate of maternal antibodies. Neonatal pemphigus is characterised by blister formation on the skin and the mucous membranes mediated by auto-antibodies to the desmosome component desmoglein 3.

KA07.Y Other specified neonatal dermatoses due to maternal antibodies

KA0Z Fetus or newborn affected by unspecified maternal factors or by complications of pregnancy, labour or delivery

Coding Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Use additional code to identify the condition in the fetus or newborn.

Disorders of newborn related to length of gestation or fetal growth (KA20‑KA2Z)

A group of conditions related to the length of time that the fetus is carried inside the uterus and develops.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20 Disorders of newborn related to slow fetal growth or fetal malnutrition

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.0 Small for gestational age

Birth weight below – 2 standard deviations of the mean or below the 10th percentile according to local intrauterine growth charts

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Inclusions: Small-for-dates

KA20.00 Small for gestational age, symmetrical

Growth of the fetus is affected in early pregnancy and growth is slow throughout the duration of the pregnancy. The head circumference is proportional to the rest of the body. Birth weight is 2 standard deviations below the mean, or below the 10th percentile.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.01 Small for gestational age, asymmetrical

This growth restriction leads to a disparity in length and head circumference when compared to birth weight. This condition typically occurs in the third trimester.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.0Z Small for gestational age, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.1 Intrauterine growth restriction

The fetus does not achieve its predicted genetic potential and infant, not light or small for gestational age, showing signs of fetal malnutrition.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.10 Asymmetrical intrauterine growth restriction

There is restriction of body weight followed by length with general head sparing. This condition occurs late in pregnancy and is caused by extrinsic factors. Fetal malnutrition leading to low ponderal index less than 2 (weight to length ratio) but weight not severe enough to qualify as small for gestational age.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.11 Symmetrical intrauterine growth restriction

This condition begins earlier in pregnancy and there is a higher incidence of permanent neurologic sequela. It is often associated with either genetic abnormalities or fetal infection, especially 1st trimester viral infections.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.12 Intrauterine growth restriction associated with small for gestational age

These infants are classified as small for gestational age but have also been subject to intrauterine growth restriction.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.1Y Other specified intrauterine growth restriction

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.1Z Intrauterine growth restriction, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.2 Fetal intrauterine malnutrition without mention of small for gestational age

Neonate, not light or small for gestational age, showing signs of fetal malnutrition, such as dry, peeling skin and loss of subcutaneous tissue

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: fetal malnutrition with mention of: light for gestational age (KA21)

fetal malnutrition with mention of: small for gestational age (KA20.0)

KA20.Y Other specified disorders of newborn related to slow fetal growth or fetal malnutrition

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA20.Z Disorders of newborn related to slow fetal growth or fetal malnutrition, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21 Disorders of newborn related to short gestation or low birth weight, not elsewhere classified

Infants whose weight is appropriate for their gestational ages are termed appropriate for gestational age (AGA). Infants that are heavier than expected are large for gestational age (LGA). Conversely, those smaller than expected are considered small for gestational age (SGA).

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: Disorders of newborn related to slow fetal growth or fetal malnutrition (KA20)

KA21.0 Extremely low birth weight of newborn

Newborn birth weight 999 g or less. Infants have increased morbidity including neurosensory disability, cerebral palsy, retinopathy of prematurity, deafness, pulmonary immaturity, chronic lung disease and subnormal cognitive function.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.00 Extremely low birth weight of newborn, 499g or less

A paediatric condition in which the infant is born weighing 499 g or less.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.01 Extremely low birth weight of newborn, 500-749g

A paediatric condition in which the infant is born weighing between 500 and 749 g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.02 Extremely low birth weight of newborn, 750-999g

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.0Z Extremely low birth weight of newborn, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.1 Very low birth weight of newborn

A paediatric condition in which the infant is born weighing between 1000 and 1499 g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.10 Very low birth weight of newborn, 1000-1249g

A paediatric condition in which the infant is born weighing between 1000 and 1249 g.

KA21.11 Very low birth weight of newborn, 1250-1499g

A paediatric condition in which the infant is born weighing between 1250 and 1499 g.

KA21.1Z Very low birth weight of newborn, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.2 Low birth weight of newborn

A paediatric condition in which the infant is born weighing between 1500 and 2499 g.

KA21.20 Low birth weight of newborn, 1500-1999g

A paediatric condition in which the infant is born weighing between 1500 and 1999 g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.21 Low birth weight of newborn, 2000-2499g

A paediatric condition in which the infant is born weighing between 2000 and 2499 g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.2Z Low birth weight of newborn, unspecified

KA21.3 Extreme prematurity of newborn

Less than 28 completed weeks (less than 196 completed days) of gestation.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.30 Extreme prematurity of newborn, gestational age less than 22 completed weeks

Extreme prematurity of newborn, gestational age less than 22 weeks, 0 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.31 Extreme prematurity of newborn, gestational age 22 completed weeks

Extreme prematurity of newborn, gestational age 22 weeks, 0 days through 22 weeks, 6 days.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.32 Extreme prematurity of newborn, gestational age 23 completed weeks

Extreme prematurity of newborn, gestational age 23 weeks, 0 days through 23 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.33 Extreme prematurity of newborn, gestational age 24 completed weeks

Extreme prematurity of newborn, gestational age 24 weeks, 0 days through 24 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.34 Extreme prematurity of newborn, gestational age 25 completed weeks

Extreme prematurity of newborn, gestational age 25 weeks, 0 days through 25 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.35 Extreme prematurity of newborn, gestational age 26 completed weeks

Extreme prematurity of newborn, gestational age 26 weeks, 0 days through 26 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.36 Extreme prematurity of newborn, gestational age 27 completed weeks

Extreme prematurity of newborn, gestational age 27 weeks, 0 days through 27 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.3Z Extreme prematurity of newborn, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.4 Preterm newborn

Preterm: is less than 37 completed weeks (less than 259 days) of gestation.

Coding Note: When both birth weight and gestational age are available, priority of assignment must be given to gestational age.

KA21.40 Preterm newborn, gestational age 28 completed weeks

Preterm newborn, gestational age 28 weeks, 0 days through 28 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.41 Preterm newborn, gestational age 29 completed weeks

Preterm newborn, gestational age 29 weeks, 0 days through 29 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.42 Preterm newborn, gestational age 30 completed weeks

Preterm newborn, gestational age 30 weeks, 0 days through 30 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.43 Preterm newborn, gestational age 31 completed weeks

Preterm newborn, gestational age 31 weeks, 0 days through 31 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.44 Preterm newborn, gestational age 32 completed weeks

Preterm newborn, gestational age 32 weeks, 0 days through 32 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.45 Preterm newborn, gestational age 33 completed weeks

Preterm newborn, gestational age 33 weeks, 0 days through 33 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.46 Preterm newborn, gestational age 34 completed weeks

Preterm newborn, gestational age 34 weeks, 0 days through 34 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.47 Preterm newborn, gestational age 35 completed weeks

Preterm newborn, gestational age 35 weeks, 0 days through 35 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.48 Preterm newborn, gestational age 36 completed weeks

Preterm newborn, gestational age 36 weeks, 0 days through 36 weeks, 6 days

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA21.4Z Preterm newborn, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment must be given to gestational age.

KA22 Disorders of newborn related to long gestation or high birth weight

Usually implies gestation > 290 or 294 days (42 weeks); high birthweight = >4000g.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA22.0 Exceptionally large newborn

An exceptionally large baby is defined as having a weight at birth of > 4500 g, regardless of gestational age at birth.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: Syndrome of infant of mother with gestational diabetes (KB60.0)

Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)

KA22.1 Large newborn for gestational age

A birth weight greater than the 90th percentile for gestational age or birth weight 4000-4499 g at term regardless of period of gestation.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: Syndrome of infant of mother with gestational diabetes (KB60.0)

Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)

KA22.2 Post-term newborn

A condition of the newborn characterised by a gestational period that reached or exceeded 42 completed weeks (294 days or more) of gestation.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: Postmaturity syndrome (KA22.3)

KA22.3 Postmaturity syndrome

Post-term infant with signs of dysmaturity including dry peeling wrinkled skin, yellow staining of the skin, long stained fingernails, abundant scalp hair, thin growth retarded body with long thin limbs and hyperalert behaviours.

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Exclusions: Post-term newborn (KA22.2)

KA2Y Other specified disorders of newborn related to length of gestation or fetal growth

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

KA2Z Disorders of newborn related to length of gestation or fetal growth, unspecified

Coding Note: When both birth weight and gestational age are available, priority of assignment should be given to birth weight.

Birth injury (KA40‑KA4Z)

A group of conditions characterised by the presence of damage of the tissues and organs of a newly delivered child due to physical pressure or injury during delivery.

KA40 Birth injury to central nervous system

A condition characterised by the presence of damage to the central nervous system due to physical pressure or injury during delivery.

KA40.0 Intracranial laceration or haemorrhage due to birth injury

A group of conditions characterised as a traumatic brain injury occurring when the tissue of the brain is mechanically cut or torn and bleeds in a newly delivered child due to physical pressure or injury during delivery.

Exclusions: intracranial haemorrhage of fetus or newborn: due to anoxia, hypoxia, or ischaemia (KA82)

Intracranial nontraumatic haemorrhage of fetus or newborn (KA82)

KA40.00 Subdural haemorrhage due to birth injury

Haemorrhage into the subdural space (between the dura and the arachnoid) resulting from traumatic tearing of the bridging veins and venous sinuses due to rotational movement of the brain secondary to a traumatic delivery.

Exclusions: subdural haemorrhage accompanying tentorial tear (KA40.05)

KA40.01 Cerebral haemorrhage due to birth injury

Cerebral haemorrhage due to birth injury refers to haemorrhage occurring into the cerebral parenchyma as a result of birth trauma, and is commonly accompanied by extracerebral contusion and/or bleeding haemorrhage in the scalp. May have associated skull fracture(s).

KA40.02 Cerebellar haemorrhage due to birth injury

Haemorrhage into the cerebellum, hemispheres or vermis, due to trauma. Occipitaloseodiastasis with breech delivery is the most common cause of this injury.

KA40.03 Intraventricular haemorrhage due to birth injury

Traumatic haemorrhage into the intraventricular space as the dominant lesion, usually in a term infant, a result of birth trauma. Usually seen in conjunction with other intracranial bleeding (parenchymal, subdural, subarachnoid) and can be seen in the term or preterm infant.

KA40.04 Subarachnoid haemorrhage due to birth injury

Haemorrhage within the subarachnoid space (the area between the arachnoid membrane and the pia matter) due to either leakage from the leptomeningeal plexus or rupture of bridging veins within the subarachnoid space.

KA40.05 Tentorial tear due to birth injury

Lacerations of tentorium cerebelli due to birth trauma, usually resulting in infratentorial haemorrhages; lesser degrees of tentorial injury most commonly associated with subdural bleeds.

KA40.06 Cerebellar contusion due to birth injury

A bruise of the brain tissue. There is a punctuate haemorrhage which occurs in the long gyri.

KA40.07 Cerebral contusion due to birth injury

A bruise of the brain tissue. Focal region of necrosis and haemorrhage, usually involving the cerebral cortex and subcortical white matter

KA40.08 Extradural or epidural haemorrhage due to birth injury

Haemorrhage in the plane between the skull bone and the periosteum on the inner surface of the skull from injury to the middle meningeal artery from birth trauma

KA40.0Y Other specified intracranial laceration or haemorrhage due to birth injury

KA40.0Z Intracranial laceration or haemorrhage due to birth injury, unspecified

KA40.1 Cerebral oedema due to birth injury

Cerebral oedema is an excessive accumulation of water in the intracellular or extracellular spaces of the brain. There is a breakdown of the tight endothelial junctions which make up the blood brain barrier.

KA40.2 Birth injury to spine or spinal cord

Injury to the spinal cord incurred during delivery from excessive traction or rotation, principally occurring during breech and rotational forceps during vertex deliveries

KA40.3 Birth injury to brainstem

Injury to the brain stem occurring during delivery due to excessive longitudinal traction especially when this traction is combined with flexion and torsion of the spine during delivery.

Exclusions: Fracture, dislocation or subluxation of spine due to birth injury (KA45.4)

KA40.Y Other specified birth injury to central nervous system

KA40.Z Birth injury to central nervous system, unspecified

KA41 Birth injury to eye

Ocular injuries due to birth trauma include lid lacerations, hyphema, rupture of Descemet's membrane of cornea, vitreous haemorrhage, corneal oedema, abrasions and lacerations, orbital haemorrhage and fractures, and intraocular haemorrhages.

KA42 Birth injury to scalp

A condition characterised by the presence of damage to the scalp due to physical pressure or injury during delivery.

KA42.0 Bruising of scalp due to birth injury

Erythema of the scalp occurring usually as a result of dystocia or application of forceps

KA42.1 Cephalohaematoma due to birth injury

Cephalhaematoma is a subperiosteal collection of blood caused by rupture of vessels beneath the periosteum and does not extend across the suture lines.

KA42.2 Chignon due to birth injury

Chignon is a temporary swelling (oedema of the scalp) secondary to the placement of a ventouse suction cup used in assisted vacuum deliveries. It usually disappears after several hours

KA42.3 Monitoring injury of scalp of newborn

Injuries to the scalp from use of intrapartum fetal monitoring devices including injury following fetal blood sampling.

KA42.4 Subgaleal epicranial subaponeurotic haemorrhage due to birth injury

Subgaleal haemorrhage is a collection of blood in the space between the epicranial aponeurosis of the scalp and the periosteum of the skull.

KA42.Y Other specified birth injury to scalp

KA42.Z Birth injury to scalp, unspecified

KA43 Birth injury to skin or soft tissues

Superficial injury including abrasions, lacerations and ecchymoses sustained during birth to sites other than scalp face and external genitalia

Exclusions: Birth injury to scalp (KA42)

KA43.0 Birth injury to sternocleidomastoid

Injury to the sternomastoid muscle due to birth usually presents with torticollis (tilt and rotation of head) and a firm, spindle-shaped, immobile mass in the midportion of sternomastoid muscle.

KA43.1 Birth injury to external genitalia

Injuries of external genitalia such as oedema, ecchymoses, and haematomas of scrotum and labia majora, haematocoele, and trauma to the testes as a result of trauma during birth, especially after a breech delivery

KA43.2 Subcutaneous fat necrosis due to birth injury

Subcutaneous fat necrosis is a rare acute transient hypodermatitis that develops within first weeks of life in term infants.

Exclusions: Subcutaneous fat necrosis of the newborn (KC22.0)

KA43.3 Birth injury to face

Birth injuries to face include injuries sustained to nose (deviations, deformities, and septal damage), ears (abrasions, lacerations, deformities and haematomas).

KA43.Y Other specified birth injury to skin or soft tissues

KA43.Z Birth injury to skin or soft tissues, unspecified

KA44 Birth injury to peripheral nervous system

A condition characterised by the presence of damage to the nerves and ganglia outside of the brain and spinal cord due to physical pressure or injury during delivery.

KA44.0 Birth injury to cranial nerves

Birth injuries to the cranial nerves include contusion, avulsion, rupture, neuroma and praxis.

KA44.00 Birth injury to facial nerve

Facial palsy involving both upper and lower halves of the face caused by traumatic compression of the facial nerve as it exits the stylomastoid foramen, or as it passes over the ramus of the mandible.

KA44.0Y Birth injury to other specified cranial nerve

KA44.0Z Birth injury to unspecified cranial nerve

KA44.1 Brachial plexus palsy in newborn

Brachial plexus birth palsy occurs when the brachial plexus are damaged during birth. It occurs most typically during a difficult delivery.

KA44.10 Erb paralysis

Erb paralysis is one of the most common brachial plexus birth palsy. The injury occurs in the upper brachial plexus nerves and affects the upper arm.

KA44.11 Klumpke paralysis

Klumpke paralysis is a form of brachial plexus palsy that causes paralysis in the hand.

KA44.1Z Brachial plexus palsy in newborn, unspecified

KA44.2 Phrenic nerve paralysis due to birth injury

Birth injury to the cervical roots 3 to 5 resulting in the paralysis of the ipsilateral diaphragm usually after a difficult breech delivery

KA44.Y Birth injury to other specified peripheral nerve

KA44.Z Birth injury to unspecified peripheral nerve

KA45 Birth injury to skeleton

A condition characterised by the presence of damage to the skeleton due to physical pressure or injury during delivery.

Exclusions: Birth injury to spine or spinal cord (KA40.2)

KA45.0 Fracture of skull due to birth injury

Linear or depressed fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery

KA45.00 Linear skull fracture due to birth injury

Linear fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery.

KA45.01 Depressed skull fracture due to birth injury

Depressed fractures of skull bones resulting from injury during birth, including those related to forceps and vacuum assisted delivery

KA45.0Y Other specified fracture of skull due to birth injury

KA45.0Z Fracture of skull due to birth injury, unspecified

KA45.1 Occipital osteodiastasis due to birth injury

Occipital osteodiastasis (OOD) is a form of birth injury characterised by a tear along the innominate (posterior occipital or supraoccipital-exoccipital) synchondrosis with separation of the occipital squama from the lateral or condylar parts of the occipital bone.

KA45.2 Birth injury to facial bones

KA45.20 Mandibular bone fracture due to birth injury

KA45.21 Nasal bone fracture due to birth injury

KA45.2Y Birth injury to other specified facial bones

KA45.2Z Birth injury to facial bones, unspecified

KA45.3 Birth injury of thorax

Fracture of bones of the thorax including ribs, sternum due to birth injury.

KA45.4 Fracture, dislocation or subluxation of spine due to birth injury

KA45.5 Fracture of clavicle due to birth injury

This is a greenstick fracture of the clavicle that may occur during the birthing process.

KA45.6 Birth injury to long bones

KA45.Y Other specified birth injury to skeleton

KA45.Z Birth injury to skeleton, unspecified

KA46 Birth injury to other organs

A group of conditions characterised by the presence of damage of organs of a newly delivered child due to physical pressure or injury during delivery.

KA46.0 Birth injury to liver

Rupture or subcapsular haemorrhage into the liver parenchyma as a result of birth trauma usually seen in large for gestational age infants, those with hepatomegaly, those born by breech delivery; may present as haemoperitoneum

KA46.1 Birth injury to spleen

Rupture or subcapsular haemorrhage into spleen as a result of birth trauma; may present as haemoperitoneum

Inclusions: Rupture of spleen due to birth injury

KA46.2 Adrenal haemorrhage due to birth injury

KA46.Y Birth injury to other specified organ

KA4Z Birth injury, unspecified

Infections of the fetus or newborn (KA60‑KA6Z)

Inclusions: infections acquired in utero or during birth

Exclusions: human immunodeficiency virus [HIV] disease (1C60‑1C62.Z)

Congenital pneumonia (KB24)

congenital gonococcal infection (1A70‑1A7Z)

Asymptomatic human immunodeficiency virus infection (1C62.0)

Gastroenteritis or colitis of infectious origin (1A00‑1A40.Z)

Laboratory evidence of human immunodeficiency virus (MA14.0)

Coded Elsewhere: Fetus or newborn affected by maternal infectious diseases (KA00.3)

Congenital syphilis (1A60)

KA60 Sepsis of fetus or newborn

Coded Elsewhere: Bacterial infection of fetus or newborn due to other and unspecified streptococci (KA61.Z)

Bacterial infection of fetus or newborn due to other and unspecified staphylococci (KA61.Z)

KA61 Other bacterial infections of the fetus or newborn

Coding Note: Code also the causing condition

Coded Elsewhere: Early congenital syphilis, latent (1A60.1)

Early congenital syphilis, symptomatic (1A60.0)

Neonatal necrotising fasciitis (1B71.2)

Tetanus neonatorum (1C15)

KA61.0 Congenital tuberculosis

A disease affecting infants, caused by an infection with the bacteria Mycobacterium tuberculosis in utero. Transmission is by vertical transmission.

KA61.1 Neonatal listeriosis

A condition affecting fetuses or neonates, caused by an infection with the gram-positive bacteria Listeria. This condition is characterised by respiratory distress and shock in the neonate, by stillbirth, or by abortion. Transmission is by vertical transmission. Confirmation is by identification of Listeria in the neonate and mother.

KA61.Z Bacterial infection of the fetus or newborn, unspecified

Coding Note: Code also the causing condition

KA62 Viral infection in the fetus or newborn

Any condition affecting fetuses or newborns, caused by an infection with a virus.

KA62.0 Congenital Zika virus infection

KA62.1 Congenital Epstein-Barr virus infection

There are several forms of Epstein–Barr virus infection. Infectious mononucleosis, nasopharyngeal carcinoma, and Burkitt's lymphoma can all be caused by the Epstein–Barr virus.

KA62.2 Congenital Varicella Zoster virus infection

Transplacentally acquired Varicella zoster virus infection. Both the gestational age at the time of maternal infection and the time interval between maternal infection and birth have major influences on the clinical course.

KA62.3 Congenital cytomegalovirus infection

A condition affecting neonates, caused by an infection with cytomegalovirus in utero. This condition is characterised by jaundice, low birth weight, splenomegaly, hepatomegaly, or pneumonia if symptoms develop shortly after birth, or may be asymptomatic. This condition commonly presents later in life with loss of hearing, loss of vision, or developmental disabilities. Transmission is by vertical transmission. Confirmation is by detection of cytomegalovirus in neonatal urine, saliva, blood, or other body tissues within 2-3 weeks of birth.

KA62.4 Congenital echovirus infection

A disease affecting neonates, caused by an infection with enteric cytopathic human orphan (ECHO) virus in utero. This disease presents with various symptoms depending on the site of the infection, or may be asymptomatic. Transmission is by vertical transmission. Confirmation is by identification of ECHO virus in the neonate.

KA62.5 Congenital enterovirus infection

Congenital viral infections with enteroviruses (including coxsackie viruses and ECHO viruses) are infectious embryofetopathies that have been reported to cause fetal malformations, acute systemic illness in the newborn and long-term neurodevelopmental abnormalities.

KA62.6 Congenital human immunodeficiency virus infection

A disease affecting neonates, caused by an infection with human immunodeficiency virus in utero. Transmission is by vertical transmission. Confirmation is by identification of human immunodeficiency virus in the neonate.

KA62.7 Congenital parvovirus syndrome

Fetal parvovirus syndrome is a fetopathy likely to occur when a pregnant woman is infected by parvovirus B19. Fetal parvovirus infection results in aplastic crisis. Anaemia induces a risk of hydrops and fetal death by cardiac failure in 10 to 20% of cases.

KA62.8 Congenital rubella syndrome

A disease caused by an infection with the rubella virus in utero. This disease presents with symptoms depending on the timing of infection of the fetus and may present with birth defects (such as hearing loss), or intrauterine growth retardation. Transmission is by vertical transmission. Confirmation is by identification of rubella virus or detection of anti-rubella virus IgM antibodies in the neonate or infant.

KA62.9 Congenital viral hepatitis

A disease of the liver affecting the neonate, caused by an infection with either hepatitis A, B, C, D, or E virus in utero. This disease is characterised by lethargy, jaundice, abdominal distention, failure to thrive, or clay coloured stools. Transmission is by vertical transmission. Confirmation is by identification of the hepatitis A, B, C, D, or E virus in a blood sample from the neonate.

KA62.A Perinatal Herpes simplex infection

Herpes simplex infection acquired during the perinatal period, normally from active herpes infection of the mother's genital tract, but may also be transmitted in utero.

KA62.Y Other specified viral infection in the fetus or newborn

KA62.Z Viral infection in the fetus or newborn, unspecified

KA63 Fungal infection of fetus or newborn

Any condition affecting fetuses or newborns, caused by an infection with a fungal agent.

KA63.0 Malassezia infection in newborn

A condition affecting newborns, caused by an infection with Malassezia that leads to a severe systemic inflammatory response. This condition is characterised by fever or respiratory distress. Confirmation is by identification of Malassezia in a blood sample.

KA63.1 Neonatal aspergillosis

A disease affecting neonates, caused by an infection with the fungi Aspergillus. This disease presents with clinical symptoms depending on the site of infection. Transmission is by inhalation of Aspergillus spores, or direct contact. Confirmation is by identification of Aspergillus from affected sites.

KA63.2 Neonatal candidosis

A condition affecting neonates, caused by an infection with the fungi Candida. This condition is characterised by apnoea, thrombocytopenia, or decreasing respiratory function or other symptoms depending on the site of infection. Transmission is vertical (from the mother to the baby). Confirmation is by identification of Candida in a blood or urine sample.

Coded Elsewhere: Neonatal mucocutaneous candidosis (EH12)

KA63.Y Other specified fungal infection of fetus or newborn

KA63.Z Fungal infection of fetus or newborn, unspecified

KA64 Parasitic diseases in the fetus or newborn

Any condition affecting fetuses or newborns, caused by an infection with a parasite.

Exclusions: Tetanus neonatorum (1C15)

Congenital syphilis (1A60)

Necrotising enterocolitis of newborn (KB88)

KA64.0 Congenital toxoplasmosis

A disease caused by an infection with the protozoan parasite Toxoplasma gondii in utero. This disease is characterised by chorioretinitis, hydrocephalus, intracranial calcifications, anaemia, or neurological deficits that develop after birth. This disease may present at birth with jaundice, premature birth, hepatosplenomegaly, myocarditis, pneumonitis, or rash. Transmission is by vertical transmission. In the fetus, confirmation is by identification of Toxoplasma gondii in amniotic fluid; in the neonate, confirmation is by identification of Toxoplasma gondii in body fluids or tissues, or detection of antibodies against Toxoplasma gondii.

KA64.1 Congenital falciparum malaria

A disease caused by an infection with the protozoan parasite Plasmodium falciparum in utero. This disease is characterised by fever, anaemia, splenomegaly, hepatomegaly, jaundice, regurgitation, diarrhoea, or poor feeding. This disease may also present with respiratory distress, drowsiness, or cyanosis. Transmission is by vertical transmission. Confirmation is by identification of the Plasmodium falciparum in a blood sample from the neonate.

KA64.Y Other specified parasitic diseases in the fetus or newborn

KA64.Z Parasitic diseases in the fetus or newborn, unspecified

KA65 Neonatal infections of certain specified sites

Coded Elsewhere: Neonatal tracheitis (KB25)

Neonatal skin infection (EH10-EH1Z)

KA65.0 Neonatal conjunctivitis or dacryocystitis

This refers to inflammation of the conjunctiva (the outermost layer of the eye and the inner surface of the eyelids) and the inflammation of the nasolacrimal sac, frequently caused by nasolacrimal duct obstruction or infection.

Exclusions: Gonococcal conjunctivitis (1A72.4)

KA65.1 Omphalitis of newborn

A disease of the umbilical cord affecting newborns, commonly caused by an infection with a bacterial source. This disease is characterised by purulent or foul-smelling discharge from the umbilicus or umbilical stump, periumbilical erythema, oedema, or tenderness. This disease may also present with fever, hypothermia, jaundice, tachycardia, hypotension, tachypnoea, respiratory distress, apnoea, or abdominal distention with absent bowel sounds. Transmission is by vertical transmission or iatrogenic transmission. Confirmation is by identification of the infectious agent.

KA65.2 Neonatal urinary tract infection

A condition of the urinary tract affecting neonates, commonly caused by an infection with a bacterial source. This condition is characterised by fever, pyuria, jaundice, poor appetite, diarrhoea, blood tinged stool, vomiting, or abdominal distention. This condition may also be asymptomatic. Transmission is by vertical transmission. Confirmation is by identification of the infectious agent in a urine sample.

KA65.3 Neonatal infectious mastitis

A disease of the breasts in neonates, may be caused by a maternal infection with a bacterial source. This disease is characterised by swelling, erythema, warmth, tenderness, induration of the breast, or purulent discharge from the nipple. It is usually unilateral. This disease may also present with breast abscesses.

Exclusions: Breast engorgement of newborn (KC41.0)

noninfective mastitis of newborn (KC41.0)

Coded Elsewhere: Neonatal staphylococcal mastitis (EH11)

Neonatal streptococcal mastitis (EH11)

KA65.4 Neonatal meningitis

KA65.Y Neonatal infections of other specified sites

KA6Y Other specified infections of the fetus or newborn

KA6Z Infections of the fetus or newborn, unspecified

Haemorrhagic or haematological disorders of fetus or newborn (KA80‑KA8Z)

A group of conditions occurring during the period of time around childbirth, especially the five months before and one month after birth which are associated with bleeding, the blood, and blood forming organs.

Exclusions: Hereditary haemolytic anaemia (3A10)

Gilbert syndrome (5C58.01)

Congenital stenosis or stricture of bile ducts (LB20.22)

Crigler-Najjar syndrome (5C58.00)

Dubin-Johnson syndrome (5C58.02)

Coded Elsewhere: Hereditary vitamin B12 deficiency anaemia (3A01.0)

Neonatal vitamin B12 deficiency anaemia (3A01.1)

Congenital or neonatal vitamin B12 deficiency anaemia (3A01.Z)

KA80 Fetal blood loss

Fetal blood loss is a loss of blood from the fetal circulation during pregnancy, labour, or delivery. Due to the small volume of fetal blood that is present, even a small loss can lead to anaemia or fetal death.

KA80.0 Fetal blood loss from vasa praevia

In vasa praevia, the fetal blood vessels connecting the placenta and umbilical cord cross the internal cervical os, the entrance to the birth canal, underneath the fetus.

KA80.1 Fetal blood loss from ruptured cord

The umbilical cord can rupture during labour and delivery and lead to fetal blood loss. Possible reasons include: traction on an abnormally short cord, a cord that is entangled around the fetus, a thin friable cord, or a cord with vascular abnormalities. Fetal blood loss can also occur following accidental cord puncture during amniocentesis or following in utero cordocentesis or transfusion.

KA80.2 Fetal blood loss from placenta

Fetal blood loss can result from placental abruption, which is when the placenta separates from the uterine wall prior to delivery. Placental abruptions occur under conditions of maternal hypertension and drug use (e.g. cocaine), maternal vascular and collagen vascular disease, maternal clotting disorders, and following direct abdominal trauma. Fetal blood loss can also result from accidental incision of the placenta during a caesarean section.

KA80.3 Haemorrhage into co-twin

Monozygous twins often share a placenta. Vascular anastomoses within the placenta allow for the transfer of blood between the two fetuses. In some cases, the flow is unbalanced and one fetus (larger, plethoric, and polycythaemic twin) has an overload of fluid, while the other (smaller, hydropic twin) becomes anaemic.

KA80.4 Haemorrhage into maternal circulation

Fetal-maternal haemorrhage occurs when the trophoblastic lining of the placenta fails to act as a barrier and allows fetal blood cells to enter the maternal circulation.

KA80.5 Fetal blood loss from cut end of co-twin cord

Sometimes the blood content of monozygotic twins differs considerably, which can occur when anastomoses exist. One twin loses blood through shunts, while the other gains a large quantity of blood. Therefore, following the delivery of one twin, the other may bleed through these anastomoses if the umbilical cord of the delivered twin is not immediately clamped.

KA80.Y Other specified fetal blood loss

KA80.Z Fetal blood loss, unspecified

KA81 Umbilical haemorrhage of newborn

A condition characterised by bleeding from the umbilical cord stump of a newborn.

Exclusions: omphalitis with mild haemorrhage (KA65.1)

KA82 Intracranial nontraumatic haemorrhage of fetus or newborn

Intraventricular (nontraumatic) haemorrhage of the fetus and newborn is a condition characterised by bleeding within the skull of a newborn that is not due to injury causing physical damage.

Exclusions: intracranial haemorrhage due to birth injury (KA40.0)

Intracranial haemorrhage due to head trauma (NA00‑NA0Z)

KA82.0 Intraventricular nontraumatic haemorrhage, grade 1, of fetus or newborn

A condition characterised by bleeding into the subependymal region or germinal matrix of the ventricular system of the brain of a newborn that is not due to injury causing physical damage.

KA82.1 Intraventricular nontraumatic haemorrhage, grade 2, of fetus or newborn

Intraventricular (nontraumatic) haemorrhage, grade 2 is a condition of the fetus or newborn characterised by bleeding into the germinal matrix of the ventricular system with bleeding into the lateral ventricles of the brain without ventricular enlargement.

Inclusions: Subependymal haemorrhage with intraventricular extension without ventricular dilatation

KA82.2 Intraventricular nontraumatic haemorrhage, grade 3, of fetus or newborn

Intraventricular (nontraumatic) haemorrhage, grade 3, of the fetus and newborn located in the subependymal region with extension into the lateral ventricles, with ventricular enlargement.

Inclusions: Subependymal haemorrhage with both intraventricular and ventricular dilatation

KA82.3 Intraventricular nontraumatic haemorrhage, grade 4, of fetus or newborn

KA82.4 Intracerebral nontraumatic haemorrhage of fetus or newborn

A condition characterised by bleeding within the brain tissue of a fetus or newborn that is not due to injury causing physical damage.

KA82.5 Subarachnoid nontraumatic haemorrhage of fetus or newborn

A condition characterised by bleeding into the area between the arachnoid membrane and the pia mater (subarachnoid space) surrounding the brain of a fetus or newborn that is not due to injury causing physical damage.

KA82.6 Cerebellar nontraumatic, hemispheres or vermis or posterior fossa haemorrhage of fetus or newborn

A condition characterised by bleeding within the part of the intracranial cavity located between the foramen magnum and tentorium cerebelli (posterior fossa) including bleeding in tissue of the cerebellum or brain stem, of a fetus or newborn that is not due to injury causing physical damage.

KA82.7 Subdural nontraumatic haemorrhage of fetus or newborn

KA82.Z Intracranial nontraumatic haemorrhage of fetus or newborn, unspecified

KA83 Certain specified neonatal haemorrhages

Any other condition characterised by bleeding in a newborn.

Exclusions: Pulmonary haemorrhage originating in the perinatal period (KB28)

Fetal blood loss (KA80)

KA83.0 Neonatal bleeding originating in the mouth, nose or pharynx

Exclusions: Neonatal haematemesis or melaena due to swallowed maternal blood (KB8A)

KA83.1 Neonatal bleeding originating in the oesophagus, stomach, small or large intestine

Bleeding in the neonate that originates from the digestive system. Most common causes include enteritis, gastritis, milk protein allergies, intussusception, and/or erosions of mucosa.

Exclusions: Neonatal volvulus (LB18)

Meckel diverticulum with complication (LB15.0)

Neonatal haematemesis or melaena due to swallowed maternal blood (KB8A)

KA83.2 Neonatal rectal haemorrhage

A condition characterised by bleeding in the rectum of a newborn.

KA83.3 Neonatal hepatic haemorrhage

Haemorrhage of the liver in the newborn.

KA83.4 Neonatal haemorrhage originating in adrenal gland

A condition characterised by bleeding into the adrenal glands in a newborn.

KA83.5 Neonatal haemorrhage originating in spleen

KA83.6 Neonatal haemorrhage originating in kidney or bladder

KA83.7 Neonatal haemorrhage originating in trachea or pulmonary parenchyma

KA83.8 Neonatal cutaneous haemorrhage

Exclusions: Bruising of scalp due to birth injury (KA42.0)

Cephalohaematoma due to birth injury (KA42.1)

KA83.9 Neonatal vaginal or uterine haemorrhage

A condition characterised by bleeding from the vagina of a newborn which is excessive or lasts longer than the first month of life.

Inclusions: Pseudomenses

KA83.A Neonatal epistaxis

A condition characterised by bleeding from the nose of a newborn.

KA84 Haemolytic disease of fetus or newborn

A paediatric alloimmune condition characterised by the break-down of red blood cells by IgG antibodies which are transmitted from mother to child via the placenta.

KA84.0 Rh isoimmunization of fetus or newborn

A condition characterised by the transmission of antibodies from a mother to the child via the placenta against the Rhesus factor of blood. Such antibodies were developed in a Rhesus factor negative mother subsequent to exposure to Rhesus factor positive blood resulting in the break-down of the red blood cells of the fetus.

KA84.1 Isoimmunization due to other red cell factors

KA84.2 ABO isoimmunization of fetus or newborn

A condition of the newborn characterized by the destruction of red blood cells initiated by the transmission of anti-A or anti-B antibodies from a mother to the child via the placenta against A or B antigens of the newborn's blood.

KA84.3 Haemolytic anaemia due to other unclassified antibodies of fetus or newborn

KA84.4 Haemolytic disease due to disease of other neonatal organs

KA84.5 Neonatal haemolysis due to systemic bacterial infection with or without concomitant diffuse intravascular coagulation

KA84.Z Haemolytic disease of fetus or newborn, unspecified

KA85 Hydrops fetalis due to haemolytic disease

A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen, due to the antibody-mediated break-down of fetal red blood cells.

Exclusions: Hydrops fetalis not due to haemolytic disease (KC41.1)

KA85.0 Hydrops fetalis due to isoimmunization

A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen, due to the transmission of IgG antibodies against the Rhesus factor of blood from the mother to the child via the placenta that break-down of the red blood cells of the fetus.

KA85.Y Other specified hydrops fetalis due to haemolytic disease

KA85.Z Hydrops fetalis due to haemolytic disease, unspecified

KA86 Neonatal kernicterus

Kernicterus is a pathologic diagnosis of the neonate that is characterised by yellow staining of the basal ganglia following elevated bilirubin concentrations in the blood and/or a breech in the blood brain barrier more common in the premature infant or the sick term neonate. It is characterised later in infancy and childhood by hearing deficits, choreoathetosis, and varying degrees of cognitive deficit.

Exclusions: kernicterus due to inborn errors of metabolism (5C50‑5C5Z)

KA87 Neonatal hyperbilirubinaemia

A condition characterised as an increased level of bilirubin above 85 µmol/l (5 mg/dL) which manifests as yellowing of the eyes, skin, and other tissues of a newborn due to excessive break-down of red blood cells for any other reason not classified elsewhere.

Exclusions: jaundice due to isoimmunization (KA84.0)

Coded Elsewhere: Neonatal hyperbilirubinaemia due to red cell haemolysis with infection (KA6Y)

KA87.0 Neonatal hyperbilirubinaemia due to swallowed maternal blood

A condition characterised as an increased level of bilirubin above 85 umol/l (5 mg/dL) which manifests as yellowing of the eyes, skin, and other tissues of a newborn due consumption by the newborn of blood from the mother.

KA87.1 Neonatal hyperbilirubinaemia due to enzymatic defect in bilirubin degradation

KA87.2 Neonatal hyperbilirubinaemia due to breast milk inhibitor of bilirubin conjugation

A paediatric condition characterised by persistently increased level of bilirubin above 85 umol/l (5 mg/dL) manifesting as yellowing of the eyes, skin, and other tissues of a newborn due to any chemical substance that prevents or decreases the production of breast milk by the mother.

KA87.3 Neonatal hyperbilirubinaemia due to total parenteral nutrition

A paediatric condition characterised by persistently increased level of bilirubin above 85 umol/l (5 mg/dL) manifesting as yellowing of the eyes, skin, and other tissues of a newborn due to intravenous feeding which bypasses the normal processes of eating and digestion.

KA87.4 Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother

KA87.5 Neonatal hyperbilirubinaemia due to drugs or toxins given to newborn

KA87.6 Neonatal hyperbilirubinaemia from other or unspecified hepatocellular damage

KA87.Y Other specified neonatal hyperbilirubinaemia

KA87.Z Neonatal hyperbilirubinaemia, unspecified

KA88 Disseminated intravascular coagulation of fetus or newborn

Neonatal purpura fulminans is a potentially lethal disorder characterised by progressive haemorrhagic necrosis of the skin associated with cutaneous vascular thrombosis. It is usually due to a genetically transmitted thrombophilic disorder: most commonly homozygous deficiency of protein C or, less frequently, protein S.

KA89 Transient neonatal thrombocytopaenia

A rare paediatric condition characterised by a temporary relative decrease in the number of platelets in the blood associated with either increased destruction or decreased production of platelets in a newborn.

KA89.0 Thrombocytopaenia following systemic infection, including diffuse intravascular coagulation

KA89.Y Other specified transient neonatal thrombocytopaenia

KA89.Z Transient neonatal thrombocytopaenia, unspecified

KA8A Polycythaemia neonatorum

Polycythaemia of the neonate represents an excessive quality of circulating red blood cells due to excessive marrow production and haematocrits that exceed ~60%.

KA8A.0 Polycythaemia neonatorum due to placental insufficiency or fetal intrauterine growth restriction

KA8A.1 Polycythaemia neonatorum due to twin to twin transfusion

KA8A.2 Polycythaemia neonatorum due to inherited disorder of erythropoietin production

KA8A.3 Polycythaemia neonatorum following umbilical cord transfusion or stripping at delivery

KA8A.4 Polycythaemia neonatorum following blood transfusion

KA8A.Y Other specified polycythaemia neonatorum

KA8A.Z Polycythaemia neonatorum, unspecified

KA8B Anaemia of prematurity

A paediatric condition characterised by a decrease in number of red blood cells (RBCs) or less than the normal quantity of haemoglobin in the blood of a newborn associated with the child being born prior to completing 37 weeks of gestation.

KA8C Congenital hypoplastic anaemia

A paediatric condition characterised by a decreased number of red blood cells (RBCs) or lower than the normal levels of haemoglobin in the blood of a newborn present at birth due to loss of blood from the circulatory system of the fetus.

KA8D Transient neonatal neutropaenia

Neonatal neutropaenia can be due to underproduction of the marrow (e.g. hypoxemia due to placental insufficiency, congenital viral disease) or excessive utilization of white blood cells (bacterial sepsis) or due to maternal transfer of antibodies to the fetus

Coding Note: Code also the causing condition

KA8E Alloimmune neonatal neutropaenia

Alloimmune neonatal neutropaenia (ANN) is a disease caused by the passive transfer of neutrophil specific maternal IgG antibodies across the placenta during pregnancy.

KA8F Neonatal vitamin K deficiency

There are 3 forms of vitamin K–deficiency bleeding (VKDB) of the newborn. Early VKDB (haemorrhagic disease of the newborn) that occurs at 1-14 days of age. The most common sites of bleeding are the gastrointestinal tract, mucosal and cutaneous tissue, the umbilical stump, and the post-circumcision site. Late VKDB most commonly occurs at 2-12 weeks of age, although cases can occur up to 6 months. The most common site of bleeding is intracranial, although cutaneous and gastrointestinal bleeding may be initial manifestation. The third form of VKDB occurs at birth or shortly thereafter. It is secondary to maternal intake of medications (warfarin, phenobarbital, phenytoin) that cross the placenta.

KA8F.0 Diffuse bleeding diathesis due to vitamin K deficient haemorrhagic disease of fetus or newborn

Haemorrhagic disease of the newborn is a bleeding disorder of the newborn usually seen in the first week after life when vitamin K replacement is not provided to the newborn infant immediately after birth and is primarily characterised by gastrointestinal bleeding. The disorder can also be seen later in the newborn period in breast fed infants of vitamin K deficient mothers.

KA8F.Y Other specified neonatal vitamin K deficiency

KA8F.Z Neonatal vitamin K deficiency, unspecified

KA8Y Other specified haemorrhagic or haematological disorders of fetus or newborn

KA8Z Haemorrhagic or haematological disorders of fetus or newborn, unspecified

Neurological disorders specific to the perinatal or neonatal period (KB00‑KB0Z)

A group of paediatric conditions characterised by an abnormal change in the cerebral status of a newborn.

Coded Elsewhere: Brain cystic malformations (LA05.7)

Neurodevelopmental syndrome due to prenatal alcohol exposure (6A0Y)

KB00 Neonatal cerebral ischaemia

A paediatric condition characterised by insufficient blood flow to the brain of a newborn to meet metabolic demand.

KB00.0 Perinatal arterial stroke

KB00.1 Neonatal cerebral sinovenous thrombosis

KB00.Y Other specified neonatal cerebral ischaemia

KB00.Z Neonatal cerebral ischaemia, unspecified

KB01 Periventricular cysts of newborn

A paediatric condition characterised by the development of cysts around the brain ventricles in a newborn.

KB02 Neonatal cerebral leukomalacia

A paediatric condition characterised by the death of small areas of brain tissue creating "holes" in the brain of a newborn.

Exclusions: Hypoxic-ischaemic encephalopathy (8B24)

KB03 Neonatal encephalopathy

Encephalopathy is disorder of the brain. It may be the result of interference in the development of the brain, an infection or other condition in the neonate.

Exclusions: Hypoxic ischaemic encephalopathy of newborn (KB04)

KB04 Hypoxic ischaemic encephalopathy of newborn

Hypoxic ischaemic encephalopathy (HIE) is when a newborn’s brain fails to receive a sufficient amount of oxygen or blood before and during birth that may lead to brain damage or death.

KB05 Neonatal hydrocephalus

Exclusions: Hydrocephalusn due to congenital toxoplasmosis (KA64.0)

Coded Elsewhere: Congenital hydrocephalus (LA04)

KB05.0 Neonatal obstructive hydrocephalus

KB05.Y Other specified neonatal hydrocephalus

KB05.Z Neonatal hydrocephalus, unspecified

KB06 Neonatal seizures

A paediatric condition characterised by rapid and repeated muscle contraction and relaxation, resulting in an uncontrolled shaking of the body of a newborn.

Exclusions: Benign familial neonatal epilepsy (8A61.0)

Epilepsy due to prenatal or perinatal vascular insults (8A60.00)

KB07 Compression of brain in neonate

Exclusions: Crushing injury of brain (NA08.0)

KB08 Disorders of muscle tone of newborn

A group of paediatric conditions characterised by abnormal muscle tone in a newborn.

KB08.0 Transient neonatal myasthenia gravis

A paediatric condition characterised as a temporary autoimmune neuromuscular disease leading to fluctuating muscle weakness and fatigue in a newborn.

KB08.1 Congenital hypertonia

A paediatric condition characterised by abnormally increased muscle tone that is present at birth in a newborn.

KB08.2 Congenital hypotonia

A paediatric condition characterised by abnormally decreased muscle tone that is present at birth in a newborn.

Inclusions: Nonspecific floppy baby syndrome

KB08.Y Other specified disorders of muscle tone of newborn

KB08.Z Disorders of muscle tone of newborn, unspecified

KB0Y Other specified neurological disorders specific to the perinatal or neonatal period

KB0Z Neurological disorders specific to the perinatal or neonatal period, unspecified

Respiratory disorders specific to the perinatal or neonatal period (KB20‑KB2Z)

A group of conditions occurring during the period of time around childbirth, especially the five months before and one month after birth which are associated with the cardiovascular or respiratory systems.

Coded Elsewhere: Choanal atresia (LA70.2)

Congenital hypoplasia of lung (LA75.2)

Primary central sleep apnoea of infancy (7A40.1)

Primary central sleep apnoea of prematurity (7A40.2)

Late acquired pneumonia (CA40.Y)

KB20 Intrauterine hypoxia

Intrauterine hypoxia occurs when the fetus is deprived of an adequate supply of oxygen. This may occur with prolapse or occlusion of the umbilical cord, placental infarction and maternal smoking. This can lead to damage of the central nervous system and neonatal encephalopathy, which increases the risk of mortality.

Inclusions: intrauterine distress

Exclusions: Intracranial nontraumatic haemorrhage of fetus or newborn (KA82)

Hypoxic ischaemic encephalopathy of newborn (KB04)

Metabolic acidaemia in newborn (KB22)

Late metabolic acidosis of newborn (KB63.0)

KB20.0 Intrauterine hypoxia first noted before onset of labour

A condition characterised by deprivation of an adequate supply of oxygen to the fetus during the gestation period which is diagnosed prior to the onset of labour.

KB20.1 Intrauterine hypoxia first noted during labour or delivery

A condition characterised by deprivation of an adequate supply of oxygen to the fetus diagnosed immediately prior to or during labour and delivery.

KB20.Z Intrauterine hypoxia, unspecified

KB21 Birth asphyxia

Coding Note: This category is not to be used for low Apgar score without mention of asphyxia or other respiratory problems.

Exclusions: intrauterine hypoxia or asphyxia (KB20)

KB21.0 Severe birth asphyxia

Pulse less than 100 per minute at birth and falling or steady, respiration absent or gasping, colour poor, tone absent.

KB21.1 Mild and moderate birth asphyxia

Normal respiration not established within one minute, but heart rate 100 or above, some muscle tone present, some response to stimulation.

KB21.Z Birth asphyxia, unspecified

Coding Note: This category is not to be used for low Apgar score without mention of asphyxia or other respiratory problems.

KB22 Metabolic acidaemia in newborn

Metabolic acidaemia represents an increase in hydrogen ion concentration, usually due to the production of lactic acid following hypoxia or ischemia induced anaerobic metabolism. Acidaemia can also result from inborn errors of metabolism, and disorders of the kidney and liver.

KB23 Respiratory distress of newborn

A condition characterised by developmental insufficiency of surfactant associated proteins or surfactant production and structural immaturity in the lungs.

Exclusions: Respiratory failure of newborn (KB2D)

KB23.0 Respiratory distress syndrome of newborn

Respiratory distress syndrome (RDS) is an acute illness, usually of preterm infants, due to pulmonary surfactant deficiency, developing within 4-6 hours of birth, and is characterised by respiratory distress (tachypnoea, intercostal and sternal retractions, expiratory grunt, and cyanosis) with abnormal chest radiograph showing diffuse reticulogranular densities and air bronchograms, evidence of reduced lung compliance and functional residual capacity, evidence of abnormal gas exchange (hypoxaemia, hypercapnia, cyanosis) of sufficient severity to require oxygen and/or continuous or intermittent positive pressure ventilatory support for more than 24 hours.

KB23.00 Respiratory distress syndrome of the newborn, altered by maternal corticosteroid therapy

KB23.01 Respiratory distress syndrome of the newborn, altered by pulmonary surfactant replacement therapy

KB23.02 Respiratory distress syndrome of the newborn, altered by maternal corticosteroid therapy or pulmonary surfactant replacement therapy

KB23.0Y Other specified respiratory distress syndrome of newborn

KB23.0Z Respiratory distress syndrome of newborn, unspecified

KB23.1 Transient tachypnoea of newborn

Transient tachypnoea of newborn is usually a benign self-limiting illness of term and near-term infants demonstrating increased respiratory rate and requiring supplementary oxygen after birth.

KB23.2 Respiratory instability of prematurity

Infant within the neonatal period who requires continued respiratory life support, including positive pressure ventilation and/or prolonged oxygen therapy, without a clear pathologic diagnosis. This may be caused by inadequate respiratory muscle strength, excessive chest wall compliance, and/or inadequate CNS respiratory drive.

KB23.Y Other specified respiratory distress of newborn

KB23.Z Respiratory distress of newborn, unspecified

KB24 Congenital pneumonia

Congenital pneumonia is an acute respiratory infection contracted prenatally or during the intrapartum period that is caused by a virus, bacteria, or fungi.

Inclusions: infective pneumonia acquired in utero or during birth

Exclusions: Neonatal aspiration syndromes (KB26)

Pneumonitis (CA70‑CA7Z)

KB25 Neonatal tracheitis

A disease of the trachea in neonates, caused by an infection with a bacterial, viral, or fungal source. This disease is characterised by stridor, or increased respiratory effort. Transmission is commonly by inhalation of the infectious agent. Confirmation is by direct laryngoscopy.

KB26 Neonatal aspiration syndromes

Aspiration of meconium, blood, amniotic fluids and gastric contents in a neonate resulting in clinical symptoms from airway obstruction (atelectasis, air trapping and air leaks), parenchymal injury (pneumonitis), right-to-left shunting, and ventilation-perfusion mismatch.

KB26.0 Neonatal aspiration of meconium

Meconium Aspiration Syndrome (MAS) is defined as respiratory distress in an infant born through meconium-stained amniotic fluid with roentgenographic findings consistent with MAS and whose symptoms could not be otherwise explained.

Exclusions: Meconium passage during delivery (KA05.8)

Meconium staining (KD38)

KB26.1 Neonatal aspiration of amniotic fluid or mucus

Clinical symptoms of Neonatal aspiration syndrome due to inhalation of amniotic fluid

KB26.2 Neonatal aspiration of blood

Clinical symptoms of Neonatal aspiration syndrome due to inhalation of blood usually during birth process, or through aspiration of gastrointestinal bleeding.

KB26.3 Neonatal aspiration of milk or regurgitated food

Clinical symptoms of Neonatal aspiration syndrome due to aspiration of acidic gastric content and/or milk.

KB26.Y Other specified neonatal aspiration syndromes

KB26.Z Neonatal aspiration syndromes, unspecified

KB27 Pulmonary air leak or related conditions originating in the perinatal period

Clinical syndrome due to free air from rupture of overdistended alveoli tracking into pulmonary interstitium, mediastinum, pleural cavity or subcutaneous tissues.

KB27.0 Interstitial emphysema originating in the perinatal period

Escape of air into the interstitium, lymphatics and venous circulation of the lungs resulting from rupture of small airways associated with a characteristic cystic appearance on chest X-ray, almost exclusively seen in preterm infants receiving mechanical ventilation

KB27.1 Pneumothorax originating in the perinatal period

Abnormal presence of air or other gas in the pleural cavity, usually secondary to tracking of free air from pulmonary interstitial emphysema, or rupture of subpleural blebs.

KB27.2 Pneumomediastinum originating in the perinatal period

Presence of air in the mediastinum usually from tracking of free air from ruptured alveolar ducts along the perivascular sheaths of pulmonary blood vessels, or rupture of subpleural bleb

KB27.3 Pneumopericardium originating in the perinatal period

Presence of air in the pericardial cavity usually from tracking of free air from ruptured alveolar ducts along the perivascular sheaths of pulmonary blood vessels, or rupture of subpleural bleb

KB27.4 Pneumoperitoneum, originating in the perinatal period, due to primary pulmonary air leak syndromes

KB27.Y Other specified pulmonary air leak or related conditions originating in the perinatal period

KB27.Z Pulmonary air leak or related conditions originating in the perinatal period, unspecified

KB28 Pulmonary haemorrhage originating in the perinatal period

A condition characterised by bleeding from the lung which begins during the period of time around childbirth, especially the five months before and one month after birth.

Exclusions: Acute idiopathic pulmonary haemorrhage in infants over 28 days of age (MD24)

KB28.0 Tracheobronchial haemorrhage originating in the perinatal period

A condition characterised by bleeding from the trachea or bronchi which begins during the period of time around childbirth, especially the five months before and one month after birth.

KB28.1 Traumatic pulmonary haemorrhage originating in the perinatal period

Pulmonary haemorrhage in neonate as a result of trauma, generally from a respiratory suction catheter following deep suctioning.

KB28.Y Other specified pulmonary haemorrhage originating in the perinatal period

KB28.Z Pulmonary haemorrhage originating in the perinatal period, unspecified

KB29 Chronic respiratory disease originating in the perinatal period

A group of conditions associated with the respiratory system which begin during the period of time around childbirth, especially the five months before and one month after birth, and which lasts for at least 3 months.

KB29.0 Bronchopulmonary dysplasia originating in the perinatal period

Chronic lung disease requiring treatment with oxygen for at least 28 days and with a spectrum of severity from mild to severe, that predominantly affects premature infants.

KB29.Y Other specified chronic respiratory disease originating in the perinatal period

KB29.Z Chronic respiratory disease originating in the perinatal period, unspecified

KB2A Apnoea of newborn

Any condition characterised by suspension of external breathing in a newborn (premature or term) which is not classified elsewhere

KB2A.0 Central neonatal apnoea

Central apnoea is a cessation of airflow > 20 seconds with loss of all respiratory effort. It is due to immaturity of the brainstem to control respiration. It is found in many premature infants and generally resolves by 36 weeks of age.

KB2A.1 Obstructive neonatal apnoea

Apnoea that occurs secondary to diminished airway airflow from an obstruction in the airway from the nose and mouth, tongue, hypopharynx, epiglottis, vocal cords or subglottic region. This is characterised by initial increased work of breathing and rapid progression to cyanosis.

KB2A.2 Mixed neonatal apnoea

A combination of central apnoea and obstructive apnoea. Most apnoea of prematurity is of the mixed variety, and most often resolves by 36 weeks of age.

KB2A.3 Apnoea of newborn, due to neurologic injury

KB2A.Y Other specified apnoea of newborn

KB2A.Z Apnoea of newborn, unspecified

KB2B Primary atelectasis of newborn

Failure of the lungs to expand after birth, as in stillborn infants or in liveborn infants who die before respiration is established

Inclusions: Primary failure to expand terminal respiratory units

KB2C Cyanotic attacks of newborn

Sudden attacks of cyanosis, lasting from a few moments up to half an hour, in an infant whose colour was previously normal, and whose colour returns to normal in atmospheric air after the attack

Exclusions: Apnoea of newborn (KB2A)

KB2D Respiratory failure of newborn

Acute or chronic respiratory failure in a newborn. Neonates in acute respiratory failure require respiratory support.

KB2E Respiratory arrest of newborn

KB2F Congenital lung or lobar atelectasis

Collapsed lobe or lobes of the lung that is present at birth and is due to narrowing of the airway, kinking of the airway, compression from a mass in the airway or other congenital abnormality.

KB2G Tracheal haemorrhage of newborn due to airway trauma

Trauma from suction catheters, endotracheal tubes, bronchoscopes that results in tracheal haemorrhage in the newborn.

KB2H Acquired vocal cord paralysis in newborn

Acquired vocal cord paralysis may result from birth trauma, result of the extracorporeal membrane oxygenation cannulation, thoracic surgery, or some infections. Unilateral vocal cord paralysis is more common and the left vocal cord is most frequently involved.

KB2J Airway obstruction in the neonate due to airway abnormality

Coded Elsewhere: Congenital macroglossia (LA31.0)

Congenital micrognathia (DA0E.00)

KB2J.0 Hypotonia of hypopharynx in neonate

Poor muscle tone of the hypopharynx.

KB2J.1 Hypopharyngeal mass in neonate

KB2J.2 Tracheo-bronchial malacia in neonate

Tracheomalacia is a condition characterised by flaccidity of the tracheal support cartilage causing weakness of the tracheobronchial tree and tracheal collapse.

KB2J.Y Other specified airway obstruction in the neonate due to airway abnormality

KB2J.Z Airway obstruction in the neonate due to airway abnormality, unspecified

KB2K Pulmonary cysts in newborn

KB2K.0 Acquired pulmonary cysts in newborn

Cysts occurring as a result of infection or trauma from mechanical ventilation resulting in pulmonary interstitial emphysema.

KB2K.Z Pulmonary cysts in newborn, unspecified

KB2Y Other specified respiratory disorders specific to the perinatal or neonatal period

KB2Z Respiratory disorders specific to the perinatal or neonatal period, unspecified

Cardiovascular disorders present in the perinatal or neonatal period (KB40‑KB4Z)

A group of conditions which begin during the period of time around childbirth, especially the five months before and one month after birth which are associated with the cardiovascular systems.

Exclusions: congenital malformations of the heart and circulatory system (LA80‑LA8Z)

Coded Elsewhere: Patent arterial duct (LA8B.4)

KB40 Neonatal cardiac failure

Cardiac failure originating in the neonatal period

KB40.0 Neonatal cardiac failure due to pulmonary overperfusion

Neonatal cardiac failure due to pulmonary overperfusion

KB40.1 Neonatal cardiac failure due to decreased left ventricular output

KB40.Y Other specified neonatal cardiac failure

KB40.Z Neonatal cardiac failure, unspecified

KB41 Cardiac arrhythmias in the neonate

Abnormal electrical rhythm, both tachyarrhythmias and bradyarrhythmias, in neonate

KB42 Persistent pulmonary hypertension of the newborn

Persistent pulmonary hypertension of the newborn is a cardiopulmonary disorder characterised by systemic arterial hypoxemia secondary to pulmonary hypertension and extrapulmonary right-to-left shunting across the foramen ovale and ductus arteriosus.

KB44 Transient myocardial ischaemia of newborn

A paediatric condition characterised by an imbalance between the oxygen supply and demand of the heart muscle (myocardium) in a newborn.

KB45 Neonatal hypertension

Hypertension is defined by a systolic blood pressure in a neonate which is >95th percentile for age and sex on 3 separate occasions

KB46 Neonatal hypotension

Mean Arterial Blood Pressure below gestational age in weeks (corresponds with 10th centile for birth weight and postnatal age 1) or below 30 mmHg as hypotension.

KB47 Benign or innocent cardiac murmurs in newborn

A paediatric condition characterised by heart sounds that are produced as a result of turbulent blood flow that is sufficient to produce audible noise primarily due to physiologic conditions outside the heart, as opposed to structural defects in the heart itself in a newborn.

KB48 Patent arterial duct of prematurity

Patent arterial duct associated with the child being born prior to completing 37 weeks of gestation, in the absence of ductal-dependent congenital heart disease.

KB4Y Other specified cardiovascular disorders present in the perinatal or neonatal period

KB4Z Cardiovascular disorders present in the perinatal or neonatal period, unspecified

Transitory endocrine or metabolic disorders specific to fetus or newborn (KB60‑KB6Z)

A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with changes in hormone production or utilization (endocrine system) or when abnormal chemical reactions in the body disrupt the normal processes of enzyme catalyzed reactions within tissue cells (metabolism), such as getting or making energy from consumed food.

KB60 Transitory disorders of carbohydrate metabolism specific to fetus or newborn

A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with abnormal chemical reactions in the body disrupting the process of getting or making energy from consumed carbohydrates.

KB60.0 Syndrome of infant of mother with gestational diabetes

Describes the range of effects on the infant born to a woman with gestational diabetes (onset or first recognition of carbohydrate intolerance of variable severity in pregnancy). Common neonatal effects include macrosomia, intrauterine growth restriction, birth injuries, congenital anomalies, hypoglycaemia, respiratory distress, and hypertrophic cardiomyopathy.

KB60.1 Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent

Describes the range of effects on the infant born to a woman with pregestational diabetes mellitus (type 1 or type 2). Common neonatal effects include macrosomia, intrauterine growth restriction, birth injuries, congenital anomalies, hypoglycaemia, respiratory distress, caudal regression syndrome and hypertrophic cardiomyopathy.

KB60.2 Neonatal diabetes mellitus

Neonatal diabetes mellitus (NDM) is a monogenic form of diabetes that occurs in the first 6 months of life. It is a rare condition occurring in only one in 100,000 to 500,000 live births. Infants with NDM do not produce enough insulin, leading to an increase in blood glucose. NDM can be mistaken for the much more common type 1 diabetes, but type 1 diabetes usually occurs later than the first 6 months of life. In about half of those with NDM, the condition is lifelong and is called permanent neonatal diabetes mellitus (PNDM). In the rest of those with NDM, the condition is transient and disappears during infancy but can reappear later in life; this type of NDM is called transient neonatal diabetes mellitus (TNDM).

KB60.20 Transient neonatal diabetes mellitus

Transient neonatal diabetes mellitus (TNDM) is a developmental disorder of insulin production that resolves postnatally within the first year of life. Intrauterine growth restriction is usually present. TNDM infants develop diabetes in the first few weeks of life but may go into remission in a few months, with possible relapse to a permanent diabetes state usually around adolescence or as adults. The pancreatic dysfunction in this condition may be maintained throughout life, with relapse initiated at times of metabolic stress such as puberty or pregnancy.

KB60.2Y Other specified neonatal diabetes mellitus

KB60.2Z Neonatal diabetes mellitus, unspecified

KB60.3 Neonatal hyperglycaemia

KB60.30 Neonatal hyperglycaemia due to insulin deficiency

KB60.31 Neonatal hyperglycaemia due to iatrogenic intravenous therapy

KB60.3Y Other specified neonatal hyperglycaemia

KB60.3Z Neonatal hyperglycaemia, unspecified

KB60.4 Neonatal hypoglycaemia

KB60.40 Transient hyperinsulinaemic neonatal hypoglycaemia

This refers to transient above normal level of insulin in the blood, and an abnormally diminished content of glucose in the blood, of a newborn.

KB60.41 Transitory iatrogenic neonatal hypoglycaemia

A condition associated with hypoglycemia as a result of therapeutic intervention. Often occurs with insulin therapy, but may also result from inadequate provision of glucose.

KB60.42 Other transitory neonatal hypoglycaemia

KB60.4Y Other specified neonatal hypoglycaemia

KB60.4Z Neonatal hypoglycaemia, unspecified

KB60.Y Other specified transitory disorders of carbohydrate metabolism specific to fetus or newborn

KB60.Z Transitory disorders of carbohydrate metabolism specific to fetus or newborn, unspecified

KB61 Transitory neonatal disorders of calcium or magnesium metabolism

A group of paediatric conditions in which there is a temporary disorder in a newborn associated with abnormal chemical reactions in the body disrupting the normal processes of enzyme catalyzed reactions to utilize calcium and magnesium for other body functions.

KB61.0 Neonatal hypomagnesaemia

Defined as serum magnesium levels less than 0.66 mmol/L (1.6 mg/L) in neonates. Symptoms usually do not develop until serum Magnesium (Mg) levels fall below 0.49 mmol/L (1.2 mg/L). This is usually transient but can cause symptoms similar to those of hypocalcaemia.

KB61.1 Neonatal tetany without calcium or magnesium deficiency

Features of tetany (hyperexcitability, hyperreflexia, spasms and laryngospasm) not accompanied by low calcium or magnesium levels

KB61.2 Neonatal hypocalcaemia

Hypocalcaemia is a common metabolic problem in newborns. In the neonate, hypocalcaemia is defined by birth weight (BW) categories. In infants with BW greater than 1500 g, hypocalcaemia is defined as a total serum calcium (Ca) concentration less than 8 mg/dL (2 mmol/L) or an ionized fraction of less than 4.4 mg/dL (1.1 mmol/L). In very low birth weight premature infants (BW<1500 g), hypocalcaemia is defined as a total serum Ca concentration less than 7 mg/dL (1.75 mmol/L) or an ionized fraction of less than 4 mg/dL (1 mmol/L). Aetiologies of early hypocalcaemia (occurs in the first two to three days after birth) include prematurity, maternal diabetes, birth asphyxia, and intrauterine growth. Causes of late hypocalcaemia (usually occurs at the end of the first week of life) include hypoparathyroidism and high phosphate intake. Most infants with hypocalcaemia are asymptomatic. If symptomatic, neuromuscular irritability is the most common sign with jitteriness and muscle jerking. Less common findings include seizures, and rarely laryngospasm, wheezing, or vomiting.

Exclusions: Transitory neonatal hypoparathyroidism (KB64)

KB61.3 Neonatal osteopenia

Metabolic bone disease is a common complication in very low birthweight (VLBW) preterm infants. The smallest, sickest infants are at greatest risk. Progressive osteopenia with demineralized bones and, occasionally, pathologic fractures may develop. The major cause is inadequate intake of calcium and phosphorus to meet the requirements for growth. Poor intake of vitamin D is an additional risk factor. Contributing factors include prolonged parenteral nutrition, vitamin D and calcium malabsorption, intake of unsupplemented human milk, immobilization, and urinary calcium losses from long-term diuretic use.

KB61.Y Other specified transitory neonatal disorders of calcium or magnesium metabolism

KB61.Z Transitory neonatal disorders of calcium or magnesium metabolism, unspecified

KB62 Transitory neonatal disorders of thyroid function

A group of paediatric conditions in which there is a temporary disorder in a newborn or infant associated with the thyroid.

Exclusions: Pendred syndrome (5A00.02)

Congenital hypothyroidism (5A00.0)

dyshormogenetic goitre (5A00.00)

Coded Elsewhere: Transient congenital hypothyroidism (5A00.03)

KB62.0 Transitory neonatal hyperthyroidism

A paediatric condition characterised by a temporarily abnormally increased level of thyroid hormones (triiodothyronine (T3) and thyroxine (T4)) in the blood of a newborn.

Inclusions: Neonatal thyrotoxicosis

KB62.1 Other transitory neonatal disorders of thyroid function, not elsewhere classified

Any other paediatric condition characterised by abnormal or absent function of the thyroid gland in a newborn.

Inclusions: Transitory neonatal hypothyroidism

KB62.2 Transient hyperthyrotropinaemia

Transient hyperthyrotropinaemia is characterised by elevated thyroid-stimulating hormone (TSH) and normal thyroxine (FT4) levels with the elevated TSH levels eventually normalising.

KB62.3 Transient hypothyroxinaemia

Transient hypothyroxinaemia is characterised by low thyroxine (T4, T3 and FT4) levels but normal level of thyroid-stimulating hormone (TSH), and is seen in preterm infants, usually those born before 30 weeks of gestational age.

KB62.Y Other specified transitory neonatal disorders of thyroid function

KB62.Z Transitory neonatal disorders of thyroid function, unspecified

KB63 Certain specified transitory neonatal electrolyte or metabolic disturbances

A group of paediatric conditions in which there is a temporary abnormality in the normal processes of enzyme catalyzed reactions within tissue cells (metabolism) or with the levels of minerals in the blood or other body fluids.

KB63.0 Late metabolic acidosis of newborn

Mild to moderate metabolic acidosis occurring between 1 to 3 weeks of age in otherwise healthy premature infants fed cow's milk and accompanied by poor growth. This is thought to be due to excessive protein content of the milk.

KB63.1 Dehydration of newborn

A paediatric condition characterised by excessive loss of body water in a newborn.

KB63.2 Disturbances of sodium balance of newborn

A paediatric condition characterised by abnormally high or low levels of sodium in the blood in a newborn, when the normal range is defined as 135 to 150 mEq/L.

KB63.20 Hyponatremia of newborn

Hyponatremia is defined as serum sodium less than 130 mmol/L

KB63.21 Hypernatremia of newborn

Hypernatremia is defined as serum sodium greater than 145 mmol/L.

KB63.2Y Other specified disturbances of sodium balance of newborn

KB63.2Z Disturbances of sodium balance of newborn, unspecified

KB63.3 Disturbances of potassium balance of newborn

A paediatric condition characterised by abnormally high or low levels of potassium in the blood in a newborn, when the normal range is defined as 3.5 to 5.5 mmol/L.

KB63.30 Hypokalaemia of newborn

Hypokalaemia is defined as serum potassium less than 3.5 mmol/L.

KB63.31 Hyperkalaemia of newborn

Hyperkalaemia is defined as serum potassium greater than 5.5 mmol/L.

KB63.3Y Other specified disturbances of potassium balance of newborn

KB63.3Z Disturbances of potassium balance of newborn, unspecified

KB63.4 Transitory tyrosinaemia of newborn

Clinically asymptomatic elevated blood tyrosine level caused by late fetal maturation of 4-hydroxyphenylpyruvate dioxygenase, usually detected on newborn bloodspot screening. Most commonly seen in premature infants receiving milk formulae with high protein content. Generally considered benign and resolves by 4-6 weeks of age.

KB63.5 Metabolic bone disease of prematurity

A paediatric condition characterised by bone abnormalities in a newborn due to abnormalities of minerals such as calcium, phosphorus, magnesium or vitamin D associated with the child being born prior to completing 37 weeks of gestation.

KB64 Transitory neonatal hypoparathyroidism

Defined as hypocalcaemia, hyperphosphatemia and low serum parathyroid hormone that improves spontaneously but may last from weeks to months.

KB6Z Transitory endocrine or metabolic disorders specific to fetus or newborn, unspecified

Digestive system disorders of fetus or newborn (KB80‑KB8Z)

Coded Elsewhere: Hirschsprung disease (LB16.1)

Meconium ileus in unspecified cystic fibrosis (CA25.Z)

KB80 Gastro-oesophageal reflux disease in newborn

A condition which develops when the reflux of stomach contents causes the newborn to vomit with associated discomfort, difficulty feeding and/or weight loss.

KB81 Oesophagitis in newborn

Oesophagitis is inflammation of the oesophagus. If left untreated, this condition can cause ulcers or scarring of the oesophagus.

KB81.0 Neonatal eosinophilic oesophagitis

Eosinophilic oesophagitis is an inflammatory condition, possibly caused by food allergy, in which the wall of the oesophagus becomes filled with a large number of eosinophils. It can be confused with acid reflux disease but it can be differentiated if neonate does not respond to anti-reflux medications.

KB81.Y Other specified oesophagitis in newborn

KB81.Z Oesophagitis in newborn, unspecified

KB82 Prenatal gastric perforation

Prenatal gastric perforation is a perforation or hole of the wall of the stomach that occurs while the baby is in utero. This is a rare and life-threatening condition in a neonate.

KB83 Postnatal gastric perforation

Postnatal gastric perforation is a spontaneous or traumatic penetration or hole of the wall of the stomach that occurs after birth. This is a rare and life-threatening condition in a neonate.

KB84 Postnatal isolated ileal perforation

Post natal bowel perforation, generally in the terminal ileum. Can be confused with necrotizing enterocolitis, but generally occurs earlier (2-5 days of age) and does not involve extensive bowel necrosis.

KB85 Prenatal intrauterine intestinal perforation

In-utero or prenatal bowel perforation results in a chemical peritonitis (meconium peritonitis) from peritoneal leakage of sterile meconium. Meconium peritonitis results from prenatal intestinal perforation nearly always involving the small bowel.

Exclusions: Meconium ileus with perforation (KB87.4)

KB85.0 Prenatal intrauterine intestinal perforation due to in utero volvulus

KB85.1 Prenatal intrauterine intestinal perforation due to intestinal atresia or stenosis

KB85.2 Prenatal intrauterine intestinal perforation due to intraluminal obstruction

KB85.Y Other specified prenatal intrauterine intestinal perforation

KB85.Z Prenatal intrauterine intestinal perforation, unspecified

KB86 Postnatal intestinal perforation

Postnatal intestinal perforation is a complete penetration of wall of the large or small intestine, often resulting in the leakage of luminal contents into the abdominal cavity.

KB86.0 Postnatal intestinal perforation due to drugs

KB86.1 Postnatal intestinal perforation due to in utero volvulus

KB86.2 Postnatal intestinal perforation due to intestinal atresia or stenosis

KB86.3 Postnatal intestinal perforation due to intraluminal obstruction

KB86.Y Other specified postnatal intestinal perforation

KB86.Z Postnatal intestinal perforation, unspecified

KB87 Intestinal obstruction of newborn

Any other impairment, arrest, or reversal of the normal flow of intestinal toward the anal canal in a newborn

KB87.0 Intestinal obstruction due to inspissated milk

Mechanical intestinal obstruction in premature infants due to hard milk curds formed when high-energy formula or powdered milk is fed in the presence of reduced intestinal motility and increased absorption of water from the colon. The site of obstruction is the terminal ileum, the ileocaecal valve, or the colon. The manifestations include constipation, abdominal distension, and vomiting (progressively bilious or faecal).

KB87.1 Meconium plug without ileus

Meconium plug, also referred to as functional immaturity of the colon, is an obstruction in the newborn colon. It is usually a transient disorder of the newborn and is characterised by delayed passage of meconium and intestinal dilatation.

KB87.2 Meconium ileus without perforation

The meconium sometimes becomes thickened and congested in the terminal ileum, a condition known as meconium ileus. Meconium ileus is among the most common causes of intestinal obstruction in the newborn, accounting for 9-33% of neonatal intestinal obstructions. A symptom of both Hirschsprung’s disease and cystic fibrosis is the failure to pass meconium. Some babies have a blockage in their colon that may look like meconium ileus (a meconium plug), and they have small left colon syndrome. This means the last part of their colon is smaller than normal.

KB87.3 Transitory ileus of newborn

Transient intestinal obstruction of functional rather than anatomical origin which is not uncommon in the first few days of life. As surgery may be strongly contraindicated in this group, the differential diagnosis is extremely important.

Exclusions: Hirschsprung disease (LB16.1)

KB87.4 Meconium ileus with perforation

Complicated meconium ileus with bowel perforation with varying degrees of meconium peritonitis.

KB87.Y Other specified intestinal obstruction of newborn

KB87.Z Intestinal obstruction of newborn, unspecified

KB88 Necrotising enterocolitis of newborn

This is a fulminating disease of neonates in which there is extensive mucosal ulceration, pseudomembrane formation, submucosal haemorrhage, and necrosis usually of the right colon, caecum, terminal ileum, and appendix (ENTEROCOLITIS), possibly due to perinatal intestinal ischemia and bacterial invasion. The entire colon, small intestine, stomach, and oesophagus may also be affected. Most infants are premature or suffer from respiratory distress syndrome, sepsis, or hypoxia. Symptoms (apparent during the first few weeks of life) include abdominal distension, bilious vomiting, and melaena; there may be apnoea, lethargy, temperature instability, tachycardia, tachypnoea, and a fall in blood pressure. The disorder may progress to perforation and peritonitis.

KB88.0 Necrotising enterocolitis of newborn, Stage 1A & B

KB88.1 Necrotising enterocolitis of newborn, Stage 2A & B

KB88.2 Necrotising enterocolitis of newborn, Stage 3A

KB88.3 Necrotising enterocolitis of newborn, Stage 3B

KB88.Y Other specified necrotising enterocolitis of newborn

KB88.Z Necrotising enterocolitis of newborn, unspecified

KB89 Neonatal malabsorption syndromes

Coded Elsewhere: Glucose or galactose intolerance of newborn (5C51.42)

Hereditary fructose intolerance (5C51.50)

KB89.0 Neonatal malabsorption due to endocrine secreting tumour

KB89.1 Short bowel syndrome in neonate

Short bowel syndrome in neonate is a condition originating in the perinatal period in which nutrients are not properly absorbed due to either surgical removal of a large portion of the small intestine or rarely due to the complete dysfunction of a large segment of small intestine.

Exclusions: Congenital short bowel (LB15.2)

KB89.Y Other specified neonatal malabsorption syndromes

KB89.Z Neonatal malabsorption syndromes, unspecified

KB8A Neonatal haematemesis or melaena due to swallowed maternal blood

A less serious, self-limiting case of haematemesis and melena which can occur in newborns two to three days after delivery, due to swallowed maternal blood.

KB8B Neonatal peritonitis

Neonatal peritonitis may be bacterial or chemical in origin. The majority of cases of bacterial peritonitis are due to intestinal perforations, ruptured omphaloceles, or ischemic intestinal necrosis. Although most babies had peritonitis secondary to intestinal perforation subsequent to intestinal obstruction, many instances are unexplained perforation, possibly secondary to defects in the intestinal musculature or visceral ischemia. The less common chemical peritonitis is due to prenatal intestinal perforation with extrusion of sterile meconium into the peritoneal cavity. The two types may coexist if an antenatal perforation remains open after birth, allowing bacterial contamination of the previously sterile peritoneum.

KB8C Noninfectious neonatal diarrhoea

Non-infectious causes of diarrhoea in neonates. Childhood diarrhoea is most often caused by infection. Much less often, however, it is due to other causes - e.g., malabsorption or dietary intolerance, endocrine abnormalities, hormone-secreting tumours, pancreatic and liver dysfunction. Non-infectious causes of diarrhoea may have other systemic signs and symptoms. Neonates are at particular risk of dehydration and malnutrition.

KB8Y Other specified digestive system disorders of fetus or newborn

KB8Z Digestive system disorders of fetus or newborn, unspecified

Genitourinary system disorders specific to the perinatal or neonatal period (KC00‑KC0Z)

A group of conditions occurring during the period of time around childbirth, especially the five months before and one month after birth which are associated with the genitourinary system.

KC00 Congenital hydrocele

A paediatric condition characterised by the buildup of watery fluid around one or both testicles of a newborn that is present at birth.

KC01 Congenital renal failure

A severe irreversible decline in the ability of kidneys to remove wastes, concentrate urine, and maintain electrolyte balance; blood pressure; and calcium metabolism which existed at, or often before, birth.

Inclusions: Uraemia of newborn

KC0Y Other specified genitourinary system disorders specific to the perinatal or neonatal period

KC0Z Genitourinary system disorders specific to the perinatal or neonatal period, unspecified

Disorders involving the integument of fetus or newborn (KC20‑KC9Z)

Coded Elsewhere: Neonatal dermatoses due to maternal antibodies (KA07)

KC20 Conditions involving the umbilical cord

KC20.0 Delayed separation of umbilical cord

KC20.1 Umbilical cutis or polyp of newborn

An umbilical cord polyp is a congenital lesion resulting from persistence of the omphalomesenteric duct. It originates from either the omphalomesenteric duct or from urachal remnants. The polyp may contain intestinal mucosa.

KC20.2 Umbilical granuloma of newborn

KC20.Y Other specified conditions involving the umbilical cord

KC20.Z Conditions involving the umbilical cord, unspecified

KC21 Inflammatory dermatoses of the newborn

A range of inflammatory skin disorders presenting in the neonatal period.

KC21.0 Neonatal acne

Acne presenting at birth or shortly afterwards, generally with predominantly comedonal lesions of the cheeks and a paucity of inflammatory lesions. It is thought to be due to hyperactivity of the sebaceous glands stimulated by neonatal androgens from the testes in boys and adrenals in girls.

KC21.1 Neonatal toxic erythema

Neonatal toxic erythema is a common rash in neonates, appearing in up to half of newborns carried to term, usually between day 2-5 after birth; it does not occur outside the neonatal period and typically resolves within first two weeks of life. It is characterised by blotchy erythema with crops of evanescent small white or yellow papules or pustules. It is a benign condition and is thought to cause no discomfort to the baby.

Inclusions: Neonatal erythema toxicum

KC21.2 Perianal dermatitis of the newborn

Perianal dermatitis of the newborn presents with perianal erythema during the first week of life, which in more severe forms may progress to oedema and superficial erosion of perianal skin. Although it usually occurs alone, perianal dermatitis may sometimes be associated with primary irritant napkin dermatitis. It is commoner in infants receiving cow's milk formulations than in breast-fed infants; it is assumed that it represents an irritant response to faecal constituents.

KC21.Y Other specified inflammatory dermatoses of the newborn

KC22 Neonatal disorders of subcutaneous fat

Coding Note: Code also the causing condition

KC22.0 Subcutaneous fat necrosis of the newborn

Exclusions: Subcutaneous fat necrosis due to birth injury (KA43.2)

KC22.1 Cold panniculitis of the newborn

Cold panniculitis resulting either from exposure of neonates to low environmental temperature or from local application of cold objects (e.g. ice packs for management of neonatal supraventricular tachycardia). The newborn are particularly susceptible as a result of a high saturated/unsaturated fat ratio in subcutaneous fat with a consequent elevation of the freezing point of fat.

KC22.2 Sclerema neonatorum

Sclerema neonatorum is an uncommon condition which typically affects gravely ill, preterm neonates in the first week of life. It manifests as a diffuse hardening of skin and subcutaneous adipose tissue such that the skin cannot be pitted or picked up and pinched into a fold. Histologically there is minimal inflammation without fat necrosis. It is associated with a high mortality.

KC22.Y Other specified neonatal disorders of subcutaneous fat

Coding Note: Code also the causing condition

KC22.Z Neonatal disorders of subcutaneous fat, unspecified

Coding Note: Code also the causing condition

KC23 Neonatal disorders of the oral mucosa

KC24 Neonatal nutritional disorders affecting the skin

A range of nutritional disorders presenting in the neonatal period with skin manifestations. They may result from inadequate maternal nutrition or from problems with neonatal absorption of minerals such as zinc.

Coding Note: Code also the causing condition

Skin disorders associated with prematurity (KC30‑KC3Y)

KC30 Skin fragility of prematurity

Coding Note: Code also the causing condition

KC31 Congenital erosive or vesicular dermatosis healing with reticulated supple scarring

A rare condition reported principally in premature neonates characterised by extensive erosions, vesicles, ulcerations and crusts affecting up to 75% of the body surface. The cause is unknown and the skin heals rapidly leaving faint reticulate scars.

Coding Note: Code also the causing condition

KC3Y Other specified skin disorders associated with prematurity

Coding Note: Code also the causing condition

KC40 Miscellaneous skin disorders in the neonate

Coded Elsewhere: Neonatal miliaria (EE02.0)

Disseminated intravascular coagulation of fetus or newborn (KA88)

Neonatal graft-versus-host disease (4B24.Y)

KC40.0 Congenital sucking blisters

KC40.1 Neonatal milia

KC40.Y Other specified skin disorders in the neonate

KC41 Miscellaneous specified conditions of integument specific to fetus or newborn

KC41.0 Breast engorgement of newborn

A paediatric condition characterised by the painful overfilling of the breasts of a newborn with milk.

KC41.1 Hydrops fetalis not due to haemolytic disease

A fetal condition characterised by an accumulation of fluid or oedema in at least two fetal compartments, including subcutaneous compartments, the pleura, the pericardium, or the abdomen that is not due to the breakdown of red blood cells.

KC41.Y Other specified conditions of integument specific to fetus and newborn

Iatrogenic injuries involving the skin of the neonate (KC50‑KC7Y)

Postnatal iatrogenic skin injury (KC50‑KC5Z)

Injuries resulting from perinatal and postnatal medical procedures

KC50 Neonatal phototherapy burn

Burn resulting from phototherapy administered to neonate, usually for the treatment of neonatal jaundice.

KC5Y Other specified postnatal iatrogenic skin injury

KC5Z Postnatal iatrogenic skin injury, unspecified

KC7Y Other specified iatrogenic injuries involving the skin of the neonate

KC9Z Disorders involving the integument of fetus or newborn, unspecified

Disturbances of temperature regulation of newborn (KD10‑KD1Z)

Normal temperature of newborn is 36.5 degrees C (S.D. = 0.6 degrees C). Temperature above 38.0 and below 36.0 may be regarded as unusual and called hyper- or hypothermia.

KD10 Environmental hyperthermia of newborn

A paediatric condition characterised by a core body temperature above 37.5 degrees C (99.5 degrees F) in a newborn due to exposure of the newborn to prolonged or extremely high environmental temperature.

KD11 Fever of newborn

KD12 Hypothermia of newborn

Core body temperature of a newborn below -1SD (36.0 degrees C) compared with mean temperature (36.5 degrees of C).

KD12.0 Neonatal cold injury syndrome

Neonatal cold injury syndrome is characterised by a core body temperature below 35°C (95°F) due to exposure of the newborn to prolonged or extremely low environmental temperatures. Clinically it is characterised by coldness to touch, apathy, immobility, decreased urine output and refusal of food. In addition oedema and redness of the extremities, especially the hands, feet, and face, are observed. It is commonly fatal and survivors may have evidence of brain damage.

KD12.Y Other specified hypothermia of newborn

KD12.Z Hypothermia of newborn, unspecified

KD1Y Other specified disturbances of temperature regulation of newborn

KD1Z Disturbances of temperature regulation of newborn, unspecified

Certain disorders originating in the perinatal period (KD30‑KD3Y)

A group of any other paediatric conditions that occur during the period of time around childbirth, especially the five months before and one month after birth.

Coded Elsewhere: Abnormal findings on neonatal screening (MG71.0)

Excessive crying of infant (MG44.0)

KD30 Birth depression

A condition characterised by cardiorespiratory and neurological depression in a newborn.

Coding Note: Code also the causing condition

KD30.0 Birth depression with 5 minute Apgar score 0-3

A condition characterised by cardiorespiratory and neurological depression, defined as an Apgar score between 0 to 3 at 5 minutes following birth.

KD30.1 Birth depression with 5 minute Apgar score 4-6

A condition characterised by cardiorespiratory and neurological depression, defined as an Apgar score between 4 and 6 at 5 minutes following birth.

KD30.2 Birth depression with associated metabolic acidaemia of cord blood

KD30.Z Birth depression, unspecified

Coding Note: Code also the causing condition

KD31 Wide cranial sutures of newborn

A paediatric condition characterised by abnormally large separation between the bones of the skull of a newborn.

KD32 Feeding problems of newborn

A lack of interest in feeding or a problem receiving the proper amount of nutrition in a newborn.

Exclusions: Avoidant-restrictive food intake disorder (6B83)

KD32.0 Slow feeding of newborn

A paediatric condition characterised by a newborn who requires more than approximately 45 minutes per feeding.

KD32.1 Underfeeding of newborn

A paediatric condition characterised by a newborn who consumes less than average for their age and weight and who seems hungry and unsatisfied after feeding, is fussy or cries a lot, does not produce several wet and soiled diapers each day, and who does not gain weight.

KD32.2 Overfeeding of newborn

A paediatric condition characterised by a newborn who consumes too much food and has subsequent excessive vomiting or weight gain beyond normal averages.

KD32.3 Neonatal difficulty in feeding at breast

A paediatric condition characterised by a newborn who has difficulty breastfeeding associated with problematic latching on to the breast, poor sucking reflex, structural anomalies, or other issues.

KD32.4 Failure to thrive in newborn

When newborn’s current weight or rate of weight gain is significantly below that of other newborns of similar age and gender.

KD32.Y Other specified feeding problems of newborn

KD32.Z Feeding problems of newborn, unspecified

KD33 Jittery baby, not elsewhere classified

Jitteriness can occur on the first day of life. It can be caused by hypoglycaemia, hypocalcaemia, drug withdrawal, or other conditions.

KD34 Reactions or intoxications due to drugs administered to fetus or newborn

A group of paediatric substance-induced conditions associated with health interventions applied to a fetus or newborn using pharmaceutical products.

Exclusions: Withdrawal symptoms from therapeutic use of drugs in newborn (KD36)

Neonatal hyperbilirubinaemia due to drugs or toxins transmitted from mother (KA87.4)

reactions and intoxications from maternal opiates, tranquillizers and other medication (KA06.0)

Neonatal withdrawal syndrome from maternal use of drugs of addiction (KD35)

Neonatal hyperbilirubinaemia due to drugs or toxins given to newborn (KA87.5)

KD35 Neonatal withdrawal syndrome from maternal use of drugs of addiction

Intrauterine exposure to addictive drugs can lead to neonatal withdrawal symptoms. Withdrawal symptoms are usually neurological, preventing normal autonomic function. The clinical presentation of drug withdrawal is variable and dependent on several factors, such as, the type and dose of drug used and rate of metabolism and excretion of the mother and infant.

Inclusions: Drug withdrawal syndrome in infant of dependent mother

Neonatal abstinence syndrome

Exclusions: Fetus or newborn affected by maternal anaesthesia or analgesia in pregnancy, labour or delivery (KA06.0)

KD36 Withdrawal symptoms from therapeutic use of drugs in newborn

A paediatric condition characterised by the presence of symptoms due to drug withdrawal in a newborn.

KD37 Exposure to tobacco smoke in the perinatal period

Exposure to tobacco smoke in the perinatal period, both directly or through second hand smoke, can lead to: low birth weight, preterm delivery, Sudden Infant Death Syndrome (SIDS or cot death), spontaneous abortion, or intrauterine growth retardation.

Exclusions: Fetus or newborn affected by maternal use of tobacco (KA06.1)

KD38 Meconium staining

Green or yellowish appearing amniotic fluid, indicating presence of meconium. The newborn’s skin, nail beds or the umbilical cord may be stained.

Exclusions: Neonatal aspiration of meconium (KB26.0)

Meconium passage during delivery (KA05.8)

KD39 Complications of intrauterine procedures, not elsewhere classified

A group of conditions characterised as an unfavourable evolution of a condition (complication) due to a health intervention applied inside of the uterus.

Exclusions: fetus and newborn affected by placental separation and haemorrhage due to intrauterine procedures (KA02)

KD39.0 Fetus or newborn affected by amniocentesis

Amniocentesis involves extracting a small sample of amniotic fluid surrounding the fetus. Risks include miscarriage or injury if the needle comes into contact with the fetus or placenta.

KD39.1 Fetus or newborn affected by chorionic villous sampling

Chorionic villus sampling (CVS) is a procedure where a small sample of the placenta is removed, either through the cervix or abdomen. Risks when performing CVS include: injury to the fetus or mother from the needle, infection to the mother from a punctured bowel or contaminated skin, or Rhesus sensitisation. Injury or infection can lead to miscarriage, although this is rare.

KD39.2 Fetus or newborn affected by fetal blood sampling

Fetal blood sampling involves extracting a sample of fetal blood from the umbilical cord using a needle and an ultrasound as a guide. It is used to detect fetal abnormalities and is generally performed after the completion of 18 weeks of gestation. Risks to the fetus and newborn include: miscarriage, bleeding from the needle entry site, uterine infection and temporary slowing of the baby’s heart rate following the procedure.

Inclusions: Fetus or newborn affected by cordocentesis

KD39.3 Fetus or newborn affected by complications of fetal surgery

A condition in the fetus due to an unfavourable evolution of a condition (complication) associated with a surgical health intervention applied to the fetus.

KD39.4 Fetus or newborn affected by complications of intrauterine fetal surgery

Fetal surgery is the surgical treatment of a fetus still present in the uterus. It is performed when the fetus is suffering from a birth defect and is not expected to survive the delivery or live long after birth. It allows for the fetus to survive to birth, so that further corrective surgery can then be performed. Fetal surgery can be done in the following ways: fetoscopic surgery by using a fibreoptic scope to enter the uterus through small surgical openings, open fetal surgery by performing a hysterotomy which is an opening of the uterus, or radiofrequency ablation which cuts off the blood supply to a tumour.

KD39.Y Other specified complications of intrauterine procedures, not elsewhere classified

KD39.Z Complications of intrauterine procedures, not elsewhere classified, unspecified

KD3A Termination of pregnancy, affecting surviving fetus or newborn

Termination of pregnancy (TOP) refers to a medically directed miscarriage, and this can be performed using pharmacological or surgical methods.

Exclusions: termination of pregnancy (affecting mother) (JA00.1)

KD3B Fetal death, cause not specified

Fetal death is death of a fetus prior to its complete expulsion or extraction from a woman, irrespective of the duration of pregnancy. Fetal death may be diagnosed in utero by absence of fetal heart sounds, confirmed by imaging techniques where available, or after delivery by absence of signs of life after the complete expulsion or extraction from the woman.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Coding Note: Not to be used for the underlying cause of death of live births.

Not to be used for the underlying cause of fetal death, if any other cause of fetal mortality is known.

Inclusions: stillbirth NOS

stillborn NOS

osteopedion fetus

lithopedion fetus

fetus maceration

calcified fetus

KD3B.0 Antepartum fetal death

Antepartum fetal death is a fetal death before the onset of labour. If vital status of the fetus at the onset of labour is unknown, consider it was antepartum if there is presence of signs of maceration at the time of delivery.

Macerated stillbirth - is the complete expulsion or extraction from a woman of a fetus following a fetal death at 22 or more completed weeks of gestation; or if gestational age is not available with a birthweight of 500g or more with skin showing signs of maceration.

Antepartum stillbirth - is the complete expulsion or extraction from a woman of a fetus following an antepartum fetal death at 22 or more completed weeks of gestation; or if gestational age is not available with a birthweight of 500 grams or more.

Coding Note: Not to be used for the underlying cause of death of live births.

Not to be used for the underlying cause of fetal death, if any other cause of fetal mortality is known.

Inclusions: macerated stillbirth

antepartum stillbirth

KD3B.1 Intrapartum fetal death

Intrapartum fetal death is a fetal death during labour. If vital status of the fetus at the onset of labour is unknown, consider it was intrapartum if there is fresh skin appearance or no signs of maceration at the time of delivery.

Intrapartum stillbirth - is the complete expulsion or extraction from a woman of a fetus following an intrapartum fetal death at 22 or more completed weeks of gestation; or if gestational age is not available with a birthweight of 500 grams or more.

Coding Note: Not to be used for the underlying cause of death of live births.

Not to be used for the underlying cause of fetal death, if any other cause of fetal mortality is known.

Inclusions: intrapartum stillbirth

fresh stillbirth

KD3B.Z Unspecified time of fetal death, cause not specified

Coding Note: Not to be used for the underlying cause of death of live births.

Not to be used for the underlying cause of fetal death, if any other cause of fetal mortality is known.

KD3C Vomiting in newborn

A paediatric condition characterised by the forceful expulsion of the contents of the stomach through the mouth and sometimes the nose of a newborn.

KD3C.0 Bilious vomiting of newborn

KD3C.Y Other specified vomiting in newborn

KD3C.Z Vomiting in newborn, unspecified

KD3Y Other specified disorders originating in the perinatal period

KD5Z Conditions originating in the perinatal or neonatal period, unspecified

Coding Note: Conditions arising in the perinatal period, even though death or morbidity occurs later, should, as far as possible, be coded to chapter 19, which takes precedence over chapters containing codes for diseases by their anatomical site.

For children less than 28 days old, assume that a reported condition developed in the perinatal period, unless the duration is stated and the onset was after the first completed week of life.

CHAPTER 20

Developmental anomalies

This chapter has 221 four-character categories.

Code range starts with LA00

This chapter includes conditions caused by failure of a particular body site or body system to develop correctly during the antenatal period.

Exclusions: Inborn errors of metabolism (5C50‑5C5Z)

This chapter contains the following top level blocks:

* Structural developmental anomalies primarily affecting one body system
* Multiple developmental anomalies or syndromes
* Chromosomal anomalies, excluding gene mutations

Structural developmental anomalies primarily affecting one body system (LA00‑LD0Z)

A deformation established before birth of an anatomical structure.

Structural developmental anomalies of the nervous system (LA00‑LA0Z)

Any condition caused by failure of the nervous system to correctly develop during the antenatal period.

LA00 Anencephaly or similar anomalies

A malformation of the nervous system caused by the failure of neuropore closure. Infants are born with intact spinal cord, cerebellum, and brainstem, but lack formation of neural structures above this level. The skull is only partially formed but the eyes are usually normal.

LA00.0 Anencephaly

Anencephaly is a neural tube defect, characterised by the total or partial absence of the cranial vault and the covering skin, the brain being missing or reduced to a small mass. Most cases are stillborn, although some infants have been reported to survive for a few hours. In most cases autopsy findings reveal absence of adrenal glands. Anencephaly is likely to be multifactorial, the result of gene-environment interactions. Familial cases with a seemingly autosomal recessive mode of inheritance have been described but most cases are sporadic. Folic acid and zinc deficiencies, as well as maternal obesity, have been shown to be risk factors.

LA00.00 Craniorachischisis

A condition caused by failure of the neural tube to close completely during the antenatal period. This condition is characterised by complete absence of the skull, extensive defects in the vertebrae and skin, and absence of the brain.

LA00.0Y Other specified anencephaly

LA00.0Z Anencephaly, unspecified

LA00.1 Iniencephaly

Iniencephaly is a rare form of neural tube defect in which a malformation of the cervico-occipital junction is associated with a malformation of the central nervous system. The cardinal features are occipital bone defect, partial or total absence of cervicothoracic vertebrae, fetal retroflexion of the head and characteristic absence of the neck. It is associated with malformations of the central nervous (spina bifida and/or anencephaly), gastrointestinal (omphalocele) and cardiovascular systems.

LA00.2 Acephaly

LA00.3 Amyelencephaly

Amyelencephaly is the absence of both the brain and spinal cord.

LA00.Y Other specified anencephaly or similar anomalies

LA00.Z Anencephaly or similar anomalies, unspecified

LA01 Cephalocele

A condition caused by failure of the skull to correctly close during the antenatal period. This condition is characterised by herniation of the meninges. This condition may present with herniation of brain, or developmental delay. Confirmation is through observation of herniated meninges by imaging.

LA02 Spina bifida

Spina bifida is the most common of a group of birth defects called neural tube defects. Spina bifida affects the backbone and, sometimes, the spinal cord. Aperta spina bifida defines the dorsal malclosure of vertebrae, associated with various degrees of spine defects. A pocket of skin may form, containing meninges (meningocele) or spinal cord and meninges (myelomeningocele). Different subtypes are distinguished according to the location of the defect. Consequences are paraplegia (paralysed lower limbs), hydrocephaly, Chiari malformation (result of the attached spine during life in utero), urinary and anorectal incontinence. The intensity of signs varies greatly with the level and extent of the lesion.

Inclusions: Rachischisis

Spinal dysraphism

Exclusions: Arnold-Chiari malformation type I (LA07.4)

Arnold-Chiari malformation type II (LA03)

Occult spinal dysraphism (LB73.0)

LA02.0 Spina bifida cystica

A condition caused by failure of the neural tube to correctly develop during the antenatal period. This condition is characterised by nerve damage and the presence of meningoceles on the back. This condition may present with physical or mental impairment.

LA02.00 Myelomeningocele with hydrocephalus

A condition caused by failure of the neural tube to correctly develop during the antenatal period. This condition is characterised by nerve damage and hydrocephalus. This condition may also present with syringomyelia, hip dislocation, headache, nausea, vomiting, blurry vision, balance problems, bladder control problems, meningitis, or mental impairment.

LA02.01 Myelomeningocele without hydrocephalus

A condition caused by failure of the neural tube to close completely during fetal development. This condition is characterised by nerve damage. This condition may also present with syringomyelia, hip dislocation, headache, nausea, vomiting, blurry vision, balance problems, bladder control problems, meningitis, or mental impairment.

LA02.02 Myelocystocele

A condition caused by failure of the neural tube to close completely during fetal development. The condition is characterised by skin covered lumbosacral masses, an arachnoid lined meningocele that is directly continuous with the spinal subarachnoid space, and a low lying hydromyelic spinal cord that traverses the meningocele and expands into a large terminal cyst. This condition can present with neural damage and consequent impairment of function below the site of the myelocystocele.

LA02.0Y Other specified spina bifida cystica

LA02.0Z Spina bifida cystica, unspecified

LA02.1 Spina bifida aperta

A condition caused by failure of the neural tube to correctly develop during the antenatal period. This condition is characterised by nerve damage originating from a known location in the spine, signified by the presence of a meningocele or myelomeningocele. This condition may present with physical or mental impairment.

LA02.Y Other specified spina bifida

LA02.Z Spina bifida, unspecified

LA03 Arnold-Chiari malformation type II

A condition caused by failure of the brain and spinal cord to correctly develop during the antenatal period. This condition is characterised by extension of both cerebellar and brain stem tissue into the foramen magnum. This condition may present with partial or complete absence of the cerebellar vermis, myelomeningocele, neck pain, balance problems, muscle weakness, limb numbness, dizziness, vision problems, difficulty swallowing, ringing in the ears, hearing loss, vomiting, insomnia, depression, or impairment of motor skills.

Exclusions: Arnold-Chiari malformation type I (LA07.4)

LA04 Congenital hydrocephalus

A disease caused by failure of the brain to correctly develop during the antenatal period. This condition is characterised by a rapid increase in head circumference or an unusually large head size due to excessive accumulation of cerebrospinal fluid in the brain. This condition may also present with vomiting, sleepiness, irritability, downward deviation of the eyes, or seizures. Confirmation is through observation of cerebrospinal fluid within cerebral ventricles by imaging.

Inclusions: Hydrocephalus in newborn

Exclusions: Myelomeningocele with hydrocephalus (LA02.00)

Hydrocephalus due to congenital toxoplasmosis (KA64.0)

Arnold-Chiari malformation type I (LA07.4)

Arnold-Chiari malformation type II (LA03)

LA04.0 Hydrocephalus with stenosis of the aqueduct of Sylvius

Hydrocephalus with stenosis of aqueduct of Sylvius (HSAS) or Bickers-Adams syndrome is characterised by the association of hydrocephaly, severe intellectual deficit, spasticity and adducted thumbs, and is part of the L1 syndrome (see this term).

Inclusions: Stenosis of the aqueduct of Sylvius

LA04.Y Other specified congenital hydrocephalus

LA04.Z Congenital hydrocephalus, unspecified

LA05 Cerebral structural developmental anomalies

Any condition caused by failure of the brain to correctly develop during the antenatal period.

Exclusions: Encephalocele (LA01)

LA05.0 Microcephaly

A condition caused by failure of the head to correctly develop during the antenatal period. This condition is characterised by a head size that is significantly smaller than normal for their age and sex. This condition may also present with developmental delays, difficulties with balance and coordination, short stature, hyperactivity, mental retardation, seizures, or other neurological abnormalities.

Coding Note: Code also the causing condition

Inclusions: Micrencephaly

Exclusions: Syndromes with microcephaly as a major feature (LD20.2)

LA05.1 Megalencephaly

A condition caused by failure of the brain to correctly develop during the antenatal period. This condition is characterised by increased size or weight of an otherwise correctly formed brain. This condition may also present with seizures, motor deficits, mental retardation and mild cognitive impairment.

LA05.2 Holoprosencephaly

Holoprosencephaly is a brain malformation resulting from incomplete cleavage of the prosencephalon, occurring between the 18th and the 28th day of gestation and affecting both the forebrain and the face. In most of the cases, facial anomalies are observed: cyclopia, proboscis and median or bilateral cleft lip/palate in severe forms, and ocular hypotelorism or solitary median maxillary central incisor in minor forms. These latter midline defects can occur without the cerebral malformations (microforms). Children with HPE have many medical problems: developmental delay and feeding difficulties, epilepsy, and instability of temperature, heart rate and respiration. Endocrine disorders like diabetes insipidus, adrenal hypoplasia, hypogonadism, thyroid hypoplasia and growth hormone deficiency are frequent.

Coded Elsewhere: Cyclopia (LA10.Y)

LA05.3 Corpus callosum agenesis

Corpus callosum agenesis is the most common brain malformation and is characterised by total or partial absence of the main interhemispheric commissure, the corpus callosum.

LA05.4 Arrhinencephaly

A condition caused by failure of the olfactory organs to correctly develop during the antenatal period. This condition is characterised by absence of the olfactory bulbs and tracts.

LA05.5 Abnormal neuronal migration

Any condition caused by abnormal migration of neuronal cells during the antenatal period. These conditions may present with poor muscle tone and motor function, seizures, developmental delays, mental retardation, failure to grow and thrive, difficulties with feeding, swelling in the extremities or microcephaly.

Exclusions: Lissencephaly (LD20.1)

LA05.50 Polymicrogyria

Polymicrogyria (PMG) is a cerebral cortical malformation characterised by excessive cortical folding and by shallow sulci. Microscopic examination reveals abnormal cortical layering. Topographic distribution of PMG is variable, but bilateral symmetrical perisylvian PMG (BPP) is the most frequent form. PMG is manifested by mild intellectual deficit, epilepsy, and pseudobulbar palsy, which causes difficulties with speech learning and feeding. The severity of PMG is highly dependent on the location and size of the affected area.

LA05.51 Cortical dysplasia

A condition caused by failure of the cortex to correctly develop during the antenatal period, or by trauma. This condition is characterised by epileptic seizures. This condition may also present with learning impairments.

LA05.5Y Other specified abnormal neuronal migration

LA05.5Z Abnormal neuronal migration, unspecified

LA05.6 Encephaloclastic disorders

LA05.60 Porencephaly

Porencephaly is characterised by a circumscribed intracerebral cavity of variable size that may be bordered by abnormal polymicrogyric grey matter. In extreme cases, this cavity may result in a communication between the pial surface and the ventricle; this is termed schizencephaly.

LA05.61 Schizencephaly

Schizencephaly is a rare congenital cerebral malformation characterised by the presence of linear clefts in one or both hemispheres of the brain, extending from the lateral ventricles to the pial surface of the cortex, and that lead to a variety of neurological symptoms such as epilepsy, motor deficits, and psychomotor retardation.

LA05.62 Hydranencephaly

A condition caused by failure of the cerebral hemispheres to develop during the antenatal period. This condition is characterised by a lack of a forebrain upon imaging. This condition may present with visual impairment, lack of growth, deafness, blindness, spastic quadriparesis, or intellectual deficits.

LA05.6Y Other specified encephaloclastic disorders

LA05.6Z Encephaloclastic disorders, unspecified

LA05.7 Brain cystic malformations

A disease caused by expansion of the roof plate of the brain vesicle, or by extraaxial structures such as an arachnoid membrane or migrating ependymal cells. This disease is characterised by the presence of fluid filled cysts in the brain. This disease may present with asymmetry of the skull, brain compression, raised intracranial pressure, hydrocephalus, bleeding or seizures. This disease may also be asymptomatic. Confirmation is through observation of intracerebral cysts by imaging.

Exclusions: Acquired porencephalic cysts (8E40)

Dandy-Walker malformation with hydrocephalus (LA06.0)

Dandy-Walker malformation without hydrocephalus (LA06.0)

Coded Elsewhere: Intracranial arachnoid cyst (8D67)

LA05.8 Colpocephaly

A condition caused by the white matter in the posterior cerebrum failing to develop or thicken during the antenatal period. This condition is characterised by the occipital horns – the posterior or rear portion of the lateral ventricles (cavities) of the brain – being larger than normal.

Exclusions: Porencephaly (LA05.60)

stenosis of interventricular foramen (ME93)

LA05.Y Other specified cerebral structural developmental anomalies

LA05.Z Cerebral structural developmental anomalies, unspecified

LA06 Cerebellar structural developmental anomalies

Any condition caused by failure of the brain to correctly develop during the antenatal period.

Exclusions: Arnold-Chiari malformation type I (LA07.4)

Arnold-Chiari malformation type II (LA03)

LA06.0 Dandy-Walker malformation

Dandy-Walker malformation is the association of three signs: hydrocephalus, partial or complete absence of the cerebellar vermis, and posterior fossa cyst contiguous with the fourth ventricle.

LA06.1 Hypoplasia or agenesis of cerebellar hemispheres

Cerebellar hypoplasia corresponds to underdevelopment of cerebellar structures that can involve the vermis and/or the cerebellar hemispheres from partial to total agenesis. It has been described in the context of various clinical entities: chromosomal anomalies, in utero exposure to toxins and infectious agents, metabolic disorders (disorders of glycosylation and CoQ10 deficiencies), and a wide variety of rare genetic neurological diseases. It can be confined to the cerebellum, or affect other CNS structures: the midbrain (molar tooth syndromes), pons and medulla (ponto-cerebellar hypoplasia), cerebral cortex (lissencephaly cerebellar hypoplasia syndromes).

Exclusions: PHACE syndrome (LD2F.1)

LA06.2 Focal cerebellar dysplasia

A condition caused by failure of the cerebellum to correctly develop during the antenatal period. This condition may present with hypotonia, facial deformities, abnormalities in eyes or in ocular motricity, cognitive deficiencies, or motor dysfunction. Confirmation is through observation of a malformed cerebellum by imaging.

LA06.Y Other specified cerebellar structural developmental anomalies

LA06.Z Cerebellar structural developmental anomalies, unspecified

LA07 Structural developmental anomalies of the neurenteric canal, spinal cord or vertebral column

Any condition caused by failure of the neurenteric canal, spinal cord and vertebral column to correctly develop during the antenatal period.

Coded Elsewhere: Occult spinal dysraphism (LB73.0)

LA07.0 Primary tethered cord syndrome

A condition caused by failure of the spinal cord to correctly develop during the antenatal period. This condition is characterised by tethering of the spinal cord to the spinal canal. This condition may present with lower back skin appendages, radicular pain, weakness, asymmetric hyporeflexia, spasticity, sensory changes, bowel or bladder dysfunction, or motor dysfunction. Confirmation is through observation of a tethered spinal cord by imaging.

LA07.1 Diastematomyelia

A condition caused by failure of the spinal cord during the antenatal period. This condition is characterised by separation of the spinal cord into two parts by a rigid or fibrous septum. This condition may present with misformed vertebrae, pain, weakness, impaired gait, sensory changes in the legs, or sphincter disturbance. Confirmation is through observation of a septum-bifurcated spinal cord by imaging.

Inclusions: Split cord malformation

LA07.2 Amyelia

A condition caused by malformation of the spinal cord during the antenatal period. This condition is characterised by absence of sections of the spinal cord.

Inclusions: Spinal cord agenesis

LA07.3 Primary syringomyelia or hydromyelia

A condition caused by failure of the spinal canal to correctly develop during the antenatal period. This condition is characterised by a cavity within the spinal cord in which cerebrospinal fluid can accumulate. Confirmation is through observation of a fluid filled cavity within the spinal cord by imaging.

Exclusions: Syringomyelia due to certain specified cause (8D66.1)

LA07.4 Arnold-Chiari malformation type I

A condition caused by failure of the cerebellum to correctly develop during the antenatal period. This condition is characterised by extension of the cerebellar tonsils into the foramen magnum, without involving the brain stem. This condition may present as asymptomatic. Confirmation is through observation of the cerebellar tonsil extension by imaging.

Exclusions: Arnold-Chiari malformation type II (LA03)

LA07.Y Other specified structural developmental anomalies of the neurenteric canal, spinal cord or vertebral column

LA07.Z Structural developmental anomalies of the neurenteric canal, spinal cord or vertebral column, unspecified

LA0Y Other specified structural developmental anomalies of the nervous system

LA0Z Structural developmental anomalies of the nervous system, unspecified

Structural developmental anomalies of the eye, eyelid or lacrimal apparatus (LA10‑LA1Z)

Any condition caused by failure of the eye, eyelid and lacrimal apparatus to correctly develop during the antenatal period.

LA10 Structural developmental anomalies of ocular globes

Any condition caused by failure of the ocular globes to correctly develop during the antenatal period.

Exclusions: Holoprosencephaly with cyclopia or synophthalmia (LA05.2)

LA10.0 Microphthalmos

#DRAFT# This is a developmental disorder of the eye that literally means small eye (micros = small; ophthalmos = eye). One (Unilateral Microphthalmia) or both (Bilateral Microphthalmia) eyes may be involved.

Inclusions: Dysplasia of eye

Hypoplasia of eye

Rudimentary eye

LA10.1 Clinical anophthalmos

This refers to the clinical absence of one or both eyes. Both the globe (human eye) and the ocular tissue are missing from the orbit. The absence of the eye will cause a small bony orbit, a constricted mucosal socket, short eyelids, reduced palpebral fissure and malar prominence. Genetic mutations, chromosomal abnormalities, and prenatal environment can all cause anophthalmia. Anophthalmia is an extremely rare disease and is mostly rooted in genetic abnormalities.

Inclusions: Agenesis of eye

Aplasia of eye

LA10.2 Buphthalmos

A condition characterised by enlargement of the globe of the eye.

LA10.3 Congenital macrophthalmos

A condition caused by failure of the eye to develop correctly during the antenatal period. This condition is characterised by enlargement of the globe of the eye.

Exclusions: macrophthalmos in congenital glaucoma (9C61.4)

LA10.Y Other specified structural developmental anomalies of ocular globes

LA10.Z Structural developmental anomalies of ocular globes, unspecified

LA11 Structural developmental anomalies of the anterior segment of eye

Any condition caused by failure of the anterior segment of the eye to correctly develop during the antenatal period.

Coded Elsewhere: Developmental glaucoma (9C61.4)

LA11.0 Blue sclera

A condition of the eye, characterised by transparency of the sclera such that the blue uvea is visible.

LA11.1 Structural developmental anomalies of cornea

Any condition caused by failure of the cornea to correctly develop during the antenatal period.

Coded Elsewhere: Corneal staphyloma (9A78.51)

LA11.2 Anterior segment dysgenesis

A condition caused by failure of the anterior structures of the eye to correctly develop during the antenatal period. This condition may present with iris hypoplasia, irregular and misplaced pupils, hazy corneas, or attachments of the iris to the cornea.

LA11.3 Aniridia

Aniridia is a congenital ocular malformation characterised by the complete or partial absence of the iris. It can be isolated or part of a syndrome (isolated and syndromic aniridia).

LA11.4 Coloboma of iris

A disease of the eye, caused by trauma or congenital genetic mutation. This disease is characterised by notches or gaps in iris.

LA11.5 Congenital corneal opacity

A condition caused by failure of the cornea to correctly develop during the antenatal period. This condition is characterised by opacity of the cornea.

Coded Elsewhere: Peters anomaly (9C61.42)

Congenital hereditary endothelial dystrophy type 2 (9A70.0)

LA11.6 Structural disorders of the pupil

LA11.60 Irregular pupil of the eye

LA11.61 Iridoschisis

LA11.62 Anomalies of pupillary function

This is a group of conditions associated with pupillary function which is to regulate the amount of light that enters the eye controlled by the muscular structures of the iris.

Coded Elsewhere: Congenital mydriasis (9B01.3)

LA11.6Y Other specified structural disorders of the pupil

LA11.6Z Structural disorders of the pupil, unspecified

LA11.Y Other specified structural developmental anomalies of the anterior segment of eye

LA11.Z Structural developmental anomalies of the anterior segment of eye, unspecified

LA12 Structural developmental anomalies of lens or zonula

Any condition caused by failure of the lens and zonula to correctly develop during the antenatal period.

LA12.0 Coloboma of lens

LA12.1 Congenital cataract

Partial or complete opacity on or in the lens or capsule of one or both eyes, impairing vision or causing blindness; typically diagnosed at birth

LA12.2 Congenital aphakia

Congenital primary aphakia is a developmental eye defect characterised by an absence of the lens, and can be associated with variable secondary ocular defects (including aplasia/dysplasia of the anterior segment of the eye, microphthalmia, and in some cases absence of the iris, retinal dysplasia, or sclerocornea).

LA12.3 Spherophakia

A disease of the eye, caused by homozygous mutations in the LTBP2 gene (isolated spherophakia), or by other genetic mutations. This disease is characterised by small, spherical lenses. This disease can also present with lenticular myopia, glaucoma, or sublation of the lens into the vitreous cavity.

LA12.Y Other specified structural developmental anomalies of lens or zonula

LA12.Z Structural developmental anomalies of lens or zonula, unspecified

LA13 Structural developmental anomalies of the posterior segment of eye

Any condition caused by failure of the posterior segment of the eye to correctly develop during the antenatal period. These conditions are characterised by clinical, functional, or morphological changes to the posterior segment of the eye.

Coded Elsewhere: Juvenile retinoschisis (9B73.11)

Optic nerve hypoplasia or aplasia (LA13.7Z)

LA13.0 Congenital anomalies of the vitreous

Coded Elsewhere: Congenital vitreoretinal dysplasia (LA13.3)

Persistent hyperplastic primary vitreous (LA13.Y)

LA13.1 Coloboma of choroid or retina

A condition of the eye characterised by absence of the retina in the lower inside corner of the eye.

LA13.2 Coloboma of macula

A disease caused by malformation of the macula due to retinal inflammation during the antenatal period or by congenital genetic mutation. This disease is characterised by a clearly delineated defect in the macula.

LA13.3 Congenital vitreoretinal dysplasia

Any disease caused by the maldevelopment of the vitreous and retina.

Coded Elsewhere: Incontinentia pigmenti (LD27.00)

Walker Warburg syndrome (8C70.6)

Norrie disease (LD21.Y)

LA13.5 Congenital retinal aneurysm

LA13.6 Congenital malformations of choroid

These are single or multiple defects of the morphogenesis of the choroid, the vascular layer of the eye, identifiable at birth or during the intrauterine life.

LA13.7 Congenital malformation of optic disc

#DRAFT# This is a group of congenital deformities of the optic disc, the location where ganglion cell axons exit the eye to form the optic nerve, which is not classified elsewhere.

LA13.70 Isolated optic nerve hypoplasia

LA13.71 Optic nerve aplasia

LA13.72 Congenitally elevated optic disc

LA13.73 Optic disc dysplasia

deformed optic discs that fail to conform to any recognizable diagnostic category

LA13.74 Megalopapilla

LA13.76 Coloboma of optic disc

Congenital abnormal optic disc appearance due to incomplete coaptation of the proximal end of the embryonic fissure in ocular development

LA13.7Y Other specified congenital malformation of optic disc

LA13.7Z Congenital malformation of optic disc, unspecified

LA13.8 Certain congenital malformations of posterior segment of eye

Coded Elsewhere: Coloboma of choroid or retina (LA13.1)

LA13.80 Anastomosis of retinal or choroidal vessels

LA13.Y Other specified structural developmental anomalies of the posterior segment of eye

LA13.Z Structural developmental anomalies of the posterior segment of eye, unspecified

LA14 Structural developmental anomalies of eyelid, lacrimal apparatus or orbit

Any condition caused by failure of the eyelid lacrimal apparatus and orbit to correctly develop during the antenatal period.

Exclusions: cryptophthalmos NOS (LA10.0)

LA14.0 Structural developmental anomalies of eyelids

Coding Note: Code also any associated syndrome

LA14.00 Palpebral cleft or coloboma

LA14.01 Cryptophthalmia

Isolated cryptophthalmia is a congenital abnormality in which the eyelids are absent and skin covers the ocular bulb, which is often microphthalmic.

LA14.02 Congenital entropion

#DRAFT# This is an inversion of the edge of an eyelid that is present at birth, resulting in irritation of the cornea.

LA14.03 Congenital ectropion

#DRAFT# This is an eversion of the edge of the eyelid that is present at birth, resulting in the exposure of the palpebral conjunctiva.

LA14.04 Congenital ptosis

Congenital ptosis is characterised by superior eyelid drop present at birth.

LA14.05 Congenital eyelid retraction

LA14.06 Epibulbar choristoma

LA14.07 Ankyloblepharon filiforme adnatum

Isolated ankyloblepharon filiforme adnatum is characterised by the presence of single or multiple thin bands of connective tissue between the upper and lower eyelids, preventing full opening of the eye.

LA14.0Y Other specified structural developmental anomalies of eyelids

Coding Note: Code also any associated syndrome

LA14.1 Structural developmental anomalies of lacrimal apparatus

This refers to structural developmental anomalies of the physiologic system containing the orbital structures for tear production and drainage.

LA14.10 Aplasia of lacrimal or salivary glands

LA14.11 Agenesis of lacrimal ducts

Isolated congenital alacrima is characterised by deficient lacrimation (ranging from a complete absence of tears to hyposecretion of tears) that is present from birth.

Inclusions: Absence of punctum lacrimale

LA14.12 Congenital dacryocele

LA14.13 Congenital agenesis of lacrimal punctum

LA14.14 Congenital stenosis or stricture of lacrimal duct

#DRAFT# This is the condition in which a tear duct has failed to open at the time of birth.

LA14.1Y Other specified structural developmental anomalies of lacrimal apparatus

LA14.1Z Structural developmental anomalies of lacrimal apparatus, unspecified

LA14.2 Structural developmental anomalies of orbit

Any condition caused by failure of the orbit to correctly develop during the antenatal period.

LA14.Y Other specified structural developmental anomalies of eyelid, lacrimal apparatus or orbit

LA14.Z Structural developmental anomalies of eyelid, lacrimal apparatus or orbit, unspecified

LA1Y Other specified structural developmental anomalies of the eye, eyelid or lacrimal apparatus

LA1Z Structural developmental anomalies of the eye, eyelid or lacrimal apparatus, unspecified

Structural developmental anomalies of the ear (LA20‑LA2Z)

Any condition caused by failure of the ear to correctly develop during the antenatal period.

LA20 Structural anomaly of eustachian apparatus

LA21 Minor anomalies of pinnae

Any condition caused by failure of the pinna to correctly develop during the antenatal period. These conditions are characterised by asymptomatic abnormalities of the visible part of the ear.

LA21.0 Macrotia

1) Median longitudinal ear length greater than 2 SD above the mean and median ear width greater than 2 SD above the mean (objective).

2) Apparent increase in length and width of the pinna (subjective).

LA21.1 Protruding ear

LA21.2 Low-set ear

The upper third of the pinna is not above a plane defined by the lateral canthi and the maximum convexity of the occiput.

Exclusions: cervical auricle (LA23)

LA21.3 Misshapen ear

A condition caused by the malformation of the ear during the antenatal period.

Exclusions: Acquired deformity of pinna (AA41)

LA21.Y Other specified minor anomalies of pinnae

LA21.Z Minor anomalies of pinnae, unspecified

LA22 Structural developmental anomalies of ear causing hearing impairment

Any condition caused by the failure of the ear to correctly develop during the antenatal period. These conditions are characterised by hearing impairment.

LA22.0 Microtia

Microtia is a congenital malformation of variable severity of the external and middle ear. Both hereditary factors (evidence for familial craniofacial microsomia and patterns suggestive of multifactorial inheritance)

and vascular accidents are involved in the etiology of the disease. Specific causative factors also can include maternal rubella during the first trimester of pregnancy. Microtia commonly involves the external canal and middle ear; hence, hearing can be affected. Microtia may present within a spectrum of branchial arch defects (hemifacial microsomia, craniofacial microsomia) or may manifest as an independent malformation. The microtic auricle consists of a disorganised remnant of cartilage attached to a variable amount of soft tissue lobule.

LA22.1 Anotia

Complete absence of any auricular structures.

LA22.2 Aplasia or hypoplasia of external auditory canal

Exclusions: Microtia (LA22.0)

Anotia (LA22.1)

LA22.3 Structural developmental anomalies of ear ossicles

Any condition caused by failure of the ear ossicles to correctly develop during the antenatal period.

LA22.4 Structural developmental anomalies of inner ear

Any condition caused by failure of the inner ear to correctly develop during the antenatal period.

LA22.Y Other specified structural developmental anomalies of ear causing hearing impairment

LA22.Z Structural developmental anomalies of ear causing hearing impairment, unspecified

LA23 Otocephaly

Malplacement of the external ears with or without fusion microstomia, and persistence of the buccopharyngeal membrane likely being secondary effects of absence or hypoplasia of the mandibular arch.

LA24 Accessory auricle

A condition caused by development of an auricular appendage during the antenatal period.

LA2Y Other specified structural developmental anomalies of the ear

LA2Z Structural developmental anomalies of the ear, unspecified

Structural developmental anomalies of the face, mouth or teeth (LA30‑LA5Z)

Any condition caused by failure of the face, mouth and teeth to correctly develop during the antenatal period.

Coded Elsewhere: Dermoid cyst (LC40)

Congenital micrognathia (DA0E.00)

LA30 Structural developmental anomalies of teeth and periodontal tissues

Coded Elsewhere: Disturbances in tooth formation (DA07.3)

Root anomaly (DA07.4)

Disturbances in tooth eruption (DA07.6)

Anomalies of tooth position (DA0E.3)

LA30.0 Anodontia

Anodontia is a genetic disorder commonly defined as the absence of all teeth, affecting both temporary and permanent dentitions, and is extremely rarely encountered in a pure form without any associated abnormalities. Rare but more common than complete anodontia is hypodontia.

LA30.1 Hypodontia

Hypodontia presents as a lack of one or a few (less than 6) permanent teeth, without any systemic disorders.

Inclusions: Congenital absence of one tooth

LA30.2 Oligodontia

A genetic condition characterised by the development of fewer than the normal number of teeth. The diagnosis of Oligodontia is usually made in cases in which more than six teeth are missing.

LA30.3 Hyperdontia

Hyperdontia is the condition of having supernumerary teeth, or teeth which appear in addition to the regular number of teeth.

Inclusions: Supplementary teeth

Supernumerary teeth

distomolar

Fourth molar

Mesiodens

Paramolar

LA30.4 Abnormalities of size or form of teeth

A group of conditions characterised by abnormal size and form of teeth.

LA30.5 Anomalies in tooth resorption or loss

Coded Elsewhere: Pathological resorption of teeth (DA08.14)

LA30.50 Early exfoliation of teeth

LA30.51 Late exfoliation of teeth

LA30.5Y Other specified anomalies in tooth resorption or loss

LA30.5Z Anomalies in tooth resorption or loss, unspecified

LA30.6 Amelogenesis imperfecta

Amelogenesis imperfecta presents with a rare abnormal formation of the enamel or external layer of the crown of teeth. Amelogenesis imperfecta is due to the malfunction of the proteins in the enamel: ameloblastin, enamelin, tuftelin and amelogenin. People afflicted with amelogenesis imperfecta have teeth with abnormal colour: yellow, brown or grey; this disorder can afflict any number of teeth of both dentitions. The teeth have a higher risk for dental cavities and are hypersensitive to temperature changes as well as rapid attrition, excessive calculus deposition, and gingival hyperplasia.

LA30.7 Dentine dysplasia

#DRAFT# This is a genetic disorder of teeth, commonly exhibiting an autosomal dominant inheritance, which is characterised by presence of normal enamel but atypical dentin with abnormal pulpal morphology.

LA30.8 Dentinogenesis imperfecta

#DRAFT# This is a genetic disorder of tooth development, that causes teeth to be discoloured (most often a blue-grey or yellow-brown colour) and translucent.

LA30.9 Odontogenesis imperfecta

LA30.Y Other specified structural developmental anomalies of teeth and periodontal tissues

LA30.Z Structural developmental anomalies of teeth and periodontal tissues, unspecified

LA31 Structural developmental anomalies of mouth or tongue

Embryo fetal anomalies affecting structure of maxillo-labial or mandibular tissues or the tongue.

LA31.0 Congenital macroglossia

A condition caused by failure of the tongue to correctly develop during the antenatal period. This condition is characterised by a larger than normal tongue.

LA31.1 Hypoglossia or aglossia

Isolated aglossia and hypoglossia are terms covering the spectrum from partial to total absence of the tongue. These congenital malformations have been classified as part of the group of oromandibular-limb hypogenesis syndromes (OLHS).

LA31.2 Ankyloglossia

A condition of the tongue, caused by short, tight, lingual frenulum or fusion of the tongue to the floor of the mouth. This condition is characterised by difficulty in speech articulation due to limitation or restriction in tongue movement.

Inclusions: Tongue tie

LA31.3 Macrostomia

Congenital macrostomia or transverse facial cleft is a rare congenital craniofacial anomaly. It is usually associated with deformities of other structures developed from the first and second branchial arches and is thought to be part of the manifestations of hemifacial microsomia, the second most common congenital craniofacial anomaly.

Inclusions: Transverse facial cleft

LA31.4 Microstomia

A condition of the mouth, caused by congenital genetic mutation, burns, or injury. This condition is characterised by reduction in the size of the oral aperture with or without involvement of the entire oral cavity.

LA31.Y Other specified structural developmental anomalies of mouth or tongue

LA31.Z Structural developmental anomalies of mouth or tongue, unspecified

Clefts of lip, alveolus or palate (LA40‑LA4Z)

A condition caused by failure of the structures of the mouth to correctly develop during the antenatal period. This condition is characterised by a fissure extending across the upper lip, nasal base, alveolar ridge or the palate. This condition may present with disruption of sucking or swallowing in neonates, recurrent otitis, transmission hypoacusia, or abnormalities of the maxillary lateral incisor.

LA40 Cleft lip

Isolated cleft lip is a fissure type embryopathy extending from the upper lip to the nasal base.

Exclusions: Cleft lip and alveolus (LA41)

LA40.0 Cleft lip, unilateral

Exclusions: Cleft lip and alveolus (LA41)

LA40.1 Cleft lip, bilateral

A condition caused by failure of the upper lip to correctly develop during the antenatal period. This condition is characterised by two fissures in the upper lip and a collapsed and stretched nose through one side of the upper lip. This condition may present with disruption of sucking or swallowing in neonates.

Exclusions: Cleft lip and alveolus (LA41)

LA40.2 Cleft lip, median

Exclusions: Cleft lip and alveolus (LA41)

LA40.Z Cleft lip, unspecified

LA41 Cleft lip and alveolus

Cleft lip and alveolus is a fissure type embryopathy that involves the upper lip, nasal base and alveolar ridge in variable degrees.

LA41.0 Cleft lip and alveolus, unilateral

LA41.1 Cleft lip and alveolus, bilateral

LA41.Z Cleft lip and alveolus, unspecified

LA42 Cleft palate

Cleft palate is a fissure type embryopathy that affects the soft and hard palate to varying degrees.

LA42.0 Cleft hard palate

A condition caused by failure of the palate to correctly develop during the antenatal period. This condition is characterised by a fissure extending across the palate, including the bony portion of the palate. This condition may present with disruption of sucking or swallowing in neonates.

LA42.1 Cleft soft palate

Cleft velum is a fissure type embryopathy that affects in varying degrees the soft palate.

LA42.2 Cleft uvula

Bifid uvula is a fissure type embryopathy affecting the uvula at the back of the soft palate.

LA42.Z Cleft palate, unspecified

LA4Y Other specified clefts of lip, alveolus or palate

LA4Z Clefts of lip, alveolus or palate, unspecified

LA50 Congenital velopharyngeal incompetence

A condition caused by failure of the velum to correctly develop during the antenatal period. This condition is characterised by improper closing of the velopharyngeal sphincter, nasal speech, and difficulties in pronouncing certain letters or words.

LA51 Facial clefts

Any condition caused by failure of the structures of the face to correctly develop during the antenatal period. These conditions are characterised by a partition in bone, soft tissue, or skin of the face.

Exclusions: Frontofacionasal dysostosis (LD25.3)

Frontonasal dysplasia (LD25.3)

LA52 Facial asymmetry

A condition caused by failure of the face to develop symmetrically during the antenatal period.

LA53 Macrocheilia

A condition characterised by above normal lip volume. This condition may present with difficulties in speaking, drinking, salivary control, or mastication.

LA54 Microcheilia

A condition caused by failure of the lips to develop correctly during the antenatal period. This condition is characterised by below normal lip size.

LA55 Compression facies

A disease caused by neurovascular compression of the facial nerve. This disease is characterised by facial spasm, and abnormal facial expression.

LA56 Pierre Robin syndrome

Pierre-Robin syndrome (or Pierre-Robin sequence) is characterised by triad of orofacial morphological anomalies consisting of retrognathism, glossoptosis and a posterior median velopalatal cleft. This condition is referred to as a sequence because the posterior cleft palate is a secondary defect associated with abnormal mandibular development: mandibular hypoplasia occurring early in gestation causes the tongue to be maintained high-up in the oral cavity, preventing fusion of the palatal shelves.

LA5Y Other specified structural developmental anomalies of the face

LA5Z Structural developmental anomalies of the face, unspecified

Structural developmental anomalies of the neck (LA60‑LA6Z)

Any condition caused by failure of the neck to correctly develop during the antenatal period.

Coded Elsewhere: Thyroglossal cyst (DA05.Y)

LA60 Webbed neck

A condition caused by failure of the tissues of the neck to correctly develop during the antenatal period. This condition is characterised by a broad neck due to lateral folds of skin. This condition may present with limited range of motion of the neck.

Inclusions: Pterygium colli

LA61 Congenital sternomastoid tumour

LA62 Congenital torticollis

LA6Y Other specified structural developmental anomalies of the neck

LA6Z Structural developmental anomalies of the neck, unspecified

Structural developmental anomalies of the respiratory system (LA70‑LA7Z)

LA70 Structural developmental anomalies of the nose or cavum

Any condition caused by failure of the nose and cavum to correctly develop during the antenatal period.

LA70.0 Arrhinia

Also called nasal agenesis, it is a very rare anomaly in which external nose does not develop and the nasal cavity is totally or partially obliterated.

LA70.1 Bifid nose

Isolated bifid nose is defined as a median cleft of the nose due to fusion anomalies of the medial nasal processes, that may involve the nasal tip only, or the nose on its length. Bifid nose may also be seen in multiple malformation syndromes like frontonasal dysplasia.

LA70.2 Choanal atresia

Any condition in neonates, caused by failure of the nose to correctly develop during the antenatal period. This condition is characterised by narrowing or blockage of the nasal airway by tissue. This condition may also present with chest retraction unless child is breathing through mouth or crying, difficulty breathing, cyanosis, and inability to nurse and breathe at same time.

LA70.3 Congenital perforated nasal septum

A condition caused by trauma during birth or by failure of the nasal septum to correctly develop during the antenatal period. This condition is characterised by the presence of a hole in the nasal septum.

LA70.Y Other specified structural developmental anomalies of the nose or cavum

LA70.Z Structural developmental anomalies of the nose or cavum, unspecified

LA71 Structural developmental anomalies of larynx

Any condition caused by failure of the larynx to correctly develop during the antenatal period.

Coded Elsewhere: Airway obstruction in the neonate due to airway abnormality (KB2J)

Laryngeal lymphatic malformation (LA90.12)

LA71.0 Congenital laryngomalacia

A condition caused by failure of the larynx to correctly develop during the antenatal period. This disease is characterised by collapse of the supraglottic structures into the airway during the inspiratory phase of respiration, resulting in inspiratory stridor. This disease may also present with regurgitation, emesis, cough, choking, slow feedings, weight loss, failure to thrive, tachypnoea, suprasternal and substernal retractions, cyanosis, pectus excavatum, or obstructive sleep apnoea. Confirmation is through verification of supraglottic collapse by flexible laryngoscopy.

LA71.1 Laryngocele

A condition of the larynx, characterised by an abnormal saccular dilatation of the appendix of the laryngeal ventricle of Morgagni. This condition may also present with cough, hoarseness, stridor, sore throat, or swelling of the neck. Alternatively this condition may be asymptomatic.

LA71.2 Laryngeal hypoplasia

A condition caused by failure of the pharynx and larynx to correctly develop during the antenatal period. This condition is characterised by a narrowed airway and protrusion of intestines through the belly button. This condition may also present with high pitched voice, spinal curvature, or learning difficulties.

LA71.3 Congenital subglottic stenosis

A condition caused by failure of the tracheal rings to correctly develop during the antenatal period. This condition is characterised by inspiratory stridor. This condition may also present with shortness of breath, difficulty feeding, or failure to thrive. Confirmation is through observation of the stenosis by flexible laryngoscopy.

LA71.Y Other specified structural developmental anomalies of larynx

LA71.Z Structural developmental anomalies of larynx, unspecified

LA72 Laryngotracheooesophageal cleft

A laryngo-tracheo-oesophageal cleft (LC) is a congenital malformation characterised by an abnormal, posterior, sagittal communication between the larynx and the pharynx, possibly extending downward between the trachea and the oesophagus. Five types of laryngo-tracheo-oesophageal cleft have been described based on the downward extension of the cleft, which typically correlates with the severity of symptoms: Type 0 laryngo-tracheo-oesophageal cleft to Type 4 laryngo-tracheo-oesophageal cleft (see these terms).

LA73 Structural developmental anomalies of trachea

Coded Elsewhere: Congenital tracheobronchomegaly (CA27.1)

LA73.0 Congenital stenosis of trachea

Tracheal stenosis is a fixed intrinsic narrowing of the trachea. The narrowing can be localised to a short or long tracheal segment, often due to a complete tracheal ring. Alternatively, the tracheal lumen may become progressively narrow caudally.

Inclusions: Atresia of trachea

LA73.1 Congenital tracheomalacia

Congenital tracheomalacia is a relatively uncommon anomaly that results from an intrinsic weakness of the cartilaginous support of the trachea such that it is prone to collapse especially during expiration.

LA73.Y Other specified structural developmental anomalies of trachea

LA73.Z Structural developmental anomalies of trachea, unspecified

LA74 Structural developmental anomalies of bronchi

This refers to the structural developmental anomalies of the passage of airway in the respiratory tract that conducts air into the lungs.

LA74.0 Congenital stenosis or atresia of bronchus

A condition caused by interruption of a lobar, segmental, or subsegmental bronchus with peripheral mucus impaction, during the antenatal period. This condition is characterised by hyperinflation of the blocked section of lung. This condition may present with respiratory distress, infiltrative pneumonia, or emphysema.

LA74.1 Congenital bronchomalacia

Bronchus characterised by excessive dynamic collapse

LA74.Y Other specified structural developmental anomalies of bronchi

LA74.Z Structural developmental anomalies of bronchi, unspecified

LA75 Structural developmental anomalies of lungs

Any condition caused by failure of the lungs to correctly develop during the antenatal period.

LA75.0 Accessory lobe of lung

An extra lobe of lung beyond the 3 on the right and the 2 on the left

LA75.1 Agenesis of lung

This refers to the absence or rudimentary residua of an undeveloped lung.

LA75.2 Congenital hypoplasia of lung

LA75.3 Congenital hyperplasia of lung

LA75.4 Congenital pulmonary airway malformations

A disease caused by failure of the bronchial structure to correctly develop during the antenatal period. This disease may present with severe respiratory distress in the newborn period, acute respiratory distress or infection later in life, or may be asymptomatic. This disease can be distinguished from other lesions and normal lung by polypoid projections of the mucosa, an increase in smooth muscle and elastic tissue within the cyst walls, an absence of cartilage in the cystic parenchyma, mucous secreting cells, and the absence of inflammation.

Inclusions: Congenital honeycomb lung

Congenital polycystic disease of lung

Exclusions: Cystic lung disease, acquired or unspecified (CB40)

LA75.5 Congenital lobar emphysema

Congenital lobar emphysema is a developmental lung anomaly characterised by over distension of the affected lobe and leading to compression and displacement of adjacent normal lung tissue and mediastinum. In the majority of cases, symptoms appear during the neonatal period or in early childhood. Clinically, children present with signs of respiratory distress, frequently occurring with a lower respiratory tract infection that aggravates air trapping and renders the patient symptomatic.

LA75.6 Congenital sequestration of lung

A medical condition wherein a piece of tissue that ultimately develops into lung tissue is not attached to the pulmonary arterial blood supply, as is the case in normally developing lung. As a result, this sequestered tissue is not connected to the normal bronchial airway. With intralobar sequestration, the lung tissue lies within the same visceral pleura as the lobe in which it occurs With extralobar sequestrations, an accessory lung is contained within its own pleura

LA75.Y Other specified structural developmental anomalies of lungs

LA75.Z Structural developmental anomalies of lungs, unspecified

LA76 Structural developmental anomalies of pleura

Anomalies of the lining of the lung (visceral pleura) and thoracic cavity (parietal pleura)

LA77 Congenital cyst of mediastinum

A condition caused by failure of the anterior intestine or coelomic cavity to correctly develop during the antenatal period. This condition may be asymptomatic or may present with adjacent organ compression. Confirmation is observation of the cysts by imaging.

LA7Y Other specified structural developmental anomalies of the respiratory system

LA7Z Structural developmental anomalies of the respiratory system, unspecified

Structural developmental anomalies of the circulatory system (LA80‑LA9Z)

Structural developmental anomaly of heart or great vessels (LA80‑LA8Z)

A congenital malformation of the heart and/or great vessels or an acquired abnormality unique to the congenitally malformed heart.

Coded Elsewhere: Congenital great vessel related acquired abnormality (BD52.6)

Congenital cardiac tumor, not otherwise specified (2F9Y)

LA80 Anomalous position-orientation of heart

A congenital cardiovascular finding or malformation in which there is an abnormality of the position or orientation of heart.

LA80.0 Laevocardia

A congenital cardiovascular finding in which the heart is predominantly to the left of the thoracic midline.

Coding Note: This term should be coded only in the context of complex heart disease. This is independent of the orientation of the cardiac apex.

LA80.1 Dextrocardia

A congenital cardiovascular malformation in which the heart is predominantly to the right of the thoracic midline. This is independent of the orientation of the cardiac apex.

Exclusions: Isomerism of left atrial appendages (LA80‑LA8Z)

Isomerism of right atrial appendages (LA80‑LA8Z)

Total mirror imagery (LA82)

LA80.2 Mesocardia

A congenital cardiovascular malformation in which the heart is central or midline within the thorax.

LA80.3 Extrathoracic heart

A congenital cardiovascular malformation in which the heart is at least partially outside of the thorax.

LA80.Y Other specified anomalous position-orientation of heart

LA80.Z Anomalous position-orientation of heart, unspecified

LA81 Abnormal ventricular relationships

A congenital cardiovascular malformation in which the ventricular positions relative to each other or their laterality (sidedness) are abnormal.

LA82 Total mirror imagery

A congenital malformation in which there is complete mirror-imaged arrangement of the internal organs along the left-right axis of the body.

Inclusions: Situs inversus totalis

Exclusions: dextrocardia NOS (LA80.1)

laevocardia (LA80.0)

Primary ciliary dyskinesia, Kartagener type (LA75)

Kartagener triad (LA75)

LA83 Right isomerism

A congenital cardiovascular malformation that is a variant of heterotaxy syndrome in which some paired structures on opposite sides of the left-right axis of the body are symmetrical mirror images of each other, and have the morphology of the normal right-sided structures.

LA84 Left isomerism

A congenital cardiovascular malformation that is a variant of an heterotaxy syndrome in which some paired structures on opposite sides of the left-right axis of the body are symmetrical mirror images of each other, and have the morphology of the normal left-sided structures.

LA85 Congenital anomaly of an atrioventricular or ventriculo-arterial connection

A congenital cardiovascular malformation in which one or more of the following connections is abnormal 1) the morphologically right atrium to the morphologically right ventricle, 2) the morphologically left atrium to the morphologically left ventricle, 3) the morphologically right ventricle to the pulmonary trunk, 4) the morphologically left ventricle to the aorta.

This excludes codes for hearts with a univentricular atrioventricular connection (mitral atresia, tricuspid atresia and double inlet ventricle), as these are listed under Functionally Univentricular Heart.

Exclusions: Functionally univentricular heart (LA89)

LA85.0 Discordant atrioventricular connections

A congenital cardiovascular malformation in which the morphologically right atrium connects to the morphologically left ventricle and the morphologically left atrium connects to the morphologically right ventricle.

LA85.00 Congenitally corrected transposition of great arteries

A congenital cardiac malformation in which the morphologically right atrium connects to the morphologically left ventricle, the morphologically left atrium connects to the morphologically right ventricle, the morphologically right ventricle connects to the aorta, and the morphologically left ventricle connects to the pulmonary trunk.

Inclusions: corrected transposition

LA85.0Y Other specified discordant atrioventricular connections

LA85.0Z Discordant atrioventricular connections, unspecified

LA85.1 Transposition of the great arteries

A congenital cardiovascular malformation in which the morphologically right ventricle or its remnant connects to the aorta and the morphologically left ventricle or its remnant connects to the pulmonary trunk.

LA85.2 Double outlet right ventricle

A congenital cardiovascular malformation in which both great arteries arise entirely or predominantly from the morphologically right ventricle.

LA85.20 Double outlet right ventricle with subpulmonary ventricular septal defect, transposition type

A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections that is associated with a subpulmonary ventricular septal defect (includes Taussig-Bing heart).

LA85.21 Double outlet right ventricle with non-committed ventricular septal defect

A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections that is associated with ventricular septal defect that is remote from the ventricular outflow tracts and usually within the inlet or trabecular muscular septum.

LA85.22 Double outlet right ventricle with subaortic or doubly committed ventricular septal defect without pulmonary stenosis, ventricular septal defect type

A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections, a subaortic or doubly-committed (with absence or deficiency of the conal septum) ventricular septal defect, and unobstructed pulmonary outflow tract.

LA85.23 Double outlet right ventricle with subaortic or doubly committed ventricular septal defect and pulmonary stenosis, Fallot type

A congenital cardiovascular malformation that is a variant of double outlet right ventricle with concordant atrioventricular connections, a subaortic or doubly-committed (with absence or deficiency of the conal septum) ventricular septal defect, and pulmonary outflow tract obstruction.

LA85.2Y Other specified double outlet right ventricle

LA85.2Z Double outlet right ventricle, unspecified

LA85.3 Double outlet left ventricle

A congenital cardiovascular malformation in which both great arteries arise entirely or predominantly from the morphologically left ventricle.

LA85.4 Common arterial trunk

A congenital cardiovascular malformation in which a single arterial trunk arises from the heart, giving origin sequentially to the coronary arteries, one or more pulmonary arteries, and the systemic arterial circulation.

Inclusions: persistent truncus arteriosus

truncus arteriosus

LA85.40 Common arterial trunk with aortic dominance

A congenital cardiovascular malformation in which a common arterial trunk is associated with an unobstructed aortic arch.

LA85.41 Common arterial trunk with pulmonary dominance and interrupted aortic arch

A congenital cardiovascular malformation in which a common arterial trunk is associated with an interrupted aortic arch.

LA85.4Y Other specified common arterial trunk

LA85.4Z Common arterial trunk, unspecified

LA85.Y Other specified congenital anomaly of an atrioventricular or ventriculo-arterial connection

LA85.Z Congenital anomaly of an atrioventricular or ventriculo-arterial connection, unspecified

LA86 Congenital anomaly of mediastinal vein

A congenital cardiovascular malformation in which there is an abnormality of a mediastinal vein including but not limited to: pulmonary veins, caval veins, coronary sinus, hepatic veins connecting to the heart, brachiocephalic veins, azygos veins, and/or levo-atrial cardinal veins.

LA86.0 Left superior caval vein

A congenital cardiovascular malformation in which there is a left superior caval vein (superior vena cava).

Coding Note: Unless the code for absent right superior caval vein is used, this term assumes that a right superior caval vein is present and, therefore, there are bilateral superior caval veins with or without a bridging vein.

LA86.1 Unroofed coronary sinus

A congenital cardiovascular malformation in which there is direct communication between the left atrium and the coronary sinus.

Additional information: this term includes partial and complete unroofing of the coronary sinus in the presence or absence of an interatrial communication. If an interatrial communication is present through the coronary sinus orifice then also select the term 'Interatrial communication through coronary sinus orifice'. If a left superior caval vein (superior vena cava) is present then one should also select the term for 'Left superior caval vein (superior vena cava) to left-sided atrium'.

Coding Note: If an interatrial communication is present through the coronary sinus orifice code also interatrial communication through coronary sinus orifice. If a left superior caval vein (superior vena cava) is present code also left superior caval vein (superior vena cava) to left-sided atrium.

LA86.2 Anomalous pulmonary venous connection

A congenital cardiovascular malformation in which one or more pulmonary vein does not connect normally to the morphologically left atrium.

LA86.20 Total anomalous pulmonary venous connection

A congenital cardiovascular malformation in which none of the pulmonary veins connect to the morphologically left atrium.

LA86.21 Partial anomalous pulmonary venous connection

A congenital cardiovascular malformation in which one or more (but not all) of the pulmonary veins connect anomalously to the right atrium or to one or more of its venous tributaries and the remaining pulmonary veins connect to the left atrium.

LA86.22 Scimitar syndrome

A congenital cardiopulmonary malformation with “partial anomalous pulmonary venous connection of Scimitar type” and one or more of the following: hypoplasia of the right lung with bronchial anomalies, dextrocardia, hypoplasia of the right pulmonary artery, lobar lung sequestration, and anomalous systemic arterial supply to the lower lobe of the right lung directly from the aorta or its main branches.

LA86.2Y Other specified anomalous pulmonary venous connection

LA86.2Z Anomalous pulmonary venous connection, unspecified

LA86.3 Congenital pulmonary venous stenosis or hypoplasia

A congenital cardiovascular malformation with a pathologic narrowing of one or more pulmonary veins including diffuse hypoplasia, long segment focal/tubular stenosis and/or discrete stenosis.

LA86.Y Other specified congenital anomaly of mediastinal vein

LA86.Z Congenital anomaly of mediastinal vein, unspecified

LA87 Congenital anomaly of an atrioventricular valve or atrioventricular septum

A congenital cardiovascular malformation in which there is an abnormality of the atrioventricular valve or atrioventricular septum.

LA87.0 Congenital anomaly of tricuspid valve

A congenital cardiovascular malformation in which there is an abnormality of the tricuspid valve.

Inclusions: congenital anomaly of tricuspid subvalvular apparatus

Exclusions: Tricuspid atresia (LA89.1)

LA87.00 Congenital tricuspid regurgitation

A congenital cardiovascular finding in which there is backward flow through the tricuspid valve.

LA87.01 Congenital tricuspid valvar stenosis

A congenital cardiovascular malformation of the tricuspid valve in which there is narrowing or stricture (obstruction to flow).

LA87.02 Dysplasia of tricuspid valve

A congenital cardiovascular malformation of the tricuspid valve, commonly consisting of leaflet thickening and restricted mobility, with normally hinged leaflets.

Coding Note: This diagnosis is not used for patients with Ebstein malformation of tricuspid valve, which is characterised by abnormally hinged tricuspid valve.

Exclusions: Ebstein malformation of tricuspid valve (LA87.03)

LA87.03 Ebstein malformation of tricuspid valve

A congenital cardiovascular malformation of the tricuspid valve and right ventricle that is characterised by incomplete delamination of the septal and inferior (posterior) tricuspid valvar leaflets from the myocardium of the right ventricle, and varying degrees of downward (apical) rotational displacement of the functional annulus.

Additional information: associated cardiac anomalies include an interatrial communication, the presence of accessory conduction pathways and varying degrees of right ventricular outflow tract obstruction, including pulmonary atresia. In the setting of discordant atrioventricular and ventriculo-arterial connections ['Congenitally corrected transposition of great arteries'], 'Ebstein malformation of tricuspid valve' may be present.

LA87.0Y Other specified congenital anomaly of tricuspid valve

LA87.0Z Congenital anomaly of tricuspid valve, unspecified

LA87.1 Congenital anomaly of mitral valve

A congenital cardiac malformation in which there is an abnormality of the mitral valve.

Exclusions: Mitral atresia (LA89.2)

LA87.10 Congenital mitral regurgitation

A congenital cardiovascular finding in which there is backward flow through the mitral valve.

LA87.11 Congenital mitral valvar stenosis

A congenital cardiovascular malformation of the mitral valve in which there is narrowing or stricture of the valvar orifice (obstruction to flow).

LA87.12 Dysplasia of mitral valve

A congenital cardiac malformation that includes any structural abnormality of the mitral valvar leaflet(s), commonly consisting of leaflet thickening and restricted mobility.

LA87.13 Congenital anomaly of mitral subvalvar apparatus

A congenital cardiac malformation in which the mitral chords, chordal attachments, or papillary muscles are abnormal.

LA87.1Y Other specified congenital anomaly of mitral valve

LA87.1Z Congenital anomaly of mitral valve, unspecified

LA87.3 Common atrioventricular junction without an atrioventricular septal defect

A congenital cardiac malformation in which there is a common atrioventricular junction without any communication at the level of the atrioventricular septum.

Additional information: this code should be used when there is a trifoliate left atrioventricular valve in the setting of a common atrioventricular junction with evidence of obliteration of the atrioventricular septal defect by valve or subvalvar tissue. This should be distinguished from a 'True cleft of anterior mitral leaflet', without evidence of a common atrioventricular junction. Additional defects in the atrial or ventricular septums that do not involve the atrioventricular septum are not excluded by this term and should be coded separately.

LA87.4 Common atrioventricular junction with atrioventricular septal defect

Inclusions: AVC - [atrioventricular canal]

LA87.40 Atrioventricular septal defect with communication at the atrial level only

A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interatrial communication just above the atrioventricular valve, no interventricular communication just below the atrioventricular valve, separate right and left atrioventricular valvar orifices, and varying degrees of malformation of the left sided component of the common atrioventricular valve.

Additional information: the bridging leaflets of the common atrioventricular valve are bound down to the crest of the scooped out ventricular septum so that the potential for shunting through the atrioventricular septal defect is possible only at the atrial level and not at the ventricular level.

LA87.41 Atrioventricular septal defect with communication at the ventricular level only

A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interventricular communication just below the atrioventricular valve, no interatrial communication just above the atrioventricular valve, separate right and left atrioventricular valvar orifices, and varying degrees of malformation of the left sided component of the common atrioventricular valve.

Additional information: the bridging leaflets of the common atrioventricular valve are bound to the atrial septum so that the potential for shunting through the atrioventricular septal defect is possible only at the ventricular level and not at the atrial level.

LA87.42 Atrioventricular septal defect with communication at atrial level and restrictive communication at ventricular level

A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interatrial communication immediately above the atrioventricular valve, and a restrictive interventricular communication immediately below the atrioventricular valve.

LA87.43 Atrioventricular septal defect with communication at atrial level and unrestrictive communication at ventricular level

A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with an interatrial communication just above the atrioventricular valve, an interventricular communication just below the atrioventricular valve, and varying degrees of malformation of the left ventricular component of the common atrioventricular valve.

Additional information: there is unrestrictive interventricular communication (no interventricular pressure gradient) and the bridging leaflets usually float to varying extent within the atrioventricular septal defect.

LA87.44 Atrioventricular septal defect with ventricular imbalance

A congenital cardiac malformation that is a variant of an atrioventricular septal defect (atrioventricular canal defect) with one ventricle significantly larger than the other.

Additional information: unbalanced ventricular size and unbalanced relation of the common atrioventricular valve to the ventricles are to be distinguished by coding unbalanced ventricular size as 'Atrioventricular septal defect with ventricular imbalance' and the unbalanced relation of the common atrioventricular valve to the ventricles should also be coded as 'Common atrioventricular valve with unbalanced commitment of valve to ventricles'.

LA87.45 Atrioventricular septal defect and tetralogy of Fallot

A congenital cardiac malformation with both an atrioventricular septal defect (atrioventricular canal defect) and tetralogy of Fallot.

Additional information: tetralogy of Fallot with atrioventricular septal defect (common atrioventricular canal defect) is always the complete form (unrestrictive interventricular component) and very few or no attachments of the superior bridging leaflet to the crest of ventricular septum.

LA87.4Y Other specified common atrioventricular junction with atrioventricular septal defect

LA87.4Z Common atrioventricular junction with atrioventricular septal defect, unspecified

LA87.Y Other specified congenital anomaly of an atrioventricular valve or atrioventricular septum

LA87.Z Congenital anomaly of an atrioventricular valve or atrioventricular septum, unspecified

LA88 Congenital anomaly of a ventricle or the ventricular septum

A congenital cardiac malformation in which there is an abnormality of a ventricle and/or the ventricular septum. The ventricles include the ventricular inlet, ventricular body and ventricular outflow tract.

LA88.0 Congenital right ventricular outflow tract obstruction

A congenital cardiovascular condition in which the flow through the right ventricular outflow tract (proximal to the valve[s] guarding the outflow from the right ventricle) is blocked or impeded.

Additional information: this code should not be used for obstruction immediately under the arterial valve(s) because specific codes exist for these entities, such as congenital subpulmonary and subaortic stenosis.

LA88.1 Double chambered right ventricle

A congenital cardiovascular malformation in which the right ventricle is divided into two chambers, one inferior including the inlet and trabecular portions of the right ventricle and one superior including the trabecular portion and infundibulum.

Additional information: Double chamber right ventricle is often associated with one or several closing ventricular septal defects. In some cases, the ventricular septal defect is already closed. Double chamber right ventricle is differentiated from the rare isolated infundibular stenosis that develops more superiorly.

LA88.2 Tetralogy of Fallot

A group of congenital cardiovascular malformations with biventricular atrioventricular alignments or connections characterised by anterosuperior deviation of the conal or outlet septum or its fibrous remnant, narrowing or atresia of the pulmonary outflow, a ventricular septal defect of the malalignment type, and biventricular origin of the aorta.

Additional information: tetralogy of Fallot will always have a ventricular septal defect, narrowing or atresia of the pulmonary outflow, aortic override, and most often right ventricular hypertrophy.

LA88.20 Tetralogy of Fallot with absent pulmonary valve syndrome

A congenital cardiovascular malformation that is a variant of tetralogy of Fallot in which the ventriculo-arterial junction of the right ventricle with the pulmonary trunk features an atypical valve with absent or rudimentary leaflets (cusps) that do not coapt.

Additional information: in its usual form there is dilatation of the pulmonary trunk and central right and left pulmonary arteries, which when extreme, is associated with abnormal arborization of lobar and segmental pulmonary artery branches and with compression of the trachea and mainstem bronchi, often with tracheobronchomalacia. The physiologic consequence is usually a combination of variable degrees of both stenosis and regurgitation of the pulmonary valve.

LA88.21 Tetralogy of Fallot with pulmonary atresia

A congenital cardiovascular malformation that is a variant of tetralogy of Fallot in which there is no direct communication between the right ventricle and the pulmonary arterial tree.

Exclusions: Tetralogy of Fallot with pulmonary atresia and systemic-to-pulmonary collateral artery (LA88.22)

LA88.22 Tetralogy of Fallot with pulmonary atresia and systemic-to-pulmonary collateral artery

A congenital cardiovascular malformation that is a variant of tetralogy of Fallot in which there is no direct communication between the right ventricle and the pulmonary arterial tree and there are collateral blood vessels between the systemic and pulmonary arteries.

Coding Note: This morphological abnormality usually is an integral part of other congenital cardiovascular anomalies and does not need to be coded separately. It should be coded as secondary to an accompanying congenital cardiovascular anomaly if the left ventricular hypoplasia is not considered an integral and understood part of the primary congenital cardiovascular diagnosis such as hypoplastic left heart syndrome.

LA88.2Y Other specified tetralogy of Fallot

LA88.2Z Tetralogy of Fallot, unspecified

LA88.3 Congenital left ventricular outflow tract obstruction

A congenital cardiac condition in which the flow through the left ventricular outflow tract (proximal to the valve[s] guarding the outflow from the left ventricle) is blocked or impeded.

This code should not be used for obstruction immediately under the arterial valve such as subaortic stenosis due to fibromuscular shelf or tunnel.

LA88.4 Ventricular septal defect

A congenital cardiac malformation in which there is a hole or pathway between the ventricular chambers.

LA88.40 Trabecular muscular ventricular septal defect

A congenital cardiac malformation in which there is a ventricular septal defect within the trabeculated component of the ventricular septum.

Additional information: the codes specifying defects within the trabecular part of the ventricular septum should not be used to code inlet or outlet muscular defects, as there are specific codes for these entities.

LA88.41 Perimembranous central ventricular septal defect

A congenital cardiovascular malformation in which there is a ventricular septal defect that 1) occupies the space that is usually closed by the interventricular part of the membranous septum, 2) is usually adjacent to the area of fibrous continuity between the leaflets of an atrioventricular valve and an arterial valve, 3) is adjacent to an area of mitral-tricuspid fibrous continuity, and 4) is located at the center of the base of the ventricular mass.

Additional information: This code is used by some as synonymous with the perimembranous, conoventricular, Type II, or the paramembranous defects. Although best used to describe the perimembranous defect that opens centrally at the base of the right ventricle, this term might be used to code perimembranous defects with inlet or outlet extension. It is recommended, however, that the more precise terms be used whenever possible for coding the latter lesions. It should also not be used to code an inlet ventricular septal defect, or the so-called atrioventricular canal ventricular septal defect. More specific terms exist for coding these entities. It is used by some to describe an isolated perimembranous ventricular septal defect without extension, although it is unlikely that perimembranous defects exist in the absence of deficiency of their muscular perimeter. The conoventricular ventricular septal defect with malalignment should be coded as an outlet defect, as should the perimembranous defect opening to the outlet of the right ventricle. Such defects can also extend to become doubly committed and juxta-arterial (conal septal hypoplasia) when there is also fibrous continuity between the leaflets of the arterial valves or when there is a common arterial valve. Specific codes exist for these variants, which ideally should not be coded using this term.

Coding Note: Although best used to describe the perimembranous defect that opens centrally at the base of the right ventricle, this term might be used to code perimembranous defects with inlet or outlet extension. It is recommended, however, that the more precise terms be used whenever possible for coding the latter lesions. This code is used by some as synonymous with the perimembranous, conoventricular, Type II, or the paramembranous defects. It should not be used to code an inlet VSD, or the so-called atrioventricular canal VSD. More specific terms exist for coding these entities. It is used by some to describe an isolated perimembranous VSD without extension, although it is unlikely that perimembranous defects exist in the absence of deficiency of their muscular perimeter. The conoventricular VSD with malalignment should be coded as an outlet defect, as should the perimembranous defect opening to the outlet of the right ventricle. All perimembranous defects, nonetheless, have part of their margins made up of fibrous continuity either between the leaflets of an atrioventricular and an arterial valve or, in the setting of double outlet right ventricle or overriding of the tricuspid valve, by fibrous continuity between the leaflets of the mitral and tricuspid valves. Such defects can also extend to become doubly committed and juxta-arterial (conal septal hypoplasia) when there is also fibrous continuity between the leaflets of the arterial valves or when there is a common arterial valve. Specific codes exist for these variants, which ideally should not be coded using this term.

LA88.42 Ventricular septal defect haemodynamically insignificant

A congenital cardiac malformation in which there is one or more small, clinically insignificant ventricular septal defect(s) in the absence of flow-related cardiac chamber dilation or abnormal elevation of pulmonary arterial pressure.

Additional information: though restrictive ventricular septal defect is listed as a synonym of haemodynamically insignificant VSD, it should be recognised that some pressure restrictive ventricular septal defects will lead to flow-related chamber dilation, and thus would be haemodynamically significant. In such instances, the term haemodynamically insignificant ventricular septal defect should not be coded.

LA88.4Y Other specified ventricular septal defect

LA88.4Z Ventricular septal defect, unspecified

LA88.Y Other specified congenital anomaly of a ventricle or the ventricular septum

LA88.Z Congenital anomaly of a ventricle or the ventricular septum, unspecified

LA89 Functionally univentricular heart

The term “functionally univentricular heart” describes a spectrum of congenital cardiovascular malformations in which the ventricular mass may not readily lend itself to partitioning that commits one ventricular pump to the systemic circulation, and another to the pulmonary circulation.

Additional information: a heart may be functionally univentricular because of its anatomy or because of the lack of feasibility or lack of advisability of surgically partitioning the ventricular mass. Common lesions in this category typically include double inlet right ventricle (DIRV), double inlet left ventricle (DILV), tricuspid atresia, mitral atresia, and hypoplastic left heart syndrome. Other lesions which sometimes may be considered to be a functionally univentricular heart include complex forms of atrioventricular septal defect, double outlet right ventricle, congenitally corrected transposition, pulmonary atresia with intact ventricular septum, and other cardiovascular malformations. Specific diagnostic codes should be used whenever possible, and not the term “functionally univentricular heart”.

LA89.0 Double inlet atrioventricular connection

A congenital cardiovascular malformation with a univentricular atrioventricular connection wherein both atria connect to one ventricle either via two separate atrioventricular valves or a common atrioventricular valve, such that all or nearly all of the total atrioventricular junctional (annular) area is committed to one ventricular chamber.

LA89.1 Tricuspid atresia

A congenital cardiovascular malformation with absence of the tricuspid valvar annulus (connection/junction) or an imperforate tricuspid valve.

LA89.2 Mitral atresia

A congenital cardiovascular malformation with absence of the mitral valvar annulus (connection/junction) or an imperforate mitral valve.

LA89.3 Hypoplastic left heart syndrome

A spectrum of congenital cardiovascular malformations with normally aligned great arteries without a common atrioventricular junction, characterised by underdevelopment of the left heart with significant hypoplasia of the left ventricle including atresia, stenosis, or hypoplasia of the aortic or mitral valve, or both valves, and hypoplasia of the ascending aorta and aortic arch.

LA89.Y Other specified functionally univentricular heart

LA89.Z Functionally univentricular heart, unspecified

LA8A Congenital anomaly of a ventriculo-arterial valve or adjacent regions

A congenital cardiovascular malformation of a ventriculo-arterial valve or its immediate subvalvar and supravalvar regions.

Exclusions: Common arterial trunk (LA85.4)

LA8A.0 Congenital anomaly of pulmonary valve

A congenital malformation of the heart where the pulmonary valve is abnormal.

LA8A.00 Congenital pulmonary valvar stenosis

A congenital cardiovascular malformation of the pulmonary valve in which there is narrowing or stricture causing obstruction to flow.

Additional information: congenital pulmonary valvar stenosis ranges from critical neonatal pulmonic valve stenosis with hypoplasia of the right ventricle to valvar pulmonary stenosis in the infant, child, or adult.

LA8A.01 Congenital pulmonary regurgitation

Congenital cardiovascular malformation of the pulmonary valve allowing backward flow into the ventricle. Congenital pulmonary valve regurgitation may be due to primary annular dilation, prolapse and leaflet underdevelopment.

LA8A.0Y Other specified congenital anomaly of pulmonary valve

LA8A.0Z Congenital anomaly of pulmonary valve, unspecified

LA8A.1 Congenital pulmonary atresia

A congenital cardiovascular malformation in which there is no opening between any ventricle and the pulmonary arterial tree.

Exclusions: Tetralogy of Fallot with pulmonary atresia (LA88.21)

LA8A.10 Pulmonary atresia with intact ventricular septum

A congenital cardiovascular malformation in which there are normally aligned great arteries, no opening between the morphologically right ventricle and the pulmonary trunk, and no ventricular level communication.

Additional information: pulmonary atresia with intact ventricular septum is a duct-dependent congenital malformation that forms a spectrum of lesions including atresia of the pulmonary valve, a varying degree of right ventricle and tricuspid valve hypoplasia, and anomalies of the coronary circulation. A right ventricular dependent coronary artery circulation is present when coronary artery fistulas are associated with a proximal coronary artery stenosis. Associated Ebstein anomaly of the tricuspid valve can be present.

LA8A.1Y Other specified congenital pulmonary atresia

LA8A.1Z Congenital pulmonary atresia, unspecified

LA8A.2 Congenital anomaly of aortic valve

A congenital cardiovascular malformation where the aortic valve is abnormal.

LA8A.20 Congenital aortic valvar stenosis

A congenital cardiovascular malformation of the aortic valve in which there is narrowing or stricture (obstruction to flow).

Additional information: 'Congenital aortic valvar stenosis' arises most commonly as a result of partial or complete fusion of one or more commissures, or is due to dysplasia of one or more aortic cusps. These congenital malformations of the aortic valve may not be initially obstructive but may become stenotic later in life due to leaflet thickening, poor relative growth and-or calcification. It is not until the congenitally malformed aortic valve is or becomes stenotic that this term should be used.

Exclusions: Congenital subaortic stenosis (LA8A.5)

that in hypoplastic left heart syndrome (LA89.3)

LA8A.21 Congenital aortic regurgitation

Congenital cardiovascular malformation of the aortic valve allowing backward flow into the ventricle.

Additional information: congenital aortic regurgitation is rare as an isolated entity. Aortic regurgitation is more commonly seen with other associated congenital cardiac anomalies.

LA8A.22 Bicuspid aortic valve

A congenital abnormality of the heart where the aortic valve has two commissures and two separate leaflets because of fusion or absence of one of the commissures

LA8A.23 Aortic valvar atresia

A congenital cardiovascular malformation in which there is no orifice of the aortic valve.

Additional information: aortic valvar atresia will most often not be coded independently, as it is frequently included within the 'Hypoplastic left heart syndrome' code as part of this spectrum of cardiovascular malformations. However, there is a small subset of patients with aortic valve atresia who have a well developed left ventricle and mitral valve and a large ventricular septal defect (nonrestrictive or restrictive).

Coding Note: Aortic valve atresia will most often be coded under the hypoplastic left heart syndrome/complex diagnostic codes since it most often occurs as part of a spectrum of cardiovascular malformations. However, there is a small subset of patients with aortic valve atresia who have a well developed left ventricle and mitral valve and a large ventricular septal defect (nonrestrictive or restrictive).

LA8A.24 Unicuspid aortic valve

A congenital cardiovascular malformation in which the aortic valve has a single commissure and a single or functionally single leaflet (cusp)

LA8A.2Y Other specified congenital anomaly of aortic valve

LA8A.2Z Congenital anomaly of aortic valve, unspecified

LA8A.3 Congenital supravalvar aortic stenosis

A congenital cardiovascular malformation with narrowing of the aorta at the level of the sinotubular junction which may extend into the ascending aorta.

Additional information: 'Congenital supravalvar aortic stenosis' is described as three forms: an hourglass deformity, a fibrous membrane, and a diffuse narrowing of the ascending aorta. Supravalvar aortic stenosis may involve the coronary artery ostia, and the aortic leaflets may be tethered. The coronary arteries can become tortuous and dilated due to elevated pressures and early atherosclerosis may ensue.

Exclusions: Congenital aortic valvar stenosis (LA8A.20)

LA8A.4 Aneurysm of aortic sinus of Valsalva

A congenital cardiovascular malformation in which there is dilation of one or more sinuses of Valsalva.

Additional information: the sinus of Valsalva is defined as that portion of the aortic root between the aortic root annulus and the sinotubular junction. Sinus of Valsalva aneurysm most commonly originates from the right sinus, less commonly from the non-coronary sinus and rarely from the left sinus (<5%). The aneurysm may rupture into an adjacent chamber or site (right atrium, right ventricle, left atrium, left ventricle, pulmonary artery, pericardium) and in this case should be coded specifically (‘Ruptured aortic sinus of Valsalva aneurysm’). This is to be distinguished from aortic root dilation associated with connective tissue disorders and aortopathies.

LA8A.5 Congenital subaortic stenosis

#DRAFT# A congenital cardiovascular malformation associated with narrowing within the outflow tract supporting the aortic valve. Subaortic obstruction can be caused by different lesions: subaortic membrane or tunnel, accessory mitral valve tissue, abnormal insertion of the mitral anterior leaflet to the ventricular septum, deviation of the outlet septum (seen in coarctation of the aorta and interrupted aortic arch), or a restrictive ventricular septal defect (bulboventricular foramen) in single ventricle complexes. Subvalvar aortic stenosis may be categorized into two types: localised subvalvar aortic stenosis, which consists of a fibrous or fibromuscular ridge, and diffuse tunnel subvalvar aortic stenosis, in which circumferential narrowing commences at the annular level and extends downward for 1-3 cm.

Exclusions: Subaortic stenosis due to fibromuscular tunnel (LA8A)

Subaortic stenosis due to fibromuscular shelf (LA8A)

LA8A.6 Congenital subpulmonary stenosis

A congenital cardiovascular malformation associated with narrowing within the outflow tract supporting the pulmonary valve.

Additional information: subvalvar (infundibular) pulmonary stenosis is a narrowing of the outflow tract of the ventricle immediately below the pulmonic valve. This term should preferably be used in the setting of abnormal ventriculo-arterial connections, such as double outlet ventricle. Although subvalvar pulmonary stenosis is a type of right ventricular outflow tract obstruction if the ventriculo-arterial connections are normal, in this setting 'Congenital right ventricular outflow tract obstruction' should be used. Subvalvar pulmonary stenosis is also a type of left ventricular outflow tract obstruction in the setting of discordant ventriculo-arterial connections; this term should be used when the obstruction is only apparent immediately below the pulmonary valve, otherwise the term 'Congenital left ventricular outflow tract obstruction' should be used

Exclusions: Double chambered right ventricle (LA88.1)

LA8A.Y Other specified congenital anomaly of a ventriculo-arterial valve or adjacent regions

LA8A.Z Congenital anomaly of a ventriculo-arterial valve or adjacent regions, unspecified

LA8B Congenital anomaly of great arteries including arterial duct

A congenital cardiovascular malformation of the great arteries (aorta, pulmonary trunk [main pulmonary artery], branch pulmonary arteries) or the arterial duct (ductus arteriosus).

Exclusions: Common arterial trunk (LA85.4)

LA8B.0 Congenital aortopulmonary window

A congenital cardiovascular malformation in which there is side-to-side continuity of the lumens of the ascending aorta and pulmonary trunk in association with separate aortic and pulmonary valves or their atretic remnants.

Additional information: side-to-side continuity of the lumens of the aorta and pulmonary arterial tree, which is distinguished from common arterial trunk (truncus arteriosus) by the presence of two arterial valves or their atretic remnants, and involvement of the pulmonary trunk (main pulmonary artery).

Inclusions: Aortic septal defect

Aortopulmonary window

LA8B.1 Congenital anomaly of pulmonary arterial tree

A congenital cardiovascular malformation of the pulmonary trunk (main pulmonary artery) and/or branch pulmonary arteries (right, left, and ramifications).

Inclusions: Aberrant pulmonary artery

Anomaly of pulmonary artery

LA8B.2 Congenital anomaly of aorta or its branches

A congenital cardiovascular malformation of the aorta and/or its branches.

LA8B.21 Coarctation of aorta

A congenital cardiovascular malformation in which there is a discrete luminal narrowing of the junction between the aortic arch and the descending aorta.

Additional information: 'Coarctation of the aorta' generally indicates a narrowing of the descending thoracic aorta just distal to the left subclavian artery. However, the term may also be accurately used to refer to a region of narrowing anywhere in the thoracic or abdominal aorta.

LA8B.22 Interrupted aortic arch

A congenital cardiovascular malformation in which there is an absence of luminal continuity between the ascending and descending aorta.

Additional information: this includes luminal atresia with discontinuity between the aortic segments and also luminal atresia with fibrous continuity between the aortic segments. Interrupted aortic arch is defined as the loss of luminal continuity between the ascending and descending aorta. In most cases, blood flow to the descending thoracic aorta is through a patent arterial duct, and there is a large ventricular septal defect. Arch interruption is further defined by site of interruption.

In type A, interruption is distal to the left subclavian artery; in type B, interruption is between the left carotid and left subclavian arteries; and in type C, interruption occurs between the innominate and left carotid arteries.

LA8B.23 Congenital anomaly of descending thoracic or abdominal aorta

A congenital cardiovascular malformation of the aorta distal to the aortic arch

Coded Elsewhere: Descending thoracic or abdominal aortic coarctation (LA8B.21)

Coarctation of the descending thoracic aorta (LA8B.21)

Coarctation of the abdominal aorta (LA8B.21)

LA8B.24 Congenital anomaly of aortic arch branch

A congenital cardiovascular malformation of one or more branches of the aortic arch (innominate, carotid, or subclavian arteries).

LA8B.2Y Other specified congenital anomaly of aorta or its branches

LA8B.2Z Congenital anomaly of aorta or its branches, unspecified

LA8B.3 Tracheo-oesophageal compressive syndrome

A congenital cardiovascular malformation which causes compression of the trachea and/or the oesophagus.

LA8B.4 Patent arterial duct

A congenital cardiovascular finding in which the arterial duct (ductus arteriosus) is open beyond the normal age of spontaneous closure.

Inclusions: bilateral arterial ducts

Coded Elsewhere: Patent arterial duct of prematurity (KB48)

LA8B.Y Other specified congenital anomaly of great arteries including arterial duct

LA8B.Z Congenital anomaly of great arteries including arterial duct, unspecified

LA8C Congenital anomaly of coronary artery

A congenital cardiovascular malformation of a coronary artery. This includes absence of a coronary, anomalous origin or course, dilation or stenosis, and fistulas.

Additional information: congenital anomalies of the coronary venous system should not be included here but rather under 'Congenital anomaly of mediastinal systemic vein'.

LA8C.0 Anomalous origin of coronary artery from pulmonary arterial tree

A congenital cardiovascular malformation in which a coronary artery origin is the pulmonary trunk or one of its branches. Although the most common of these malformations involves the left coronary artery arising from the pulmonary trunk (main pulmonary artery) rather than from the aorta, occasionally the right coronary artery, the circumflex, or both coronary arteries may arise from any of the central pulmonary arteries.

LA8C.1 Anomalous aortic origin or course of coronary artery

A congenital cardiovascular malformation in which the origin and/or course of a coronary artery is abnormal.

This is where coronary "anomalies" in the presence of discordant ventriculo-arterial connections should be coded.

LA8C.2 Congenital coronary arterial fistula

A congenital cardiovascular malformation in which a coronary artery communicates, through an anomalous channel, with a cardiac chamber or with any segment of the systemic or pulmonary circulation.

Additional information: this communication may be simple and direct or may be tortuous and dilated. In order of frequency the involved coronary artery is the right, the left and, rarely, both coronary arteries. Occasionally multiple fistulas are present.

Inclusions: congenital coronary fistula to pulmonary artery

Exclusions: anomalous origin of coronary artery from pulmonary arterial tree (LA8C.0)

LA8C.Y Other specified congenital anomaly of coronary artery

LA8C.Z Congenital anomaly of coronary artery, unspecified

LA8D Congenital pericardial anomaly

A congenital cardiovascular malformation in which there is a structural and/or functional abnormality of the pericardium.

LA8E Congenital anomaly of atrial septum

A congenital cardiovascular malformation in which there is an abnormality of the atrial septum.

LA8E.0 Patent oval foramen

A congenital cardiovascular finding in which there is a small interatrial communication (or potential communication) confined to the region of the oval fossa (fossa ovalis) characterised by no deficiency of the primary atrial septum (septum primum) and a normal limbus with no deficiency of the septum secundum (superior interatrial fold).

LA8E.1 Atrial septal defect within oval fossa

A congenital cardiovascular malformation in which there is an interatrial communication confined to the region of the oval fossa (fossa ovalis), most commonly due to a deficiency of the primary atrial septum (septum primum) but deficiency of the septum secundum (superior interatrial fold) may also contribute.

LA8E.2 Sinus venosus defect

A congenital cardiovascular malformation in which there is a caval vein (vena cava) and/or pulmonary vein (or veins) that overrides the atrial septum or the septum secundum (superior interatrial fold) producing an interatrial or anomalous veno-atrial communication.

Additional information: although the term sinus venosus atrial septal defect is commonly used, the lesion is more properly termed a sinus venosus communication because, while it functions as an interatrial communication, this lesion is not a defect of the atrial septum.

LA8E.3 Interatrial communication through coronary sinus orifice

A congenital cardiovascular malformation in which there is a communication between the left atrium and the coronary sinus allowing interatrial communication through the coronary sinus ostium.

Additional information: 'Interatrial communication through coronary sinus orifice' may or may not be associated with a persistent left superior caval vein (superior vena cava). This occurs in the absence of the coronary sinus (total unroofing of the coronary sinus) or partial unroofing of the coronary sinus.

LA8E.Y Other specified congenital anomaly of atrial septum

LA8E.Z Congenital anomaly of atrial septum, unspecified

LA8F Congenital anomaly of right atrium

A congenital cardiovascular malformation in which there is an abnormality of the right atrium.

LA8G Congenital anomaly of left atrium

A congenital cardiovascular malformation in which there is an abnormality of the left atrium.

LA8G.0 Divided left atrium

A congenital cardiac malformation in which there is a partition that divides the left atrium into a posterosuperior chamber that receives some or all of the pulmonary veins and an antero-inferior chamber that communicates with the left atrial appendage and atrioventricular junction (usually the mitral valve).

Additional information: in differentiating 'Divided left atrium' from 'Congenital supravalvar or intravalvar mitral ring', in the latter, the antero-inferior compartment contains only the mitral valvar orifice.

LA8G.Y Other specified congenital anomaly of left atrium

LA8G.Z Congenital anomaly of left atrium, unspecified

LA8Y Other specified structural developmental anomaly of heart or great vessels

LA8Z Structural developmental anomaly of heart or great vessels, unspecified

LA90 Structural developmental anomalies of the peripheral vascular system

Exclusions: Congenital anomaly of coronary artery (LA8C)

Congenital anomaly of pulmonary arterial tree (LA8B.1)

haemangioma and lymphangioma (2E81)

Congenital retinal aneurysm (LA13.5)

LA90.0 Capillary malformations

This is a vascular anomaly consisting of superficial and deep dilated capillaries in the skin which produce a reddish to purplish discoloration of the skin.

Exclusions: Macrocephaly - Cutis Marmorata Telangiectatica Congenita (LD2F.1)

Coded Elsewhere: Developmental capillary vascular malformations of the skin (LC50)

LA90.00 Hereditary haemorrhagic telangiectasia

Rendu-Osler-Weber disease, also called hereditary haemorrhagic telangiectasia (HHT), is a genetic disorder of angiogenesis leading to arteriovenous dilatations: cutaneo-mucosal haemorrhagic telangiectasias and visceral shunting.

LA90.0Y Other specified capillary malformations

LA90.0Z Capillary malformations, unspecified

LA90.1 Lymphatic malformations

Lymphatic malformations (LM), formerly referred to by the term lymphangioma, are malformations of the lymphatic system which result in obstructed lymphatic drainage. There are two types of LM: macrocystic LM (including cystic hygroma/lymphangioma) and tissue-infiltrating microcystic LM (lymphangioma circumscriptum). The macro and microcystic forms of LM may occur in association.

Coded Elsewhere: Primary lymphoedema (BD93.0)

LA90.10 Macrocystic lymphatic malformation

A condition caused by failure of the lymphatic system to correctly develop during the antenatal period. This condition is characterised by large, soft, smooth clear masses under normal or bluish skin. This condition may be associated with cellulitis, bleeding within the malformation, pain, or leakage of lymphatic fluid internally.

LA90.11 Microcystic lymphatic malformation

Microcystic lymphatic malformations consist of clusters of dilated lymphatic vessels which have developed without connection to the systemic lymphatic circulation. They present with grouped clear or haemorrhagic vesicles anywhere on the skin or mucous membrane.

Inclusions: Lymphangioma circumscriptum

Exclusions: Circumscribed lymphatic malformation (LA90.10)

LA90.12 Lymphatic malformations of certain specified sites

LA90.13 Cystic hygroma in fetus

Development abnormalities of the lymphoid system that occur at sites of lymphatic-venous connection, most commonly in the posterior neck but may be anterior and may extend into chest. Frequently associated with karyotypic abnormalities, various malformation syndromes, and several teratogenic agents. When diagnosed prenatally, the overall prognosis is poor. Cystic hygroma diagnosed after birth is usually associated with a good prognosis.

LA90.1Y Other specified lymphatic malformations

LA90.1Z Lymphatic malformations, unspecified

LA90.2 Peripheral venous malformations

Coded Elsewhere: Developmental venous malformations involving the skin (LC51)

Blue rubber bleb naevus syndrome (LC51)

LA90.20 Vein of Galen aneurysm

Vein of Galen aneurysmal malformation (VGAM) is a congenital vascular malformation characterised by dilation of the embryonic precursor of the vein of Galen. It is a sporadic lesion that occurs during embryogenesis. Cardiac insufficiency of variable severity is the principle manifestation that leads to detection of the malformation in newborns.

LA90.21 Congenital portosystemic shunt

LA90.2Y Other specified peripheral venous malformations

LA90.2Z Peripheral venous malformations, unspecified

LA90.3 Peripheral arteriovenous malformations

This is a peripheral, abnormal connection between arteries and veins, bypassing the capillary system. This vascular anomaly is widely known because of its occurrence in the central nervous system, but can appear in any location.

Inclusions: congenital arteriovenous varices NOS

Exclusions: acquired arteriovenous aneurysm (BD52.1)

Coded Elsewhere: Arteriovenous malformation of cerebral vessels (8B22.40)

LA90.30 Portal vein-hepatic artery fistula

LA90.31 Arteriovenous malformation of precerebral vessels

LA90.32 Uterine arteriovenous malformations

LA90.3Y Other specified peripheral arteriovenous malformations

LA90.3Z Peripheral arteriovenous malformations, unspecified

LA90.4 Peripheral arterial malformations

This is a peripheral lesion with a direct connection between an artery and a vein, without an intervening capillary bed, but with an interposed nidus of dysplastic vascular channels in between.

Coded Elsewhere: Hereditary cerebrovascular diseases (8B22.C)

LA90.40 Congenital renal artery stenosis

This is the congenital narrowing of the renal artery, most often caused by atherosclerosis or fibromuscular dysplasia. This narrowing of the renal artery can impede blood flow to the target kidney.

LA90.41 Congenital precerebral nonruptured aneurysm

LA90.42 Congenital cerebral nonruptured aneurysm

This is a cerebrovascular disorder in which weakness in the wall of a cerebral artery or vein causes a localised dilation or ballooning of the blood vessel (nonruptured).

Coded Elsewhere: Familial cerebral saccular aneurysm (8B22.6)

LA90.4Y Other specified peripheral arterial malformations

LA90.4Z Peripheral arterial malformations, unspecified

LA90.5 Pulmonary arteriovenous fistula

A congenital cardiovascular malformation in which there is an abnormal, direct connection between a pulmonary artery and pulmonary vein or left atrium without an intervening capillary bed.

LA90.Y Other specified structural developmental anomalies of the peripheral vascular system

LA90.Z Structural developmental anomalies of the peripheral vascular system, unspecified

LA9Y Other specified structural developmental anomalies of the circulatory system

LA9Z Structural developmental anomalies of the circulatory system, unspecified

Structural developmental anomalies of the diaphragm, abdominal wall or umbilical cord (LB00‑LB0Z)

Any condition caused by failure of the diaphragm, abdominal wall or umbilical cord to correctly develop during the antenatal period.

Exclusions: Prune belly syndrome (LD2F.10)

LB00 Structural developmental anomalies of diaphragm

LB00.0 Congenital diaphragmatic hernia

Congenital diaphragmatic hernia is a posterolateral defect of the diaphragm that allows passage of abdominal viscera into the thorax, leading to respiratory insufficiency and persistent pulmonary hypertension with high mortality.

Exclusions: Congenital hiatus hernia (LB13.1)

LB00.1 Absence of diaphragm

LB00.Y Other specified structural developmental anomalies of diaphragm

LB00.Z Structural developmental anomalies of diaphragm, unspecified

LB01 Omphalocele

Omphalocele is an embryopathy classified in the group of abdominal celosomias and is characterised by a large hernia of the abdominal wall, centred on the umbilical cord, in which the protruding viscera are protected by a sac.

Exclusions: Umbilical hernia (DD53)

LB02 Gastroschisis

Gastroschisis is a congenital abdominal wall defect characterised by viscera protruding, without a covering sac, from the fetal abdomen on the right lateral base of the umbilicus.

LB03 Structural developmental anomalies of umbilical cord

Any condition caused by failure of the umbilical cord to correctly develop during the antenatal period.

Coded Elsewhere: Umbilical cord haemangioma (2E81.00)

Fetus or newborn affected by short umbilical cord (KA03.20)

Fetus or newborn affected by long umbilical cord (KA03.21)

Developmental anomalies of the umbilicus (EC50)

LB03.0 Allantoic duct remnants or cysts

Any condition caused by failure of the umbilical cord to correctly develop during the antenatal period. These conditions are characterised by cysts or remnants of allantoic tissue within the umbilical cord, the umbilicus, or the urachus.

LB03.1 Single umbilical cord artery

A single umbilical artery arising from either the allantoic arterial system (Type I) or vitelline artery (Type II). It has been associated with renal anomalies.

LB03.Y Other specified structural developmental anomalies of umbilical cord

LB03.Z Structural developmental anomalies of umbilical cord, unspecified

LB0Y Other specified structural developmental anomalies of the diaphragm, abdominal wall or umbilical cord

LB0Z Structural developmental anomalies of the diaphragm, abdominal wall or umbilical cord, unspecified

Structural developmental anomalies of the digestive tract (LB10‑LB1Z)

Any condition caused by failure of the digestive tract to correctly develop during the antenatal period.

Coded Elsewhere: Genetic or developmental disorders involving lips or oral mucosa (DA02.0)

LB10 Structural developmental anomalies of salivary glands or ducts

Any condition caused by failure of the salivary glands and ducts to correctly develop during the antenatal period.

LB11 Congenital diverticulum of pharynx

A condition caused by failure of the pharynx to correctly develop during the antenatal period. This condition may present with difficulty swallowing, or may be asymptomatic. Confirmation is through observation of a diverted pharynx by imaging.

Exclusions: pharyngeal pouch syndrome (LD44.N0)

LB12 Structural developmental anomalies of oesophagus

Any congenital defect of oesophagus that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some become evident later.

Coded Elsewhere: Bronchopulmonary foregut malformation (LA74.Y)

LB12.0 Congenital oesophageal web or ring

A rare form of incomplete oesophageal obstruction due to a developmental defect of the primitive foregut that presents as a mucosal lesion forming an incomplete diaphragm. Symptoms (apparent from birth) include dysphagia, regurgitation, and choking.

Exclusions: Oesophageal web (DA20.2)

LB12.1 Atresia of oesophagus

Oesophageal atresia encompasses a group of congenital anomalies with an interruption in the continuity of the oesophagus, with or without persistent communication with the trachea. In 86% of cases there is a distal tracheoesophageal fistula, in 7% of cases there is no fistulous connection, while in 4% of cases there is a tracheoesophageal fistula without atresia. The remaining cases are made up of patients with OA with proximal, or both proximal and distal, tracheoesophageal fistula.

Coded Elsewhere: Laryngotracheooesophageal cleft (LA72)

LB12.10 Atresia of oesophagus with oesophagobronchial fistula

LB12.1Y Other specified atresia of oesophagus

LB12.1Z Atresia of oesophagus, unspecified

LB12.2 Oesophageal fistula without atresia

This is a birth defect (congenital anomaly) of oesophagus, and one type of EA/TEF, namely isolated "H"-shaped atresia. Tracheoesophageal fistula in which there is no oesophageal atresia because the oesophagus is continuous to the stomach. Fistula is present between the oesophagus and the trachea. Incidence of TE fistula without atresia varies between 1-11% of oesophageal malformations.

LB12.3 Congenital stenosis or stricture of oesophagus

A form of incomplete oesophageal obstruction due to a developmental defect of the primitive foregut. Abnormal narrowing of the oesophagus occurs most often at the junction of the middle and lower thirds. Clinical manifestations, apparent 2 to 3 weeks after birth, include dysphagia and progressive vomiting.

LB12.4 Congenital diverticulum of oesophagus

A very rare congenital diverticulum which is typically located just above the cricopharyngeal junction. It is usually asymptomatic unless complicated by an inflammatory process. If the diverticulum compresses the trachea or is associated with oesophageal stenosis or fistula, the symptoms of stridor, progressive dysphagia, respiratory distress, severe choking, and regurgitation may be present from birth.

Inclusions: Congenital oesophageal pouch

oesophageal pouch

Exclusions: Diverticulum of oesophagus, acquired (DA20.1)

LB12.5 Congenital dilatation of oesophagus

This is a congenital abnormal enlargement of the lower portion of the oesophagus, as seen in patients with achalasia.

LB12.Y Other specified structural developmental anomalies of oesophagus

LB12.Z Structural developmental anomalies of oesophagus, unspecified

LB13 Structural developmental anomalies of stomach

Any congenital defect of stomach that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some become evident later.

Coded Elsewhere: Gastric volvulus (DA40.2)

LB13.0 Congenital hypertrophic pyloric stenosis

A not uncommon congenital malformation of the stomach of unknown cause in which there is hypertrophy and hyperplasia of the circular muscle of the pylorus. Symptoms of gastric outlet obstruction usually appear between the third and sixth weeks of life. The anomaly is manifested by intermittent vomiting (which increases in frequency and becomes projectile), regurgitation, weight loss, dehydration, electrolyte imbalance, sometimes a small palpable pyloric mass, and visible peristaltic contractions across the epigastrium; there may also be jaundice. Some cases appear to be familial (possibly of autosomal dominant inheritance).

LB13.1 Congenital hiatus hernia

Congenital diaphragmatic hernia is an embryopathy which is defined by the absence of development of all or part of the diaphragmatic dome that results in the presence of abdominal viscera in the thorax, whit compression of the homolateral lung and impaired development of the contralateral lung.

Inclusions: Congenital displacement of cardia through oesophageal hiatus

Exclusions: Congenital diaphragmatic hernia (LB00.0)

Diaphragmatic hernia (DD50.0)

LB13.2 Congenital antral web

LB13.Y Other specified structural developmental anomalies of stomach

LB13.Z Structural developmental anomalies of stomach, unspecified

LB14 Structural developmental anomalies of duodenum

Any congenital defect of duodenum that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some become evident later.

LB15 Structural developmental anomalies of small intestine

Congenital gross anatomical structural defect of small intestine that results from interference with the normal growth and differentiation of the fetus, which may be inherited genetically, acquired during gestation, or inflicted during parturition.

LB15.0 Meckel diverticulum

A congenital abnormality characterised by the outpouching or sac formation in the ileum. It is a remnant of the embryonic yolk sac in which the vitelline duc failed to close. During early gestation, the omphalomesenteric or vitelline duct connects the fetal yolk sac to the primitive gut. By 7-8 weeks of gestation, this duct is normally completely obliterated. A Meckel diverticulum results when this structure fails to resorb completely.

LB15.1 Atresia of small intestine

Jejunoileal atresias and stenoses are major causes of neonatal intestinal obstruction. Atresia refers to a congenital obstruction with complete occlusion of the intestinal lumen. It accounts for 95% of obstructions. Four types of jejunoileal atresias are described. They can range from having a small area of blockage or web to missing large sections of the intestines.

Intestinal atresia is one of the most frequent causes of bowel obstruction in the newborn. The ileal atresia is more common than jejunal atresia, and multiple foci are more common than isolated atresia. The most accepted theory regarding the etiology of jejunoileal atresia is that of an intrauterine vascular accident resulting in necrosis of the affected segment.

Stenosis, on the other hand, refers to a partial occlusion with incomplete obstruction and accounts for the remaining 5% of cases. A stenosis has an intact mesentery and is a localised narrowing of the bowel. No loss of continuity of the lumen exists.

Inclusions: Congenital absence of small intestine

Congenital stenosis of small intestine

LB15.2 Congenital short bowel

Short bowel syndrome is a condition in which nutrients are not properly absorbed due to a congenital defect where a large part of the small intestine is missing.

LB15.3 Congenital diverticulitis of small intestine

This refers to a clinical entity characterised by the presence of sac-like congenital herniations in the wall of the small intestine, in which the pouches of small intestine (diverticula) become infected or inflamed.

LB15.4 Congenital diverticulosis of small intestine

This refers to a condition characterised by the presence of congenital multiple sack-like mucosal herniations called diverticula through weak points in the wall or lining of the small intestine. Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience pain or discomfort in the abdomen, bloating, and bleeding.

LB15.5 Congenital diverticulum of small intestine

This refers to a morphological condition in which there is single small congenital pouch in the lining of the small intestine, bulging outward through a weak spot.

LB15.Y Other specified structural developmental anomalies of small intestine

LB15.Z Structural developmental anomalies of small intestine, unspecified

LB16 Structural developmental anomalies of large intestine

Any congenital defect of large intestine that results from interference with the normal growth and differentiation of the fetus. Such defects can arise at any stage of embryonic development, vary greatly in type and severity, and are caused by a wide variety of determining factors, including genetic mutations, chromosomal aberrations, teratogenic agents, and environmental factors. Most developmental defects are apparent at birth, especially any structural malformation, but some become evident later.

Exclusions: Congenital atresia of rectum (LB17)

Persistent cloaca (LB17.2)

Congenital atresia of anus (LB17)

Coded Elsewhere: Meconium ileus without perforation (KB87.2)

LB16.0 Congenital absence, atresia or stenosis of large intestine

Colonic atresia is a congenital intestinal malformation resulting in a non-latent segment of the colon and characterised by lower intestinal obstruction manifesting with abdominal distention and failure to pass meconium in newborns.

Exclusions: Congenital atresia of rectum (LB17)

Congenital absence of rectum (LB17)

LB16.1 Hirschsprung disease

This is a developmental anomaly affecting the intestinal tract characterised by congenital absence of myenteric ganglion cells (aganglionosis) in a segment of the large bowel. Due to the absence of intrinsic innervation of the muscle layers of the affected segment, there is a loss of motor function. This results in an abnormally large or dilated colon (congenital megacolon) with intestinal occlusion or constipation. This condition becomes evident shortly after birth.

LB16.2 Immature ganglionosis of large intestine

When the number of ganglion cells is normal but the ganglion cells are prominently immature, the disease is referred to as immature ganglionosis or immaturity of ganglia.

LB16.3 Congenital hypoganglionosis of large intestine

The number and size of ganglion cells are small at birth. The size of ganglion cells tends to increase over time, but because their numbers do not increase the symptoms of dysmotility do not improve.

Source: http://www.ncbi.nlm.nih.gov/pubmed/17161202

Exclusions: Acquired hypoganglionosis of large intestine (DB32.3)

LB16.Y Other specified structural developmental anomalies of large intestine

LB16.Z Structural developmental anomalies of large intestine, unspecified

LB17 Structural developmental anomalies of anal canal

LB17.0 Anorectal malformations

Anorectal malformations (ARMs) are birth defects (due to alterations in embryo development of hindgut or proctodeum) where the anus and rectum (the lower end of the digestive tract) do not develop properly. They occur in approximately 1 in 5000 live births. These comprise a wide spectrum of diseases, which can affect boys and girls, and involve the distal anus and rectum as well as the urinary and genital tracts. Several abnormalities can occur, including the following: A membrane may be present over the anal opening; The rectum may not connect to the anus (imperforate anus); The rectum may connect to a part of the urinary tract or the reproductive system through an abnormal passage called a fistula. The classification of ARMs is mainly based on the position of the rectal pouch relative to the puborectal sling, the presence or absence of fistulas, and the types and locations of the fistulas. The following classification is according to the level of the atretic rectal cul-de-sac with respect to the pubococcygeal line (the radiological landmark for the upper border or the levator ani muscle).

LB17.1 Ectopic anus

While children with imperforate or obviously mislocated anus are identified in the newborn period, some children with a very mild abnormality may escape identification until after the newborn period. This mild mislocation of the anus has been termed anterior ectopic anus. Anterior ectopic anus is different from imperforate anus with perineal fistula in that the anal opening is usually of normal size, and only mildly misplaced. Most of these children come to medical attention due to severe constipation.

LB17.2 Persistent cloaca

A congenital anomaly in which the intestinal, urinary, and reproductive ducts open into a common cavity, a result of the failure of the urorectal septum to form during prenatal development. They occur exclusively in girls and comprise the most complex defect in the spectrum of anorectal malformations.

LB17.3 Cloacal exstrophy

Rare and complex anorectal and genitourinary malformation in which rectum, vagina and urinary tract share a common everted orifice, accompanied by an omphalocele and an imperforate anus.

Exstrophy of the cloaca is a well-known malformation that includes the persistence and the exstrophy of a cloaca that receives ureters, ileum and a rudimentary hindgut. Cloacal exstrophy is a severe birth defect wherein much of the abdominal organs (the bladder and intestines) are exposed. It often causes the splitting of both male and female genitalia (specifically, the penis and clitoris respectively), and the anus is occasionally sealed.

LB17.4 Perineal groove

The perineal groove describes a normal vestibule but with a groove extending from the vestibule to the anus, which is both normal sized and positioned.

LB17.Y Other specified structural developmental anomalies of anal canal

LB17.Z Structural developmental anomalies of anal canal, unspecified

LB18 Congenital anomalies of intestinal fixation

A condition caused by failure of the intestines to correctly develop during the antenatal period. This condition may present with intermittent abdominal pain, vomiting, or diarrhoea. Confirmation is through observation of intestinal rotation by imaging.

LB1Y Other specified structural developmental anomalies of the digestive tract

LB1Z Structural developmental anomalies of the digestive tract, unspecified

Structural developmental anomalies of the liver, biliary tract, pancreas or spleen (LB20‑LB2Z)

Any condition caused by failure of the liver, biliary tract, pancreas and spleen to correctly develop during the antenatal period.

LB20 Structural developmental anomalies of gallbladder, bile ducts or liver

Any condition caused by failure of the gallbladder, bile ducts and liver to correctly develop during the antenatal period.

LB20.0 Structural developmental anomalies of liver

Exclusions: Non-alcoholic fatty liver disease (DB92)

Coded Elsewhere: Biliary atresia (LB20.21)

LB20.00 Fibropolycystic liver disease

Coded Elsewhere: Choledochal cyst (LB20.20)

LB20.0Y Other specified structural developmental anomalies of liver

LB20.0Z Structural developmental anomalies of liver, unspecified

LB20.1 Structural developmental anomalies of gallbladder

LB20.10 Agenesis, aplasia or hypoplasia of gallbladder

LB20.1Y Other specified structural developmental anomalies of gallbladder

LB20.1Z Structural developmental anomalies of gallbladder, unspecified

LB20.2 Structural developmental anomalies of bile ducts

Coded Elsewhere: Congenital bronchobiliary fistula (LA74.Y)

LB20.20 Choledochal cyst

Inclusions: Congenital bile duct dilatation

LB20.21 Biliary atresia

Biliary atresia is a rare disease characterised by an inflammatory biliary obstruction of unknown origin that presents in the neonatal period. It is the most frequent surgical cause of cholestatic jaundice in this age group. Untreated, this condition leads to cirrhosis and death within the first years of life.

LB20.22 Congenital stenosis or stricture of bile ducts

LB20.23 Structural developmental anomalies of cystic duct

LB20.24 Accessory bile duct

LB20.2Y Other specified structural developmental anomalies of bile ducts

LB20.2Z Structural developmental anomalies of bile ducts, unspecified

LB20.Y Other specified structural developmental anomalies of gallbladder, bile ducts or liver

LB20.Z Structural developmental anomalies of gallbladder, bile ducts or liver, unspecified

LB21 Structural developmental anomalies of pancreas

LB21.0 Annular pancreas

Annular pancreas is a distinct form of duodenal atresia in which the head of the pancreas forms a ring around the second portion of the duodenum. During the neonatal period, the clinical picture is dominated by epigastric distension with vomiting, which is nonbilious as the obstruction is usually supra-vaterian. Chromosomal abnormalities are present in one-third of cases of annular pancreas, with trisomy 21 (followed by trisomy 18 and 13) being the most frequently detected anomaly. Annular pancreas is an embryopathy resulting from an anomaly occurring early (towards the fourth week) in development.

LB21.1 Pancreas divisum

This is a congenital anomaly in the anatomy of the ducts of the pancreas in which a single pancreatic duct is not formed, but rather remains as two distinct dorsal and ventral ducts.

LB21.2 Accessory pancreas

Accessory pancreas is an asymptomatic embryopathy characterised by the presence of pancreatic tissue in other sites of the body such as the splenic pedicle, gonadic pedicles, intestinal mesentery, duodenum wall, upper jejunum, or, more rarely, the gastric wall, ileum, gallbladder or spleen.

LB21.3 Agenesis-aplasia of pancreas

This refers to the failure of an organ to develop during embryonic growth and development due to the absence of primordial tissue of the pancreas.

LB21.4 Partial agenesis of pancreas

Partial agenesis of the pancreas is characterised by the congenital absence of a critical mass of pancreatic tissue. The severity of the disease depends on the amount of functional pancreatic tissue present. Pancreatic agenesis is commonly associated with other malformations, in particular pancreaticobiliary duct anomalies, leading to acute or chronic pancreatitis, hyperglycaemia (50% of cases), or, more rarely, polysplenia.

LB21.5 Hypoplasia of pancreas

LB21.Y Other specified structural developmental anomalies of pancreas

LB21.Z Structural developmental anomalies of pancreas, unspecified

LB22 Structural developmental anomalies of spleen

Any condition caused by failure of the spleen to correctly develop during the antenatal period.

Exclusions: isomerism of atrial appendages (with asplenia or polysplenia) (LA80‑LA8Z)

LB22.0 Congenital asplenia

A condition caused by failure of the spleen to develop during the antenatal period. This condition may present with pneumococcal sepsis. Confirmation is through verification of no spleen by imaging.

LB22.1 Polysplenia

A condition caused by the development of supernumerary spleens during the antenatal period. This condition may present with cardiac defects, anomalies in abdominal organs, or may be asymptomatic.

LB22.2 Ectopic spleen

LB22.Y Other specified structural developmental anomalies of spleen

LB22.Z Structural developmental anomalies of spleen, unspecified

LB2Y Other specified structural developmental anomalies of the liver, biliary tract, pancreas or spleen

LB2Z Structural developmental anomalies of the liver, biliary tract, pancreas or spleen, unspecified

Structural developmental anomalies of the urinary system (LB30‑LB3Z)

Any condition caused by failure of the urinary system to correctly develop during the antenatal period.

LB30 Structural developmental anomalies of kidneys

Any condition caused by failure of the kidneys to correctly develop during the antenatal period.

LB30.0 Renal agenesis or other reduction defects of kidney

A series of conditions resulting in reduced kidney function including a congenital absence of both kidneys

LB30.00 Renal agenesis

A condition where one or both kidneys does not form (or develop) in utero.

LB30.0Y Other specified renal agenesis or other reduction defects of kidney

LB30.0Z Renal agenesis or other reduction defects of kidney, unspecified

LB30.1 Renal dysplasia

A condition characterised by abnormal development of one or both kidneys.

Exclusions: Autosomal dominant polycystic kidney disease (GB81)

LB30.2 Congenital single renal cyst

A single cyst in a kidney, noted in utero or from birth. No other structural abnormality of the kidney or urinary tract noted.

LB30.3 Renal tubular dysgenesis

Abnormal renal development and kidney formation secondary to an underlying condition or exposure.

LB30.4 Oligomeganephronia

Oligomeganephronic renal hypoplasia is a severe developmental defect of both kidneys characterised by a reduced number of nephrons (the functional unit of the kidney), hypertrophic glomeruli with diameters twice the normal size, hypertrophic tubules and thickening of Bowman's capsule, occurring in the absence of a urinary tract malformation.

LB30.5 Accessory kidney

LB30.6 Fusion anomaly of kidneys

The embryological, incomplete fusion of renal lobules and/or kidneys

LB30.60 Lobulated kidney

Any condition caused by incomplete fusion of the developing renal lobules during the antenatal period. This condition may be asymptomatic.

LB30.61 Fused pelvic kidney

A condition caused by failure of the kidneys to correctly develop during the antenatal period. This condition is characterised by the presence of a single kidney, along the midline of the body. This condition may present with kidney stones, hydronephrosis, kidney infection, haematuria, or may be asymptomatic. Confirmation is through observation of a fused kidney by imaging.

LB30.62 Horseshoe kidney

Horseshoe kidney is the most frequent renal fusion anomaly and is characterised by the union of the inferior poles of the two kidneys through an isthmus. Horseshoe kidney is in fact an anatomical anomaly rather than a disease, but it does lead to predisposition to certain conditions such as hydronephrosis, nephrolithiasis or pyelonephritis. One third of individuals with horseshoe kidney are asymptomatic, with the anomaly being discovered fortuitously during a radiological examination. Urogenital or renal vessel anomalies may be associated with the condition. For cases requiring treatment, various therapeutic approaches are available and choice of treatment depends on the associated pathology.

LB30.6Y Other specified fusion anomaly of kidneys

LB30.6Z Fusion anomaly of kidneys, unspecified

LB30.7 Ectopic or pelvic kidney

A birth defect characterised by an abnormally positioned kidney; may be asymptomatic or result in urine blockage, infection or kidney stones

Inclusions: Congenital displaced kidney

Malrotation of kidney

LB30.8 Medullary sponge kidney

A condition characterised by cystic or saccular dilatations of the medullary collecting ducts seen with radiocontrast filling. A predisposition to stones and associated often with renal tubular acidosis. There is no clear genetic predisposition.

LB30.9 Multicystic renal dysplasia

A condition characterised by abnormal development of the kidney, specifically in which the abnormal kidney does not form a reniform structure but rather, a collection of non-communicating cysts, with no renal functional tissue.

LB30.Y Other specified structural developmental anomalies of kidneys

LB30.Z Structural developmental anomalies of kidneys, unspecified

LB31 Structural developmental anomalies of urinary tract

Any condition caused by failure of the urinary tract to correctly develop during the antenatal period.

Coded Elsewhere: Allantoic duct remnants or cysts (LB03.0)

Persistent urogenital sinus (LB42.Y)

LB31.0 Congenital hydronephrosis

Congenital hydronephrosis is a renal urinary disease characterised by distension and dilation of the renal pelvis and calyces secondary to various congenital obstructive malformations of the kidneys and urinary tract that can evolve to renal atrophy.

LB31.1 Congenital primary megaureter

Congenital primary megaureter is an idiopathic condition in which the bladder and bladder outlet are normal but the ureter is dilated to some extent. It may be obstructed, refluxing or unobstructed and not refluxing.

LB31.2 Fetal lower urinary tract obstruction

A disease caused by partial or complete obstruction of the urethra, during the antenatal period. This disease can present with enlarged bladder, oligohydramnios, or pulmonary hypoplasia. Confirmation is through observation of the obstruction by imaging.

LB31.3 Exstrophy of urinary bladder

Bladder exstrophy (or classic bladder exstrophy) is a congenital genitourinary malformation belonging to the spectrum of the exstrophy-epispadias complex and is characterised by an evaginated bladder plate, epispadias and an anterior defect of the pelvis, pelvic floor and abdominal wall.

Inclusions: Ectopia vesicae

Extroversion of bladder

LB31.4 Congenital diverticulum of urinary bladder

A condition caused by failure of the bladder to correctly develop. This condition is characterised by weakness in the bladder wall through which some of the lining of the bladder protrudes. This condition may present with urinary tract infections, difficulty voiding, or abdominal fullness. This condition may also be asymptomatic.

LB31.5 Duplication of urethra

A condition caused by failure of the urethra to correctly develop during the antenatal period. This condition is characterised by the presence of a second passage from the bladder. This condition may present with double urinary stream, urination from the anus, or may be asymptomatic. Confirmation is through observation of a second urethra by imaging.

LB31.6 Congenital megalourethra

A condition caused by failure of the penile corpora cavernosa and spongiosa to correctly develop during the antenatal period. This condition is characterised by dilatation of the penile urethra. This condition may present with poor stream, swelling of the penis, megacystis, oligohydramnios, renal failure, or pulmonary hypoplasia.

LB31.7 Megacystis-megaureter

Megacystic-megaureter syndrome describes the presence of a massive primary non-obstructive vesicoureteral reflux and a large capacity, smooth, thin walled bladder due to the continual recycling of refluxed urine. Recurrent urinary infections are commonly associated with this condition.

LB31.8 Atresia or stenosis of ureter

A condition caused by blockage or narrowing of the ureter due to failure to correctly develop during the antenatal period. This condition may present with bladder outlet obstruction, low amniotic fluid volume, pulmonary hypoplasia, megacystis, hydroureter, hydronephrosis, or renal dysplasia.

LB31.9 Agenesis of ureter

A condition caused by failure of the ureter to develop during the antenatal period. Confirmation verification that one or more ureters are missing by imaging.

Inclusions: Absent ureter

LB31.A Duplication of ureter

A condition caused by failure of the ureter to correctly develop during the antenatal period, resulting in incorrect connection of the ureter to the kidney. This condition may present with ureteroureteral reflux, or ureteropelvic junction obstruction of the lower pole of the kidney in the case of incomplete duplication. Complete duplication may present with vesicoureteral reflux, ectopic ureterocele, or ectopic ureteral insertion. Confirmation is through observation of two ureters on one side by imaging.

Inclusions: Double ureter

Accessory ureter

LB31.B Malposition of ureter

A condition caused by failure of the ureter to correctly develop during the antenatal period, resulting in partial or complete duplication of the ureter. This condition may present with hydronephrosis, urinary tract infection, or incontinence in females. Confirmation is through observation of an incorrectly positioned ureter by imaging.

LB31.C Congenital absence of bladder or urethra

Any condition caused by failure of both the bladder and the urethra to develop during the antenatal period. This condition may result in fetal death, or sepsis and sever complications in cases of live births.

LB31.D Congenital vesico-uretero-renal reflux

A condition caused by failure of the ureter to develop correctly during the antenatal period. This condition may present with urinary tract infection, or may be asymptomatic.

LB31.Y Other specified structural developmental anomalies of urinary tract

LB31.Z Structural developmental anomalies of urinary tract, unspecified

LB3Y Other specified structural developmental anomalies of the urinary system

LB3Z Structural developmental anomalies of the urinary system, unspecified

Structural developmental anomalies of the female genital system (LB40‑LB4Z)

Exclusions: Disorders of sex development leading to sexual ambiguity (LD2A)

LB40 Structural developmental anomalies of vulva

A deformation established before birth of an anatomical structure of the vulva.

LB40.0 Absence of vulva

This is a birth defect or congenital abnormality of the female genitourinary system that manifests itself in the absence of the vulva.

LB40.1 Embryonic cyst of vulva

Remnant tissue from embryological development of the pelvic organs presenting as a closed fluid sac in or on the tissue of the vulva.

LB40.2 Fusion of labia

A condition of the labia commonly affecting females between 6 months and 6 years of age, caused by skin irritation during infancy. This condition is characterised by the sealing of the labia minor (usually completely) due to a thin membrane that seals the entrance to the vagina, leaving a very small gap for urination.

LB40.Y Other specified structural developmental anomalies of vulva

LB40.Z Structural developmental anomalies of vulva, unspecified

LB41 Structural developmental anomalies of clitoris

A deformation established before birth of an anatomical structure of the clitoris.

LB41.0 Agenesis of clitoris

LB41.1 Duplication of clitoris

An anatomical anomaly present at birth in which there are two clitoral structures present.

LB41.2 Clitoromegaly

LB41.Y Other specified structural developmental anomalies of clitoris

LB41.Z Structural developmental anomalies of clitoris, unspecified

LB42 Structural developmental anomalies of vagina

A deformation established before birth of an anatomical structure of the vagina.

LB42.0 Absence of vagina

A condition of the genitourinary system affecting females, caused by an abnormality arising during the antenatal period. This condition is characterised by vaginal agenesis.

LB42.1 Septate vagina

A condition of the genitourinary system affecting females, caused by the absence of Mullerian duct fusion during the antenatal period. This condition is characterised by a transverse of longitudinal septum, partitioning the vagina into two parts. This condition may also present with dyspareunia, abnormal vaginal bleeding, or is asymptomatic. Confirmation is by imaging.

Exclusions: doubling of vagina with doubling of uterus and cervix (LB44.3)

LB42.2 Congenital rectovaginal fistula

A condition of the genitourinary system affecting females, caused by an abnormality arising during the antenatal period. This condition is characterised by the formation of an abnormal passage between the rectum and the vagina.

Exclusions: Persistent cloaca (LB17.2)

LB42.3 Tight hymenal ring

A condition of the vagina, caused by determinants arising during the antenatal period. This condition is characterised by tightening of the hymen and stenosis of the external opening of the vagina, and dyspareunia.

Inclusions: Rigid hymen

Tight introitus

Exclusions: Imperforate hymen (LB42.4)

LB42.4 Imperforate hymen

A condition in which the hymen, the membrane that surrounds or partially covers the external vaginal opening, is harder than normal or is complete and sealed without any opening into the vaginal vault.

LB42.5 Stricture or atresia of vagina

A condition of the vagina, caused by an abnormality arising during the antenatal period. This condition is characterised by stenosis and occlusion of the vaginal opening.

Exclusions: Postoperative adhesions of vagina (GC70)

LB42.Y Other specified structural developmental anomalies of vagina

LB42.Z Structural developmental anomalies of vagina, unspecified

LB43 Structural developmental anomalies of cervix uteri

LB43.0 Embryonic cyst of cervix

A condition of the cervix, caused by a cluster of cells that have formed a closed sac or structures left behind from development during the antenatal period. This condition is characterised by air, fluid, or semi-solid material surrounded by a distinct membrane of cells with abnormal appearance and behaviour.

LB43.1 Agenesis or aplasia of cervix

A condition of the cervix, caused by the absence of primordial tissue development during the antenatal period. This condition is characterised by improper or lack of development of the cervix.

LB43.Y Other specified structural developmental anomalies of cervix uteri

LB43.Z Structural developmental anomalies of cervix uteri, unspecified

LB44 Structural developmental anomalies of uterus, except cervix

LB44.0 Agenesis or aplasia of uterine body

A condition of the uterus, caused by the absence of primordial tissue development during the antenatal period. This condition is characterised by improper or lack of development of the uterine body.

LB44.1 Hypoplasia of uterus

LB44.2 Unicornuate uterus

A uterine malformation where the uterus is formed from one only of the paired Müllerian ducts while the other Müllerian duct does not develop or develops only in a rudimentary fashion.

LB44.3 Bicornuate uterus

A condition of the uterus, caused by malformation in the development of the uterus during the antenatal period. This condition is characterised by a uterus with a bifurcated cephalo, and a unitary caudal part. Confirmation is by imaging.

LB44.4 Septate uterus

Longitudinal septum in uterus, subclassified as complete or partial

LB44.5 Congenital fistulae between uterus and digestive and urinary tracts

A condition caused by abnormal tissue development during the antenatal period. This condition is characterised by the formation of an abnormal passage between the uterus, digestive, and urinary tracts.

LB44.6 Uterovaginal malformation due to diethylstilbestrol syndrome

Fetal diethylstilbestrol syndrome is characterised by a group of symptoms likely to occur in children and grandchildren of a woman who was treated while pregnant with diethylstilbestrol (DES). The drug is a synthetic nonsteroidal oestrogen, used in the US until 1971 and in Europe until 1978 to try and prevent miscarriage, premature delivery, and other pregnancy complications. It has been estimated that 25% of female fetuses exposed to DES in utero during the first trimester have subsequently developed genital tract anomalies including vaginal adenosis, cervical malformations, vaginal septae, uterine cavity anomalies, or fallopian tube anomalies causing subsequent fertility problems.

LB44.Y Other specified structural developmental anomalies of uterus, except cervix

LB44.Z Structural developmental anomalies of uterus, except cervix, unspecified

LB45 Structural developmental anomalies of ovaries, fallopian tubes or broad ligaments

LB45.0 Congenital absence of ovary

A condition of the ovary, caused by determinants arising during the antenatal period. This condition is characterised by a female born with fewer than two ovaries.

Exclusions: Turner syndrome (LD50.0)

LB45.1 46,XX gonadal dysgenesis

Karyotype 46 XX; Gonads: gonadal dysgenesis (streak gonads); Phenotype female with symptoms like primary amenorrhea, hypergonadotropic hypogonadism, normal stature and no other abnormalities.

LB45.2 Developmental ovarian cyst

A condition in which an individual is born with a benign, functional cyst, or cysts, on one or more ovaries which result from enlargement of otherwise normal follicles during third trimester or early neonatal period.

LB45.3 Congenital torsion of ovary

A condition of the ovary, caused by determinants arising during the antenatal period. This condition is characterised by a partial or complete rotation of the ovary, an occlusion to the venous or arterial blood supply of the ovary, severe lower abdominal pain that may radiate to the back, pelvis and thigh, and nausea, vomiting, diarrhoea or constipation.

LB45.4 Accessory ovary

A condition of the ovary, caused by determinants arising during the antenatal period. This condition is characterised by excess ovarian tissue situated near an anatomically correct ovary, which may or may not be connected to the original ovarian tissue.

LB45.5 Congenital absence of fallopian tube

A condition of the fallopian tube, caused by determinants arising during the antenatal period. This condition is characterised by a female born with fewer than two fallopian tubes.

LB45.6 Atresia of fallopian tube

A condition of the fallopian tube, caused by determinants arising during the antenatal period. This condition is characterised by unilateral or bilateral closure or absence of the fallopian tube(s), commonly within the proximal isthmic or proximal ampullary segments.

LB45.7 Accessory fallopian tube

A condition of the fallopian tube, caused by determinants arising during the antenatal period. This condition is characterised by the duplication of one or more fallopian tubes, commonly attached to the ampullary segment.

LB45.8 Embryonic cyst of fallopian tube

A condition of the Fallopian tube, caused by the overgrowth of pelvic tissue during the antenatal period. This condition is characterised by air, fluid, or semi-solid material surrounded by a distinct membrane of cells with abnormal appearance and behaviour.

Inclusions: Fimbrial cyst

LB45.9 Embryonic cyst of broad ligament

Remnant tissue from embryological development of the development of the pelvic organs presenting as a closed fluid sac on the broad ligament.

Inclusions: epoophoron cyst

parovarian cyst

LB45.Y Other specified structural developmental anomalies of ovaries, fallopian tubes or broad ligaments

LB45.Z Structural developmental anomalies of ovaries, fallopian tubes or broad ligaments, unspecified

LB4Y Other specified structural developmental anomalies of the female genital system

LB4Z Structural developmental anomalies of the female genital system, unspecified

Structural developmental anomalies of the male genital system (LB50‑LB5Z)

Any condition affecting the male genital system, caused by determinants arising during the antenatal period. These conditions are characterised by structural developmental anomalies.

Exclusions: Disorders of sex development leading to sexual ambiguity (LD2A)

LB50 Micropenis or penis agenesis

A condition caused by reduced androgen production during the antenatal period. This condition is characterised by an absent, or unusually small penis. Confirmation is by measuring the length of a dorsal erectile penis.

LB51 Anorchia or microorchidia

A disorder affecting males, caused by an abnormality occurring in sex development during the antenatal period. This disorder is characterised by individuals who are born with absence of the testes, or with testes that are deficient in size and function. Confirmation is by physical examination, identification of low testosterone levels but elevated follicle stimulating hormone and luteinizing hormone levels in a blood sample, or imaging.

Coded Elsewhere: Testicular agenesis (LD2A.2)

LB52 Cryptorchidism

A disorder affecting males, caused by an abnormality occurring in sex development during the antenatal period. This disorder is characterised by the absence of one or both testes from the scrotum. This disorder may also present with reduced fertility, psychological implications, or increased risk of testicular germ cell tumours. Confirmation is by imaging, karyotyping, or identification of male sex hormones in a blood sample.

Exclusions: Retractile testis migrans (MF42)

LB52.0 Ectopic testis

A condition of the testis, caused by determinants arising during the antenatal period. This condition is characterised by the abnormal location of the testis away from the normal line of descent such as in the superficial inguinal pouch, perineal, abdominal, pelvic, crural, penile or femoral positions, and with normal testis and spermatic cord anatomy. Confirmation is by diagnostic laparoscopy to rule out an intra-abdominal, inguinal or absent/vanishing testis.

LB52.1 Undescended testicle, unilateral

The situation in which one of the two testicles in a male has not transitioned from the abdomen, and therefore appears absent from the scrotum.

LB52.2 Undescended testicle, bilateral

The situation in which both testicles in a male have not transitioned from the abdomen, and therefore appear absent from the scrotum.

LB52.Y Other specified cryptorchidism

LB52.Z Cryptorchidism, unspecified

LB53 Hypospadias

Any condition of the urethra affecting males, caused by determinants arising during the antenatal period. These conditions are characterised by a malformation of the urethra and an abnormally placed urinary meatus.

Exclusions: Epispadias (LB55)

LB53.0 Hypospadias, balanic

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and an abnormally placed urinary meatus that opens at the site of the frenulum. This condition may also present with an incomplete foreskin that forms a hood.

LB53.00 Hypospadias, coronal

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens in the ventral portion of the coronal sulcus. This condition may also present with an incomplete foreskin that forms a hood.

LB53.01 Hypospadias, glandular

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens at the site of the frenulum. This condition may also present with an incomplete foreskin that forms a hood.

LB53.0Y Other specified hypospadias, balanic

LB53.0Z Hypospadias, balanic, unspecified

LB53.1 Hypospadias, penile

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis and an abnormally placed urinary meatus that opens along the shaft of the penis. This condition may also present with an incomplete foreskin that forms a hood.

LB53.2 Hypospadias, penoscrotal

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens where the shaft of the penis meets the scrotum. This condition may also present with an incomplete foreskin that forms a hood.

LB53.3 Hypospadias, scrotal

A condition caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis, leading to an abnormally placed urinary meatus that opens on the scrotum. This condition may also present with an incomplete foreskin that forms a hood.

LB53.4 Hypospadias, perineal

A condition of the urethra affecting males, caused by determinants arising during the antenatal period. This condition is characterised by a malformation of the urethra and the ventral side of the penis and an abnormally placed urinary meatus that opens in the perineum. This condition may also present with an incomplete foreskin that forms a hood.

LB53.Y Other specified hypospadias

LB53.Z Hypospadias, unspecified

LB54 Congenital chordee

A condition caused by the development of fibrous bands of tissue along the corpus spongiosum and shortening of the ventral skin during the antenatal period. This condition is characterised by ventral or dorsal curvature of the head of the penis at the junction with the shaft, most apparent during erection. This condition may also present with hypospadias.

LB55 Epispadias

Epispadias is a congenital genitourinary malformation belonging to the spectrum of the exstrophy-epispadias complex and is characterised in males by an ectopic meatus or a mucosal strip in place of the urethra on the penile dorsum and in females by bifid clitoris and a variable cleft of the urethra.

Exclusions: Hypospadias (LB53)

LB56 Bifid scrotum

A condition caused by failure of the scrotum to correctly develop during the antenatal period resulting in incomplete fusion of the labioscrotal folds. This condition is characterised by a deep midline cleft in the scrotum. This condition may be asymptomatic.

LB57 Agenesis of vas deferens

A condition of the vas deferens affecting males, caused by determinants arising during the antenatal period. This condition is characterised by the unilateral or bilateral absence of the vas deferens, azoospermia, and infertility.

LB58 Polyorchidism

A condition of the testes, caused by determinants arising during the antenatal period. This condition is characterised by the presence of more than two testicles. Confirmation is by imaging.

LB59 Hypoplasia of testis or scrotum

A condition caused by incomplete development of the testis and scrotum during the antenatal period. This condition is characterised by a decrease or destruction in the number or size of cells testis and scrotal tissue.

LB5Y Other specified structural developmental anomalies of the male genital system

LB5Z Structural developmental anomalies of the male genital system, unspecified

Structural developmental anomalies of the breast (LB60‑LB6Z)

A deformation established before birth of an anatomical structure of the breast or breast tissue.

LB60 Breast aplasia

A condition caused by failure of the breast to develop during the antenatal period. This condition is characterised by a total lack of breast tissue. This condition may also present with absence of the nipple or pectoral muscle.

LB61 Absent nipple

A condition caused by failure of the nipple to develop during the antenatal period. This condition is characterised by a total lack of a nipple. This condition may also present with absence of the breast or pectoral muscle.

LB62 Supernumerary breasts

A condition caused by failure of the breasts to correctly develop during the antenatal period. This condition is characterised by supernumerary breasts, with or without nipples. This condition may be asymptomatic.

LB63 Accessory nipple

A condition caused by development of supernumerary nipples during the antenatal period. This condition is characterised by the presence of nipples or nipple-like structures additional to the normal two. This condition may be asymptomatic.

Inclusions: Supernumerary nipple

LB6Y Other specified structural developmental anomalies of the breast

LB6Z Structural developmental anomalies of the breast, unspecified

Structural developmental anomalies of the skeleton (LB70‑LB9Z)

A deformation established before birth of an anatomical structure of one or more bones.

LB70 Structural developmental anomalies of cranium

Any condition caused by failure of the cranium to correctly develop during the antenatal period.

Coded Elsewhere: Wide cranial sutures of newborn (KD31)

LB70.0 Craniosynostosis

Craniosynostosis consists of premature fusion of one or more cranial sutures, resulting in an abnormal head shape. It can be divided in several subgroups; the major different types are primary vs secondary craniosynostosis and isolated vs syndromic craniosynostosis.

Inclusions: Imperfect fusion of skull

LB70.00 Plagiocephaly

Isolated synostotic plagiocephaly is a form of nonsyndromic craniosynostosis characterised by premature fusion of one coronal or lambdoid suture leading to skull deformity and facial asymmetry.

LB70.0Y Other specified craniosynostosis

LB70.0Z Craniosynostosis, unspecified

LB70.1 Wormian bones

Also known as intrasutural bone, is an additional bony segment interlocked in an existing cranial suture. A special form: Interparietal bone or Inca bone is an interlocked irregular isolated bone at the lambdoid suture. Although harmless it may be associated with craniofacial and other syndromes.

LB70.2 J-shaped sella turcica

LB70.3 Macrocephaly

A condition characterised by above normal head size.

Coding Note: Code also the causing condition

LB70.Y Other specified structural developmental anomalies of cranium

LB70.Z Structural developmental anomalies of cranium, unspecified

LB71 Structural developmental anomalies of facial bones

Any condition caused by failure of the facial bones to correctly develop during the antenatal period.

Exclusions: Facial clefts (LA51)

Otomandibular dysplasia (LD2F.16)

Agnathia (LA30‑LA5Z)

Micrognathia (DA0E.00)

LB71.0 Hypotelorism

A condition caused by failure of the facial bones to correctly develop during the antenatal period. This condition is characterised by lower than normal distance between the eyes.

LB71.1 Hypertelorism

A condition caused by failure of the facial bones to correctly develop during the antenatal period. This condition is characterised by higher than normal distance between the eyes.

LB71.Y Other specified structural developmental anomalies of facial bones

LB71.Z Structural developmental anomalies of facial bones, unspecified

LB72 Structural developmental anomalies of shoulder girdle

Any condition caused by failure of the shoulder girdle to correctly develop during the antenatal period.

LB72.0 Cervical rib

LB72.1 Sprengel deformity

A condition caused by failure of the pectoral girdle to correctly develop during the antenatal period. This condition is characterised by abnormal descent, and altered position and anatomy of the scapula. This condition may present with muscle hypoplasia.

LB72.2 Deformation of scapula

LB72.Y Other specified structural developmental anomalies of shoulder girdle

LB72.Z Structural developmental anomalies of shoulder girdle, unspecified

LB73 Structural developmental anomalies of spine or bony thorax

Any condition caused by failure of the spine or bony thorax to correctly develop during the antenatal period.

LB73.0 Occult spinal dysraphism

Inclusions: Spina bifida occulta

Cryptomerorachischisis

Exclusions: meningocele (spinal) (LA02)

Spina bifida aperta (LA02.1)

Spina bifida cystica (LA02.0)

LB73.1 Structural developmental anomalies of chest wall

Any condition caused by failure of the chest wall to correctly develop during the antenatal period.

LB73.10 Poland syndrome

Poland syndrome is characterised by a unilateral absence or hypoplasia of the pectoralis major muscle (most frequently involving the sternocostal portion), and a variable degree of ipsilateral hand anomalies, including symbrachydactyly.

LB73.11 Bifid rib

LB73.12 Accessory rib

A condition caused by failure of the ribs to correctly develop during the antenatal period. This condition is characterised by a supernumerary rib arising from a cervical or lumbar vertebra. This condition may present with thoracic outlet syndrome, or may be asymptomatic.

LB73.13 Structural developmental anomalies of sternum

Any condition caused by failure of the sternum to correctly develop during the antenatal period.

LB73.1Y Other specified structural developmental anomalies of chest wall

LB73.1Z Structural developmental anomalies of chest wall, unspecified

LB73.2 Structural developmental anomalies of spine

Any condition caused by failure of the spine to correctly develop during the antenatal period.

LB73.20 Klippel-Feil anomaly

Klippel-Feil syndrome is characterised by improper segmentation of cervical segments resulting in congenitally fused cervical vertebrae.

Inclusions: Cervical fusion syndrome

LB73.21 Occipitalisation of atlas

A condition caused by failure of the atlas and occiput to correctly develop during the antenatal period. This condition is characterised by fusion of the atlas to the base of the occiput. This condition may present with headache, suboccipital stiffness, restricted motion, or dizziness. Confirmation is through observation of the fusion by imaging.

LB73.22 Atlanto-axial instability or subluxation

A condition caused by bony or ligamentous abnormality of the upper spinal column. This condition is characterised by excessive movement at the junction between C1 and C2 vertebrae. This condition may present with impaired rotation of the neck, neurological difficulties, or may be asymptomatic.

LB73.23 Aplasia or hypoplasia of the odontoid process of axis

LB73.24 Segmentation anomalies of vertebrae

Any condition caused by failure of the vertebrae to correctly develop during the antenatal period. These conditions are characterised by an abnormal number of fully developed vertebrae. Confirmation is through verification of absent or improperly formed vertebrae by imaging.

LB73.25 Congenital scoliosis due to congenital bony malformation

A condition caused by malformation of the ribs or spine. This condition is characterised by abnormal curving of the spine.

Exclusions: congenital scoliosis NOS (LB73.2)

LB73.26 Sacralisation of the last lumbar vertebra

LB73.27 Lumbarisation of the first sacral vertebra

LB73.28 Sacrum agenesis or hypoplasia

LB73.29 Caudal appendage

A condition caused by development of a malformation on the lower back during the antenatal period. This condition is characterised by a cutaneous protrusion superior to the buttocks. This condition may be associated with occult spinal dysraphism.

Exclusions: Caudal regression sequence (LD2F.1)

LB73.2A Congenital spondylolisthesis

A condition caused by vertebral malformation, which allows the vertebra to slip forward over the sacrum. This condition may present with lower back pain, or may be asymptomatic.

Exclusions: acquired spondylolisthesis (FA84)

acquired spondylolysis (FA81)

LB73.2Y Other specified structural developmental anomalies of spine

LB73.2Z Structural developmental anomalies of spine, unspecified

LB73.Y Other specified structural developmental anomalies of spine or bony thorax

LB73.Z Structural developmental anomalies of spine or bony thorax, unspecified

LB74 Structural developmental anomalies of pelvic girdle

Any condition caused by failure of the pelvic girdle to correctly develop during the antenatal period.

Exclusions: Clicking hip (ME80)

LB74.0 Developmental dysplasia of hip

A condition caused by failure of the hip to correctly develop during the antenatal period. This condition is characterised by slippage of the hip from the socket. This condition may present with outward turning of the leg, reduced movement on one side of the body, shortness of one leg, uneven skin folds on thigh or buttocks, walking difficulties, or inward rounding of the lower back.

LB74.1 Congenital subluxation of hip

LB74.2 Unstable hip

A condition caused by failure of the hip joint to correctly develop during the antenatal period. This condition is characterised by looseness of the hip joint. This condition may present with dislocation, multidirectional intra-operative instability, abductor insufficiency, or neuromuscular disability.

LB74.3 Congenital coxa vara

A condition caused by failure of the hip joint to correctly develop during the antenatal period. This condition is characterised by a decrease in the femoral neck-shaft angle. This condition may present with a shortened leg, or a limp.

LB74.4 Congenital coxa valga

A condition caused by failure of the hip joint to correctly develop during the antenatal period. This condition is characterised by an increase in the femoral neck-shaft angle.

LB74.5 Wide symphysis pubis

LB74.Y Other specified structural developmental anomalies of pelvic girdle

LB74.Z Structural developmental anomalies of pelvic girdle, unspecified

LB75 Brachydactyly

Brachydactyly ('short digits') is a general term that refers to disproportionately short fingers and toes, and forms part of the group of limb malformations characterised by bone dysostosis. The various types of isolated brachydactyly are rare, except for types A3 and D.

LB75.0 Brachydactyly of fingers

A condition caused by failure of the fingers to correctly develop during the antenatal period. This condition is characterised by below normal finger length.

LB75.1 Brachydactyly of toes

A condition caused by failure of the toes to correctly develop during the antenatal period. This condition is characterised by below normal toe length.

LB75.2 Symbrachydactyly of hands or feet

A condition caused by failure of the digits to correctly develop during the antenatal period. This condition is characterised by short digits, which may be webbed. This condition may also present with missing digits, shortened metacarpals, or short limb sections.

LB75.Y Other specified brachydactyly

LB75.Z Brachydactyly, unspecified

LB76 Triphalangeal thumb

A condition caused by failure of the thumb to correctly develop during the antenatal period. This condition is characterised by a long, finger-like thumb with three phalanges instead of two. Isolated triphalangeal thumbs may be associated with genetic abnormality in the 7q36 region.

LB77 Hyperphalangy

Hyperphalangy is a congenital, non-syndromic limb malformation characterized by the presence of an accessory phalanx between metacarpal/metatarsal and proximal phalanx, or between any two other phalanges of a digit, excluding the thumb. Hypherphalangy is almost always bilateral and patients present no more than five digits and no other skeletal anomalies.

LB78 Polydactyly

Any condition caused by development of supernumerary fingers during the antenatal period.

LB78.0 Polydactyly of the thumb

A condition caused by development of supernumerary thumbs during the antenatal period.

LB78.1 Polysyndactyly

Polysyndactyly is a form of preaxial polydactyly of fingers characterised by the presence of a thumb showing the mildest degree of duplication, being broad, bifid or with radially deviated distal phalanx. Syndactyly of various degrees of third-and-fourth fingers is occasionally present. Two forms have been characterised: unilateral and bilateral.

LB78.2 Postaxial polydactyly of fingers

A condition caused by development of supernumerary fingers during the antenatal period. This condition is characterised by fifth digit duplications.

LB78.3 Polydactyly of toes

Any condition caused by development of supernumerary toes during the antenatal period.

LB78.Y Other specified polydactyly

LB78.Z Polydactyly, unspecified

LB79 Syndactyly

A condition caused by failure of the longitudinal interdigital necrosis that normally separates the digits during the antenatal period. This condition is characterised by the presence of two or more digits that are fused together.

Coded Elsewhere: Polysyndactyly (LB78.1)

LB79.0 Fused fingers

Inclusions: complex syndactyly of fingers with synostosis

LB79.1 Webbed fingers

A condition caused by failure of the longitudinal interdigital necrosis that normally separates the fingers to during the antenatal period. This condition is characterised by the presence of two or more fingers that are fused together.

Inclusions: Simple syndactyly of fingers without synostosis

LB79.2 Fused toes

Inclusions: Complex syndactyly of toes with synostosis

LB79.3 Webbed toes

A condition caused by failure of the longitudinal interdigital necrosis that normally separates the toes during the antenatal period. This condition is characterised by the presence of two or more toes that are fused together.

Inclusions: Simple syndactyly of toes without synostosis

LB79.Y Other specified syndactyly

LB79.Z Syndactyly, unspecified

Congenital deformities of fingers or toes (LB80‑LB81.Z)

LB80 Congenital deformities of fingers

Any condition caused by failure of the fingers to develop correctly during the antenatal period.

Inclusions: Congenital deformities of hand

LB80.0 Clinodactyly of fingers

A condition caused by failure of the fifth finger to correctly develop during the antenatal period. This condition is characterised by bending of the fifth finger towards the fourth.

LB80.2 Radial deviation of fingers

LB80.Y Other specified congenital deformities of fingers

LB80.Z Congenital deformities of fingers, unspecified

LB81 Congenital deformities of toes

Coded Elsewhere: Congenital hammer toe (LB98.5)

LB81.0 Clinodactyly of toes

LB81.Y Other specified congenital deformities of toes

LB81.Z Congenital deformities of toes, unspecified

LB90 Joint formation defects

Any condition of the skeletal system, caused by failure of joints to correctly develop during the antenatal period.

LB90.0 Humero-radio-ulnar synostosis

A condition caused by failure of the arm bones to correctly develop during the antenatal period. This condition is characterised by direct fusion of the humerus to the ulnar and radial bones of the arm, and consequent inability to straighten the elbow joint. This condition may be associated with thalidomide embryopathy. Confirmation is through observation of humero-radio-ulnar fusion by imaging.

LB90.1 Humero-radial synostosis

LB90.2 Humero-ulnar synostosis

A condition caused by failure of the arm bones to correctly develop during the antenatal period. This condition is characterised by direct fusion of the humerus and radial bones of the arm, and consequent inability to straighten the elbow joint. Confirmation is through observation of humero-ulnar fusion by imaging.

LB90.3 Radio-ulnar synostosis

A condition caused by failure of the arm bones to correctly develop during the antenatal period. This condition is characterised by direct fusion of the ulnar and radial bones of the arm, and consequent limitation of rotational movement of the forearm. Confirmation is through observation of radio ulnar fusion by imaging.

LB90.4 Madelung deformity

Madelung disease, or deformity is a predominantly bilateral wrist anomaly characterised by shortened and bowed radii and long ulnae leading to dorsal dislocation of the distal ulna and limited mobility of the wrist and elbow.

LB90.5 Congenital digital clubbing

Isolated congenital digital clubbing is a rare genodermatosis disorder characterised by enlargement of the terminal segments of fingers and toes with thickened nails without any other abnormality.

LB90.6 Tibio-fibular synostosis

LB90.7 Cubitus valgus

LB90.8 Cubitus varus

LB90.Y Other specified joint formation defects

LB90.Z Joint formation defects, unspecified

LB91 Congenital shoulder dislocation

LB92 Congenital elbow dislocation

LB93 Congenital knee dislocation

A condition characterised by hyperextension of the knee joint.

LB93.0 Congenital genu recurvatum

LB93.1 Congenital genu flexum

LB93.Y Other specified congenital knee dislocation

LB93.Z Congenital knee dislocation, unspecified

LB94 Congenital patella dislocation

LB95 Patella aplasia or hypoplasia

Isolated patella aplasia-hypoplasia is an extremely rare genetic condition characterised by congenital absence or marked reduction of the patellar bone. This condition may present with discomfort or abnormal gait. Confirmation is through verification of the reduced or absent patella by imaging

LB96 Congenital bowing of long bones

Congenital bowing of long bones is a congenital condition described by the presence of symmetric or asymmetric angular deformity and shortening of the long bones, particularly the femurs, tibiae and ulnae.

LB96.0 Congenital bowing of femur

A condition caused by failure of the femur to develop correctly during the antenatal period. This condition is characterised by abnormal angling of the femur. Confirmation is through observation of the bowed femur by imaging.

LB96.1 Congenital bowing of tibia

A condition caused by failure of the tibia to develop correctly during the antenatal period. This condition is characterised by abnormal angling of the tibia. Confirmation is through observation of the bowed tibia by imaging.

LB96.Y Other specified congenital bowing of long bones

LB96.Z Congenital bowing of long bones, unspecified

LB97 Limb overgrowth

Disproportionately long or asymmetric upper limbs

Exclusions: Hemihypertrophy (LD2C)

LB97.0 Macrodactyly of fingers

A condition caused by failure of the fingers to correctly develop during the antenatal period. This condition is characterised by overgrowth of bone and soft tissue, resulting in larger than normal fingers. This condition may be asymptomatic.

LB97.1 Macrodactyly of toes

LB97.2 Upper limb hypertrophy

LB97.3 Lower limb hypertrophy

LB97.Y Other specified limb overgrowth

LB97.Z Limb overgrowth, unspecified

LB98 Congenital deformities of feet

Any condition caused by malformation of the foot during the antenatal period.

LB98.0 Congenital varus deformities of feet

Any condition caused by failure of the bones of the foot to correctly develop during the antenatal period. These conditions are characterised by twisting of parts of the foot inward from the centre of the body.

LB98.00 Talipes equinovarus

A condition characterised by a foot that is fixated in adduction, in supination, and in varus. This condition may be associated with intrauterine position, genetic mutation, or can be idiopathic.

LB98.01 Talipes calcaneovarus

LB98.02 Metatarsus varus

A condition characterised by medial rotation of the cuneiform bones at the midtarsal joint, with associated medial deviation of the metatarsal, resulting in adduction and supination of the forefoot.

LB98.0Y Other specified congenital varus deformities of feet

LB98.0Z Congenital varus deformities of feet, unspecified

LB98.1 Congenital pes planus

Any condition caused by failure of the foot to correctly develop during the antenatal period. These conditions are characterised by severe rigid flat foot deformity.

Inclusions: congenital flat foot

LB98.2 Congenital valgus deformities of feet

Any condition caused by failure of the bones of the foot to correctly develop during the antenatal period. These conditions are characterised by twisting of parts of the foot outward from the centre of the body.

LB98.20 Congenital hallux valgus

A condition caused by failure of the hallux to correctly develop during the antenatal period. This condition is characterised by angling of the hallux medial to the metatarsophalangeal joint.

LB98.21 Metatarsus valgus

A condition caused by failure of the bones of the foot to correctly develop during the antenatal period. This condition is characterised by rotation of the forepart of the foot outward from the midline of the body.

LB98.22 Talipes calcaneovalgus

A condition caused by tightness of the muscles of the foot due to resting of the foot in a turned up position during the antenatal period. This condition is characterised by a foot that is turned upwards towards the shin.

LB98.2Y Other specified congenital valgus deformities of feet

LB98.2Z Congenital valgus deformities of feet, unspecified

LB98.3 Congenital pes cavus

A condition characterised by a high arch of the foot that does not flatten with weight bearing.

LB98.4 Congenital vertical talus

Isolated congenital vertical talus is a rare pedal deformity recognizable at birth by a dislocation of the talonavicular joint, resulting in a characteristic radiographic near-vertical orientation of the talus.

LB98.5 Congenital hammer toe

A condition characterised by angling downwards of the toe.

LB98.Y Other specified congenital deformities of feet

LB98.Z Congenital deformities of feet, unspecified

LB99 Reduction defects of upper limb

Any condition caused by the failure of an upper limb to correctly develop during the antenatal period. These conditions are characterised by reduction in size or absence of the limb.

LB99.0 Amelia of upper limb

A condition caused by the failure of an upper limb to develop during the antenatal period. This condition is characterised by absence of the upper limb.

LB99.1 Humeral agenesis or hypoplasia

LB99.2 Radial hemimelia

Radial hemimelia is a congenital longitudinal deficiency of the radius bone of the forearm characterised by partial or total absence of the radius.

Inclusions: Radial clubhand

LB99.3 Ulnar hemimelia

Ulnar hemimelia is a congenital ulnar deficiency of the forearm characterised by complete or partial absence of the ulna bone.

LB99.4 Congenital absence of upper arm or forearm with hand present

A condition caused by the failure of the upper arm and forearm to develop during the antenatal period, but with the hand present. This condition is characterised by direct connection of the hand to the shoulder.

LB99.5 Congenital absence of both forearm and hand

A condition caused by the failure of the forearm and hand to develop during the antenatal period.

LB99.6 Acheiria

A condition caused by failure of one or both hands to develop during the antenatal period.

LB99.7 Adactyly of hands

A condition caused by failure of the digits on the hand to correctly develop during the antenatal period. This condition is characterised by absence of digits on the hand.

LB99.8 Split hand

A condition caused by malformation of the hand during the antenatal period. This condition is characterised by a deep median cleft of the hand due to the absence of the central rays.

LB99.Y Other specified reduction defects of upper limb

LB99.Z Reduction defects of upper limb, unspecified

LB9A Reduction defects of lower limb

Any condition caused by the failure of a lower limb to correctly develop during the antenatal period. These conditions are characterised by reduction in size or absence of the limb.

LB9A.0 Amelia of lower limb

LB9A.1 Tibial hemimelia

Tibial hemimelia is a rare congenital anomaly characterised by deficiency of the tibia with a relatively intact fibula.

LB9A.2 Fibular hemimelia

Fibular hemimelia is a congenital longitudinal limb deficiency characterised by complete or partial absence of the fibula bone.

LB9A.3 Congenital absence of thigh or lower leg with foot present

Any condition caused by the failure of the thigh and lower leg to develop during the antenatal period. These conditions are characterised by direct connection of the foot to the hip.

LB9A.4 Apodia

A condition caused by failure of the foot to develop during the antenatal period.

LB9A.5 Adactyly of feet

A condition caused by failure of the digits on the foot to correctly develop during the antenatal period. This condition is characterised by absence of digits on the foot.

LB9A.6 Split foot

A condition caused by malformation of the foot during the antenatal period. This condition is characterised by a deep median cleft of the foot due to the absence of the central rays.

LB9A.7 Congenital absence of both lower leg and foot

Any condition caused by the failure of the lower leg and foot to develop during the antenatal period.

LB9A.8 Femoral agenesis or hypoplasia

Femoral agenesis/hypoplasia is a rare malformation of variable severity ranging from mild hypoplasia to complete absence of the femur.

LB9A.Y Other specified reduction defects of lower limb

LB9A.Z Reduction defects of lower limb, unspecified

LB9B Reduction defects of upper and lower limbs

LB9Y Other specified structural developmental anomalies of the skeleton

LB9Z Structural developmental anomalies of the skeleton, unspecified

Structural developmental anomalies of the skin (LC00‑LC7Z)

A deformation established before birth of an anatomical structure of the skin.

Exclusions: pilonidal cyst or sinus (EG63)

Congenital erythropoietic porphyria (5C58.12)

Acrodermatitis enteropathica (5C64.20)

Developmental hamartomata of the epidermis and epidermal appendages (LC00‑LC0Y)

Keratinocytic, pilosebaceous, eccrine, apocrine and other complex hamartomatous malformations of the skin.

LC00 Keratinocytic epidermal hamartoma

Keratinocytic epidermal hamartoma or epidermal naevus is a congenital hamartomatous epidermal malformation composed of keratinocytes. It is thought to arise as a result of somatic mutation: early embryonic mutations can give rise to extensive systematised naevi, though typically epidermal naevi are localised linear papillomatous or verrucous plaques. Histologically they exhibit acanthosis, papillomatosis and acanthosis.

Coded Elsewhere: Linear porokeratosis (ED52)

LC00.0 Epidermal naevus

LC00.Y Other specified keratinocytic epidermal hamartoma

LC00.Z Keratinocytic epidermal hamartoma, unspecified

LC01 Pilosebaceous hamartoma

Hamartomatous malformation involving elements originating from the developing pilosebaceous follicle.

LC02 Complex epidermal hamartoma

Hamartomatous malformation composed of elements deriving from several components of the developing epidermis and epidermal appendages.

LC0Y Other specified developmental hamartomata of the epidermis and epidermal appendages

Developmental anomalies of skin pigmentation (LC10‑LC1Y)

Hamartomatous cutaneous malformations involving melanocytes including congenital pigmented naevi.

Coded Elsewhere: Congenital melanocytic naevus (2F20.2)

Familial multiple café-au-lait macules (EC23.0)

LC10 Dermal melanocytosis

The presence at birth of functional melanocytes within the dermis. Most commonly this is as a result of incomplete migration of melanocytes to the epidermis as in lumbosacral dermal melanocytosis (Mongolian spot). Less commonly it is due to circumscribed hamartomatous proliferation of melanocytes in the dermis (e.g. Naevus of Ota).

Coded Elsewhere: Phakomatosis caesioflammea (LD2D.Y)

Phakomatosis caesiomarmorata (LD2D.Y)

LC1Y Other specified developmental anomalies of skin pigmentation

Hamartomata derived from dermal connective tissue (LC20‑LC2Y)

Hamartomatous malformations of dermal collagen and elastin.

LC20 Connective tissue hamartoma

Inclusions: Connective tissue naevus

LC2Y Other specified hamartomata derived from dermal connective tissue

Developmental defects of hair or nails (LC30‑LC31)

LC30 Developmental defects of hair or hair growth

LC31 Developmental defects of the nail apparatus

Congenital malformations of the nail apparatus.

Inclusions: congenital abnormalities of the nails

LC40 Dermoid cyst

Coded Elsewhere: Dermoid cyst of eyelid (2F36.4)

Developmental anomalies of cutaneous vasculature (LC50‑LC5Z)

Congenital vascular malformations affecting the skin

LC50 Developmental capillary vascular malformations of the skin

Coded Elsewhere: Phakomatosis pigmentovascularis (LD2D.Y)

LC50.0 Salmon patch

A common skin condition of neonates, characterised by flat, deep-pink localised areas of capillary dilation that occur predominantly on the back of the neck, lower occiput, upper eyelids, upper lip, and bridge of the nose. The areas disappear permanently by about 2 years of age.

LC50.1 Port-wine stain

A port-wine stain is defined as a macular telangiectatic area of skin which is present at birth and does not spontaneously involute. Port-wine stains may be localised or extensive and they are often associated with an underlying disorder.

Coded Elsewhere: Sturge-Weber syndrome (LD23)

LC50.Y Other specified cutaneous capillary vascular malformation

LC51 Developmental venous malformations involving the skin

Certain genetically-determined syndromes presenting with venous anomalies in the skin

LC52 Complex or combined developmental vascular malformations involving the skin

Coded Elsewhere: Angio-osteohypertrophic syndrome (LD26.60)

Cobb syndrome (LA90.3Y)

Maffucci syndrome (LD2F.1Y)

LC5Y Other specified developmental anomalies of cutaneous vasculature

LC5Z Developmental anomalies of cutaneous vasculature, unspecified

Congenital anomalies of skin development (LC60‑LC60)

Coded Elsewhere: Focal dermal hypoplasia (LD27.0Y)

Beckwith-Wiedemann syndrome (LD2C)

LC60 Aplasia cutis congenita

Congenital absence of skin. The commonest form presents as a defect limited to the scalp. It is also a component of a number of genetic syndromes.

LC7Y Other specified structural developmental anomalies of the skin

LC7Z Structural developmental anomalies of the skin, unspecified

Structural developmental anomalies of the adrenal glands (LC80‑LC8Z)

A deformation established before birth of an anatomical structure of the adrenal glands.

Exclusions: Congenital adrenal hyperplasia (5A71.01)

LC80 Congenital adrenal hypoplasia

Coded Elsewhere: Congenital adrenocortical insufficiency (5A74.Y)

LC8Y Other specified structural developmental anomalies of the adrenal glands

LC8Z Structural developmental anomalies of the adrenal glands, unspecified

LD0Y Other specified structural developmental anomalies primarily affecting one body system

LD0Z Structural developmental anomalies primarily affecting one body system, unspecified

Multiple developmental anomalies or syndromes (LD20‑LD2Z)

Complex developmental anomalies involving more than one body system

LD20 Syndromes with central nervous system anomalies as a major feature

Exclusions: Meckel syndrome (LD2F.13)

LD20.0 Syndromes with cerebellar anomalies as a major feature

Coded Elsewhere: Dysplastic cerebellar gangliocytoma (2A00.21)

LD20.00 Joubert syndrome

Joubert syndrome is a genetic midbrain-hindbrain malformation syndrome characterised by congenital malformation of the brainstem and agenesis or hypoplasia of the cerebellar vermis leading to an abnormal respiratory pattern, nystagmus, hypotonia, ataxia, and delay in achieving motor milestones.

Coded Elsewhere: Oral-facial-digital syndrome type 6 (LD25.00)

LD20.01 Pontocerebellar hypoplasia

Nonsyndromic pontocerebellar hypoplasias are a rare heterogeneous group of diseases characterised by hypoplasia and atrophy and/or early neurodegeneration of the cerebellum and pons. Eight subtypes named type 1-8 have been described, generally inherited in an autosomal recessive pattern.

LD20.0Y Other specified syndromes with cerebellar anomalies as a major feature

LD20.0Z Syndromes with cerebellar anomalies as a major feature, unspecified

LD20.1 Syndromes with lissencephaly as a major feature

The term lissencephaly covers a group of rare malformations sharing the common feature of anomalies in the appearance of brain convolutions (characterised by simplification or absence of folding) associated with abnormal organisation of the cortical layers as a result of neuronal migration defects during embryogenesis. Children with lissencephaly have feeding and swallowing problems, muscle tone anomalies (early hypotonia and subsequently limb hypertonia), seizures (in particular, infantile spasms) and severe psychomotor retardation. Two large groups can be distinguished: classical lissencephaly (and its variants) and cobblestone lissencephaly.

Inclusions: Agyria

Pachygyria

LD20.2 Syndromes with microcephaly as a major feature

Developmental syndromes in which an abnormally small head size is a significant feature.

LD20.3 Syndromes with holoprosencephaly as a major feature

Any syndrome caused by failure of the prosencephalon to divide in two during the antenatal period. These syndromes may present with closely spaced eyes, cyclopia, flat nasal bridge, single maxillary central incisor, small head size, and clefts of the lip and palate.

Coded Elsewhere: Arrhinencephaly (LA05.4)

LD20.4 Syndromes with brain calcifications as a major feature

A group of rare familial syndromes characterised by abnormal calcification of cerebral tissue and typically first manifesting in adult life with any of a wide range of neuropsychiatric disorders.

LD20.Y Other specified syndromes with central nervous system anomalies as a major feature

LD20.Z Syndromes with central nervous system anomalies as a major feature, unspecified

LD21 Syndromes with eye anomalies as a major feature

Any syndrome caused by failure of one or both eyes to correctly develop during the antenatal period.

Exclusions: Septo-optic dysplasia (5A61.0)

Cat-eye syndrome (LD41.P)

Aicardi syndrome (LD20)

Papillorenal syndrome (LA13.7)

WAGR syndrome (LD2A)

LD21.0 Syndromes with microphthalmia as a major feature

Syndromes in which abnormally small eyes form an important component.

LD21.Y Other specified syndromes with eye anomalies as a major feature

LD21.Z Syndromes with eye anomalies as a major feature, unspecified

LD22 Syndromes with dental anomalies as a major feature

Coded Elsewhere: Amelogenesis imperfecta (LA30.6)

Dentine dysplasia (LA30.7)

Dentinogenesis imperfecta (LA30.8)

LD23 Syndromes with vascular anomalies as a major feature

Coded Elsewhere: Angio-osteohypertrophic syndrome (LD26.60)

Primary lymphoedema (BD93.0)

Cutis marmorata telangiectatica congenita (LC52)

LD24 Syndromes with skeletal anomalies as a major feature

Coded Elsewhere: Progressive osseous heteroplasia (FB31.0)

Fibrodysplasia ossificans progressiva (FB31.1)

Osteolysis syndromes (FB86.2)

Calcification or ossification of muscles of genetic origin (FB31.Z)

LD24.0 Syndromes with micromelia

Syndromes in which abnormally short limbs are a major feature

LD24.00 Achondroplasia

Achondroplasia is the most frequent form of chondrodysplasia and is a type of dwarfism characterised by short limbs, hyperlordosis, short hands, and macrocephaly with high forehead and saddle nose, with normal intellectual development.

LD24.01 Hypochondroplasia

Hypochondroplasia is a skeletal dysplasia characterised by disproportionate short stature, mild lumbar lordosis and limited extension of the elbow joints.

LD24.02 Thanatophoric dysplasia

Thanatophoric Dysplasia is a severe skeletal disorder that is lethal in the neonatal period. Two clinically defined TD subtypes have been classified: type I (TDI), characterised by micromelia with bowed femurs and, occasionally, by the presence of cloverleaf skull deformity of varying severity and type II (TDII), characterised by micromelia with straight femurs and a moderate to severe cloverleaf skull deformity.

LD24.03 Diastrophic dysplasia

Diastrophic dwarfism is a rare autosomal recessive disorder marked by short stature with short extremities (final adult height is 120cm +/- 10cm), and joint malformations leading to multiple joint contractures (principally involving the shoulders, elbows, interphalangeal joints and hips)

LD24.04 Chondrodysplasia punctata

LD24.0Y Other specified syndromes with micromelia

LD24.0Z Syndromes with micromelia, unspecified

LD24.1 Bone diseases with increased bone density

Coded Elsewhere: Pycnodysostosis (5C56.Y)

Buschke-Ollendorff syndrome (EC4Y)

LD24.10 Osteopetrosis

Osteopetrosis ('marble bone disease') is a descriptive term that refers to a group of rare, heritable disorders of the skeleton characterised by increased bone density on radiographs. Osteopetrotic conditions vary greatly in their presentation and severity, ranging from neonatal onset with life-threatening complications such as bone marrow failure (as in classical or 'malignant' autosomal recessive osteopetrosis) to the incidental finding of osteopetrosis on radiographs (e.g. osteopoikilosis).

Coded Elsewhere: OL-EDA-ID syndrome (LD27.0Y)

Osteopetrosis - hypogammaglobulinaemia (4A01.0Y)

LD24.11 Osteopoikilosis

LD24.1Y Other specified bone diseases with increased bone density

LD24.1Z Bone diseases with increased bone density, unspecified

LD24.2 Bone diseases with disorganised development of skeletal components

Coded Elsewhere: Osteogenesis imperfecta (LD24.K0)

Enchondromatosis (2E83.Z)

X-linked cutis laxa (LD28.2)

Maffucci syndrome (LD2F.1Y)

Inherited bone dysplasia (FB80.Y)

LD24.20 Multiple osteochondromas

Inclusions: Diaphyseal aclasis

LD24.21 Exostoses with anetodermia and brachydactyly type E

LD24.22 Cherubism

Cherubism is a benign fibro-osseous hereditary disorder of childhood, limited to the lower half of the face, the maxilla and particularly the mandible, with bilateral painless swelling of jaws (giving the so-called cherubic look) associated with multicystic bone tumours and eyes-to-heaven appearance. Dentition is also abnormal at the sites concerned: tooth agenesis, noneruption, displacement, root resorption and malocclusions are common.

LD24.23 Yunis-Varon disease

A disease caused by failure of multiple body systems to correctly develop during the antenatal period, due to mutation of the FIG4 gene. This disease is characterised by cleidocranial dysplasia, digital anomalies, and severe neurological involvement.

LD24.2Y Other specified bone diseases with disorganised development of skeletal components

LD24.2Z Bone diseases with disorganised development of skeletal components, unspecified

LD24.3 Spondyloepiphyseal or spondyloepimetaphyseal dysplasias

Spondyloepiphyseal dysplasias (SED) are a heterogeneous group of congenital chondrodysplasias that specifically affect epiphyses and vertebrae. Their most frequent form is characterised by small neonatal size of ovid vertebrae and overall late growth of bones, more marked in the femoral heads, with a slightly irregular metaphyseal limit. Other clinical forms have been described, some of which were dominant and more or less severe with metaphyseal lesions, while others were recessive and included nephrotic syndrome, lymphopenia, and immune disorders (immune bone dysplasia).

LD24.4 Spondylometaphyseal dysplasias

Spondylometaphyseal dysplasias are a heterogeneous group of disorders associated with walking and growth disturbances that become evident during the second year of life. The disorders are characterised by platyspondyly (flattened vertebrae) and marked hip and knee metaphyseal lesions. The different forms of spondylometaphyseal dysplasia are distinguished by the localization and severity of involvement of the affected metaphyses.

LD24.5 Spondylodysplastic dysplasias

LD24.50 Achondrogenesis

LD24.51 Hypochondrogenesis

A condition caused by failure of the skeletal system to correctly develop during the antenatal period, due to mutation of the COL2A1 gene. This condition is characterised by a small body, short limbs, underdeveloped lungs, flat and oval-shaped face, hypertelorism, micrognathia, enlarged abdomen, and ossification in the spine and pelvis. This condition may also present with a cleft palate.

LD24.5Y Other specified spondylodysplastic dysplasias

LD24.5Z Spondylodysplastic dysplasias, unspecified

LD24.6 Multiple epiphyseal dysplasia or pseudoachondroplasia

LD24.60 Pseudoachondroplasia

Pseudoachondroplasia is a chondrodysplasia characterised by severe growth deficiency and deformations such as bow legs and hyperlordosis.

LD24.61 Multiple epiphyseal dysplasias

Multiple epiphyseal dysplasias (MED/EDMs) are characterised by epiphyseal anomalies causing joint pain early in life, recurrent osteochondritis and early arthrosis. The EDMs are a heterogeneous group of diseases with variable expression classed as MED/EDMs 1-6.

Coded Elsewhere: Wolcott-Rallison syndrome (5A13.6)

LD24.6Y Other specified multiple epiphyseal dysplasia or pseudoachondroplasia

LD24.6Z Multiple epiphyseal dysplasia or pseudoachondroplasia, unspecified

LD24.7 Multiple metaphyseal dysplasias

Exclusions: Pyle disease (LD24.1)

Coded Elsewhere: Cartilage-hair hypoplasia (LD27.0Y)

Metaphyseal dysostosis - intellectual deficit - conductive deafness (LD2H.Y)

LD24.8 Acromelic dysplasias

Coded Elsewhere: Microspherophakia or Weill Marchesani Syndrome (9C61.42)

Trichorhinophalangeal syndrome type 1 and 3 (LD27.0Y)

LD24.80 Langer-Giedion syndrome

Langer-Giedion syndrome or trichorhinophalangeal syndrome type 2 is a chromosomal anomaly syndrome characterised by the association of intellectual deficit and numerous other anomalies including redundant skin, multiple cartilaginous exostoses, characteristic facies and cone-shaped phalangeal epiphyses.

LD24.8Y Other specified acromelic dysplasias

LD24.8Z Acromelic dysplasias, unspecified

LD24.9 Acromesomelic dysplasias

A group of rare disorders characterised by shortening of the bones of the forearms, lower legs, hands and feet.

Exclusions: Sensenbrenner syndrome (LD27.0)

LD24.A Mesomelic or rhizomesomelic dysplasias

LD24.B Short rib syndromes

Exclusions: Oral-facial-digital syndrome type 4 (LD25.00)

Coded Elsewhere: Chondroectodermal dysplasia (LD27.0Y)

LD24.B0 Short rib-polydactyly syndrome

Short rib-polydactyly syndromes are a group of bone malformations characterised by a narrow thorax and polydactyly (usually preaxial). Prevalence as a group is unknown. The group is heterogeneous and includes Jeune syndrome and Ellis-Van Creveld syndrome, neither of which are lethal, together with lethal chondrodysplasias: Saldino-Noonan (type 1), Majewski (type 2), Verma-Naumoff (type 3) and Beemer-Langer (type 4).

LD24.B1 Asphyxiating thoracic dystrophy

Asphyxiating thoracic dystrophy, also called Jeune syndrome, is a short-rib dysplasia characterised by a narrow thorax, short limbs and radiological skeletal abnormalities including "trident" aspect of the acetabula and metaphyseal changes.

LD24.BY Other specified short rib syndromes

LD24.BZ Short rib syndromes, unspecified

LD24.C Bent bone dysplasias

Any syndromes are characterised by poor mineralization of the skull, craniosynostosis, hypoplastic pubis and clavicles, osteopenia, bent long bones, low-set ears, hypertelorism, midface hypoplasia, prematurely erupted fetal teeth, and micrognathia. These syndromes may be associated with mutation of the FGFR2 gene.

Coded Elsewhere: Campomelic dysplasia (LD2A.Y)

Juvenile osteochondrosis of tibia or fibula (FB82.1)

LD24.D Slender bone dysplasias

Any syndrome characterised by dwarfism, thin bones, multiple fractures, and prenatal or early postnatal death.

Coded Elsewhere: IMAGe syndrome (5A74.Y)

LD24.E Bone dysplasias with multiple joint dislocations

Any syndrome characterised by malformation of the musculoskeletal system during the antenatal period, which includes the dislocations of multiple joints.

LD24.F Progressive ossification of skin, skeletal muscle, fascia, tendons or ligaments

Coded Elsewhere: Progressive osseous heteroplasia (FB31.0)

Fibrodysplasia ossificans progressiva (FB31.1)

LD24.G Syndromic craniosynostoses

Any syndrome caused by premature fusing of sections of the infant skull. These syndromes are characterised by disfiguring compensatory growth of the skull. These syndromes may also present with frequent worsening morning headache, recurrent vomiting, cephalocranial disproportion, raised intracranial pressure, optic atrophy, blindness, or developmental delay.

Exclusions: Sensenbrenner syndrome (LD27.0)

Shprintzen-Goldberg craniosynostosis syndrome (LD28.0)

Craniotelencephalic dysplasia (LD20.1)

Coded Elsewhere: Craniofrontonasal dysplasia (LD25.3)

LD24.G0 Pfeiffer syndrome

Pfeiffer syndrome (associated with mutations in the FGFR1 and 2 gene) is a syndromic form of craniosynostosis characterised by the association of craniosynostosis. Often pansynostosis. Severe midface hypoplasia. Broad and deviated thumbs and big toes, and partial syndactyly of the fingers and toes. Hydrocephaly may be found occasionally, along with severe ocular proptosis, ankylosed elbows.

Exclusions: Pfeiffer disease (1D81.0)

LD24.G1 Crouzon disease

Crouzon disease is a form of syndromic craniosynostosis characterised by craniosynostosis and facial hypoplasia.

LD24.G2 Apert syndrome

Apert syndrome is a syndromic craniosynostosis associated with mutations in the FGFR2 gene and characterised by premature closure of coronal suture and a later onset of pansynostosis. Pathognomonic is an osseous and membranous syndactyly of at least Digitus II-IV (fingers and toes). High incidence of midface hypoplasia with orbital and facial stenosis, cleft palate, vertebral fusion. Mental deficits in 30%.

LD24.GY Other specified syndromic craniosynostoses

LD24.GZ Syndromic craniosynostoses, unspecified

LD24.H Dysostoses with predominant vertebral and costal involvement

Any syndrome characterised by malformation of the musculoskeletal system during the antenatal period, which includes dysgenesis of the vertebrae and intercostal cartilage.

Exclusions: Spondylocostal dysostosis - anal and genitourinary malformations (LD2F.1)

LD24.J Patellar dysostoses

Any syndrome characterised by malformation of the patella during the antenatal period.

LD24.J0 Nail-patella syndrome

Nail patella syndrome is a hereditary osteo-onychodysplasia characterised by nail dysplasia with triangular lunula, hypoplastic or absent patellas, iliac exostoses (`iliac horns') and dysplastic elbows.

LD24.JY Other specified patellar dysostoses

LD24.JZ Patellar dysostoses, unspecified

LD24.K Genetic bone diseases with decreased bone density

Coded Elsewhere: Ehlers-Danlos-osteogenesis imperfecta syndrome (LD28.1Y)

LD24.K0 Osteogenesis imperfecta

Osteogenesis imperfecta (OI) comprises a heterogeneous group of genetic disorders characterised by increased bone fragility, low bone mass, and susceptibility to bone fractures with variable severity. The most clinically relevant characteristic of all types of OI is bone fragility, which manifests as multiple spontaneous fractures.

Inclusions: Fragilitas ossium

Osteopsathyrosis

LD24.KY Other specified genetic bone diseases with decreased bone density

LD24.KZ Genetic bone diseases with decreased bone density, unspecified

LD24.Y Other specified syndromes with skeletal anomalies as a major feature

LD24.Z Syndromes with skeletal anomalies as a major feature, unspecified

LD25 Syndromes with face or limb anomalies as a major feature

Exclusions: Freeman-Sheldon syndrome (LD26.4)

LD25.0 Oromandibular-limb anomaly syndrome

A syndrome caused by failure of the face and limbs to correctly develop during the antenatal period. This syndrome is characterised by malformations of the tongue, mandible, and limbs.

Exclusions: Ectrodactyly - cleft palate (LD2F.1)

Ectrodactyly - ectodermal dysplasia - cleft lip or palate (LD27.0)

LD25.00 Oral-facial-digital syndrome

A condition caused by failure of the head and digits to correctly develop during the antenatal period. This condition may be associated with cleft or lobed tongue, noncancerous tumours or nodules of the tongue, abnormal shape or number of teeth, cleft palate, hyperplastic frenula of the lip or gums, cleft lip, hypertelorism, wide nose with broad, flat nasal bridge, syndactyly, brachydactyly, clinodactyly, polydactyly, polycystic kidney disease, neurological problems, bone abnormalities, vision loss, or heart defects.

LD25.0Y Other specified oromandibular-limb anomaly syndrome

LD25.0Z Oromandibular-limb anomaly syndrome, unspecified

LD25.1 Fronto-otopalatodigital syndromes

LD25.2 Acrofacial dysostoses

Any syndrome caused by failure of the face and limbs to correctly develop during the antenatal period.

LD25.3 Craniofacial dysostoses

Syndromes caused by abnormal development of skull and facial bones. They may present with acrocephaly, exophthalmos, hypertelorism, strabismus, parrot-beaked nose, or hypoplastic maxilla. Non-syndromic craniosynostosis, which is predominantly sporadic, is coded elsewhere.

Exclusions: Acrofacial dysostosis, Nager type (LD25.2)

Postaxial acrofacial dysostosis (LD25.2)

Acrofacial dysostosis, Weyers type (LD25.2)

Frontometaphyseal dysplasia (LD25.1)

Craniosynostosis (LB70.0)

LD25.Y Other specified syndromes with face or limb anomalies as a major feature

LD25.Z Syndromes with face or limb anomalies as a major feature, unspecified

LD26 Syndromes with limb anomalies as a major feature

LD26.0 Combined reduction defects of upper and lower limbs

LD26.1 Complex brachydactylies

A disease caused by failure of the digits to correctly develop during the antenatal period. This disease is characterised by multiple digits of below normal length. This condition may be associated with mutation in the GDF5 gene.

Exclusions: Catel-Manzke syndrome (LD2F.1)

LD26.2 Syndromes with limb duplication, polydactyly, syndactyly or triphalangism

Any syndrome caused by failure of the limbs to correctly develop during the antenatal period. These syndromes are characterised by supernumerary limbs or digits, fused digits, or supernumerary phalanges.

Exclusions: Townes-Brocks syndrome (LD2F.1)

LD26.3 Syndromes with synostoses of limbs

LD26.4 Arthrogryposis syndromes

Any syndrome caused by failure of elastic tissue to correctly develop during the antenatal period. These syndromes are characterised by the presence of multiple joint contractures, where elastic tissues are replaced by inelastic tissues, which results in fixation of the joint.

Exclusions: Arthrogryposis due to muscular dystrophy (8C70)

LD26.40 Multiple pterygium syndrome

LD26.41 Arthrogryposis multiplex congenita

Arthrogryposis multiplex congenita, comprises nonprogressive congenital conditions characterised by multiple joint contractures. The term is currently used in connection with a very heterogeneous group of disorders that all include multiple congenital joint contractures. The major cause of arthrogryposis is fetal akinesia due to fetal abnormalities (e.g. neurogenic, muscle, or connective tissue abnormalities; mechanical limitations to movement) or maternal disorders (e.g. infection, drugs, trauma, other maternal illnesses). Generalised fetal akinesia can also lead to polyhydramnios, pulmonary hypoplasia, micrognathia, ocular hypertelorism, and short umbilical cord. Lack of fetal movement causes extra connective tissue to develop around the joint, limiting movement and further aggravating the joint contracture.

Exclusions: COFS syndrome (LD2B)

Arthrogryposis multiplex congenita - lissencephaly (LD2F.1)

Coded Elsewhere: Arthrogryposis - renal dysfunction - cholestasis (5C58.0Y)

LD26.4Y Other specified arthrogryposis syndromes

LD26.4Z Arthrogryposis syndromes, unspecified

LD26.5 Constriction rings

A condition caused by entangling of fibrous bands of the amniotic sac around a developing fetus. This condition may present with circular indentation around a digit or limb, swelling, restriction of the lymphatic or venous flow, limb development defects, or in utero amputation.

LD26.6 Congenital vascular bone syndromes

LD26.60 Angio-osteohypertrophic syndrome

Angio-osteohypertrophic (AOH) syndrome is a congenital vascular bone syndrome characterised by the presence of vascular malformations in a limb resulting in limb overgrowth. Depending on whether the malformations are slow flow venous or fast flow arteriovenous the syndrome may be divided into two subtypes, Klippel-Trénaunay and Parkes-Weber syndromes respectively. Some cases of the latter are associated with mutations in the RASA1 gene.

LD26.6Y Other specified congenital vascular bone syndromes

LD26.6Z Congenital vascular bone syndromes, unspecified

LD26.Y Other specified syndromes with limb anomalies as a major feature

LD26.Z Syndromes with limb anomalies as a major feature, unspecified

LD27 Syndromes with skin or mucosal anomalies as a major feature

Coded Elsewhere: Acrodermatitis enteropathica (5C64.20)

Non-syndromic ichthyosis (EC20.0)

Pseudoxanthoma elasticum (EC40)

Xeroderma pigmentosum-Cockayne syndrome complex (LD2B)

Hereditary ichthyosis (EC20.Y)

Palmoplantar keratoderma – oral leukokeratosis – oesophageal carcinoma (EC20.31)

LD27.0 Ectodermal dysplasia syndromes

Ectodermal dysplasias (EDs) are a heterogeneous group of disorders characterised by developmental dystrophies of ectodermal structures, such as hypohidrosis, hypotrichosis, onychodysplasia and hypodontia or anodontia. More than 160 clinically and genetically distinct hereditary ectodermal dysplasias have been catalogued.

Coded Elsewhere: Langer-Giedion syndrome (LD24.80)

Oral-facial-digital syndrome (LD25.00)

Solitary median maxillary central incisor syndrome (LA30.Y)

Rothmund-Thomson syndrome (LD2B)

Hallermann-Streiff-François syndrome (LD2B)

Keratitis – ichthyosis – deafness syndrome (LD27.2)

Papillon-Lefèvre syndrome (EC20.30)

Cataract – hypertrichosis – intellectual deficit (LD27.3)

Hypomelanosis of Ito (EC23.2Y)

Ectodermal dysplasia – skin fragility syndrome (EC30)

Dyskeratosis congenita (3A70.0)

LD27.00 Incontinentia pigmenti

Incontinentia pigmenti is an X-linked dominant gene disorder due to abnormalities of the NF-kappa-B (NEMO) gene on chromosome Xq28. It is lethal in male fetuses but the presence of a normal second X chromosome in females results in a mosaicism which is compatible with life. Affected females present in infancy with skin blisters in linear arrays (Blaschko lines) typically on the scalp and limbs. Within the first few months of life these are succeeded by warty changes and hyperpigmentation. These tend to resolve over time, often leaving atrophic streaks. Associated features include abnormal dentition, ocular defects and a variety of neurological complications.

LD27.01 Cronkhite-Canada syndrome

Cronkhite-Canada syndrome (CCS) is a sporadically occurring, noninherited disorder of generalised gastrointestinal polyps (hamartomas), cutaneous pigmentation, alopecia, and onychodystrophy. The possibility of progression to cancer is considered to be low. Chronic diarrhea and protein-losing enteropathy are often observed.

LD27.02 Hypohidrotic ectodermal dysplasia

Hypohidrotic ectodermal dysplasia is a genetic disorder of ectoderm development characterised by malformation of ectodermal structures such as skin, hair, teeth and sweat glands. It comprises three clinically almost indistinguishable subtypes with impaired sweating as the key symptom: Christ-Siemens-Touraine syndrome (X-linked), autosomal recessive and autosomal dominant hypohidrotic ectodermal dysplasia, as well as a fourth rare subtype with immunodeficiency as the key symptom.

LD27.03 Hidrotic ectodermal dysplasia, Clouston type

Clouston syndrome (or hidrotic ectodermal dysplasia) is an inherited disorder characterised by the clinical triad of nail dystrophy, alopecia, and palmoplantar hyperkeratosis.

LD27.0Y Other specified ectodermal dysplasia syndromes

LD27.1 Xeroderma pigmentosum

Xeroderma pigmentosum (XP) is a rare genodermatosis characterised by extreme sensitivity to ultraviolet (UV)-induced changes in the skin and eyes, and multiple skin cancers. It is subdivided into 8 complementation groups, according to the affected gene: XPA to XPG, and XP variant (XPV). The severity of the clinical manifestations and the age of onset are extremely variable and are in part dependent on exposure to sunlight and the complementation group.

Coded Elsewhere: Xeroderma pigmentosum variant (LD27.Y)

LD27.2 Syndromic ichthyosis

Hereditary disorders in which ichthyosis is associated with significant other abnormalities.

Coded Elsewhere: Sjögren-Larsson syndrome (5C52.03)

LD27.3 Genetic syndromes with hypertrichosis

Genetic syndromes in which excessive non-androgen-dependent hair growth is associated with other abnormalities.

Coded Elsewhere: Cone-rod type amaurosis congenita – congenital hypertrichosis (9B70)

Ramon syndrome (LD2F.1Y)

LD27.4 Genetic syndromes affecting nails

Coded Elsewhere: Wilson disease (5C64.00)

Nail-patella syndrome (LD24.J0)

Hidrotic ectodermal dysplasia, Clouston type (LD27.03)

Severe T-cell immunodeficiency - congenital alopecia - nail dystrophy (4A01.1Y)

Odonto-onycho-dermal dysplasia (LD27.0Y)

Onycho-tricho-dysplasia – neutropaenia syndrome (LD27.0Y)

Knuckle pads – leukonychia – sensorineural deafness (LD2H.Y)

Deafness – enamel hypoplasia – nail defects (LD27.0Y)

Anonychia with bizarre flexural pigmentation (LD27.0Y)

Anonychia or onychodystrophy – hypoplasia or absence of distal phalanges (LD27.0Y)

Autosomal dominant hypodontia with nail dysplasia (LD27.0Y)

Amelo-onycho-hypohidrotic syndrome (LD27.0Y)

Deafness – onychodystrophy (LD27.0Y)

Odonto-onycho-hypohidrotic dysplasia - midline scalp defects (LD27.0Y)

Tricho-odonto-onycho-dermal syndrome (LD27.0Y)

Tricho-odonto-onychodysplasia - dominant syndactyly (LD27.0Y)

Pili torti - onychodysplasia (LD27.0Y)

Dyskeratosis congenita (3A70.0)

Primary hypertrophic osteoarthropathy (FB86.10)

LD27.5 Genetic hamartoneoplastic syndromes affecting the skin

A heterogeneous group of inherited diseases characterised by the presence of multiple hamartomata and associated with an increased risk of malignancy.

Coded Elsewhere: Neurofibromatoses (LD2D.1)

Tuberous sclerosis (LD2D.2)

Gardner syndrome (LD2D.3)

Gorlin syndrome (LD2D.4)

Bannayan-Riley-Ruvalcaba syndrome (LD2D.Y)

Cowden syndrome (LD2D.Y)

Multiple familial trichoepithelioma (2F22)

LD27.6 Genetic lipodystrophy

Genetic lipodystrophies represent a heterogeneous group of rare diseases characterised by a generalised or localised loss of body fat (lipoatrophy).

Coded Elsewhere: Familial partial lipodystrophy (5A44)

Wiedemann-Rautenstrauch progeroid syndrome (LD2B)

LD27.60 Congenital generalised lipodystrophy

Coded Elsewhere: Berardinelli-Seip congenital lipodystrophy (5A44)

LD27.6Z Genetic lipodystrophy, unspecified

LD27.Y Other specified syndromes with skin or mucosal anomalies as a major feature

LD27.Z Syndromes with skin or mucosal anomalies as a major feature, unspecified

LD28 Syndromes with connective tissue involvement as a major feature

Exclusions: Cutis laxa (EE41.0)

Pseudoxanthoma elasticum (EC40)

LD28.0 Marfan syndrome or Marfan-related disorders

Coded Elsewhere: Aortic aneurysm syndrome, Loeys-Dietz type (BD50.Z)

Ectopia lentis syndrome (LA12.Y)

LD28.00 Congenital contractural arachnodactyly

Congenital contractural arachnodactyly (CCA, Beals syndrome) is a connective tissue disorder characterised by multiple flexion contractures, arachnodactyly, severe kyphoscoliosis, abnormal pinnae and muscular hypoplasia. Although the clinical features can be similar to Marfan syndrome (MFS), multiple joint contractures (especially of the elbow, knee, and finger joints), and crumpled ears in the absence of significant aortic root dilatation are characteristic of Beals syndrome and rarely found in MFS.

LD28.01 Marfan syndrome

Marfan syndrome is a systemic disease of connective tissue characterised by a variable combination of cardiovascular, musculo-skeletal, ophthalmic and pulmonary manifestations. Cardiovascular involvement is characterised by 1) progressive dilation of the aorta accompanied by an increased risk of aortic dissection, which affects prognosis and 2) mitral insufficiency. Skeletal involvement is often the first sign of the disease and can include dolichostenomelia, large size, arachnodactyly, joint hypermobility, scoliotic deformations, acetabulum protrusion, thoracic deformity, dolichocephaly of the anteroposterior axis, micrognathism or malar hypoplasia. Ophthalmic involvement results in axile myopia, which can lead to retinal detachment and lens displacement.

LD28.0Y Other specified Marfan syndrome or Marfan-related disorders

LD28.0Z Marfan syndrome or Marfan-related disorders, unspecified

LD28.1 Ehlers-Danlos syndrome

Ehlers-Danlos syndrome (EDS) is a heterogeneous group of inherited disorders of connective tissue, principally collagen, that range in severity from mild joint hypermobility to life-threatening fragility of soft tissue and vasculature.

LD28.10 Ehlers-Danlos syndrome, classical type

Ehlers-Danlos syndrome, classic type is a type of Ehlers-Danlos syndromes (EDS), a heterogeneous group of hereditary connective tissue diseases characterised by joint hyperlaxity, cutaneous hyperelasticity and tissue fragility, and is characterised by the following major clinical diagnostic criteria: hyperextensible skin, atrophic cutaneous scars due to tissue fragility and joint hyperlaxity.

LD28.1Y Other specified types of Ehlers-Danlos syndrome

LD28.2 Genetically-determined cutis laxa

LD28.Y Other specified syndromes with connective tissue involvement as a major feature

LD28.Z Syndromes with connective tissue involvement as a major feature, unspecified

LD29 Syndromes with obesity as a major feature

Exclusions: WAGR syndrome (LD2A)

Fragile X syndrome (LD55)

Coded Elsewhere: Prader-Willi syndrome (LD90.3)

Alström syndrome (LD2H.Y)

Cohen syndrome (LD90.Y)

Sotos syndrome (LD2C)

Weaver syndrome (LD2C)

Beckwith-Wiedemann syndrome (LD2C)

LD2A Malformative disorders of sex development

Any condition caused by failure of the genitals to correctly develop during the antenatal period.

Exclusions: pseudohermaphroditism: female, with adrenocortical disorder (5A71)

Coded Elsewhere: Chimaera 46, XX, 46, XY (LD56)

46,XX disorders of sex development induced by androgens of maternal origin (5A71.1)

Congenital adrenal hyperplasia (5A71.01)

LD2A.0 Ovotesticular disorder of sex development

Ovotesticular disorder of sex development, formerly called true hermaphroditism, is a rare cause of genital ambiguity characterised by the presence of ovarian and testicular tissue in an individual, leading to development of both male and female structures.

LD2A.1 46,XY gonadal dysgenesis

This is any congenital developmental disorder of the reproductive system characterised by a progressive loss of primordial germ cells on the developing gonads of an embryo.

LD2A.2 Testicular agenesis

A rare 46,XY disorder of gonadal development characterized by congenital complete absence of testicular tissue in an individual with an otherwise male phenotype and normal karyotype. In addition, a small penis is a frequent finding in anorchid patients. Typical hormonal characteristics are elevated basal levels of gonadotropins (especially FSH (follicle-stimulating hormone), low concentration of testosterone, and lack of increase of plasma testosterone in response to hCG (human chorionic gonadotropin) administration. The GnRH (gonadotropin-releasing hormone) stimulation test induces a prolonged increase in FSH and LH (luteinizing hormone) levels.

LD2A.3 46,XY disorder of sex development due to a defect in testosterone metabolism

Exclusions: Congenital adrenal hyperplasia (5A71.01)

Coded Elsewhere: Smith-Lemli-Opitz syndrome (5C52.10)

LD2A.4 46,XY disorder of sex development due to androgen resistance

Androgen insensitivity syndrome (AIS) is a disorder of sex development (DSD) characterised by the presence of female external genitalia, ambiguous genitalia or variable defects in virilization in a 46,XY individual with absent or partial responsiveness to age-appropriate levels of androgens. It comprises two clinical subgroups: complete AIS (CAIS) and partial AIS (PAIS).

LD2A.Y Other specified malformative disorders of sex development

LD2A.Z Malformative disorders of sex development, unspecified

LD2B Syndromes with premature ageing appearance as a major feature

A heterogeneous group of hereditary syndromes in which affected individuals do or appear to age at an accelerated rate.

Inclusions: Progeroid syndromes

Exclusions: Xeroderma pigmentosum (LD27.1)

Cutis laxa (EE41.0)

Coded Elsewhere: Ehlers-Danlos syndrome, progeroid type (LD28.1Y)

Autosomal recessive cutis laxa, type 3 (LD28.2)

Bloom syndrome (4A01.31)

Ataxia-telangiectasia (4A01.31)

Mandibuloacral dysplasia (LD27.6Z)

LD2C Overgrowth syndromes

Exclusions: Sturge-Weber syndrome (LD23)

Diabetic embryopathy (KB60.1)

Enchondromatosis (2E83)

Maffucci syndrome (LD2F.1)

Coded Elsewhere: Perlman syndrome (2C90.Y)

LD2D Phakomatoses or hamartoneoplastic syndromes

Exclusions: Ataxia-telangiectasia (4A01.31)

familial dysautonomia [Riley-Day] (8C21.1)

Rendu-Osler-Weber disease (LA90.00)

Proteus syndrome (LD2C)

Sturge-Weber syndrome (LD23)

Enchondromatosis (2E83)

Maffucci syndrome (LD2F.1)

Angio-osteohypertrophic syndrome (LD26.60)

Coded Elsewhere: NAME syndrome (2F01)

Von Hippel-Lindau disease (5A75)

Focal dermal hypoplasia (LD27.0Y)

Epidermal naevus syndrome (LC02)

Lumbosacral dermal melanocytosis (LC10)

Naevus of Ota (LC10)

Naevus of Ito (LC10)

Dermal melanocyte hamartoma (LC10)

Hereditary leiomyomatosis and renal cell cancer (2C90.Y)

LD2D.0 Peutz-Jeghers syndrome

Peutz-Jeghers syndrome (PJS) is an autosomal dominant inherited disorder characterised by intestinal hamartomatous polyps in association with a distinct pattern of skin and mucosal macular melanin deposition. Patients have an increased risk of developing intestinal cancer.

LD2D.1 Neurofibromatoses

The neurofibromatoses (NF) are related genetic disorders which affect bone, soft tissue, skin and nervous system. In NF type 1 neurofibromas develop in the skin and elsewhere: these can cause problems as a result of their visibility in the skin, compression of vital internal structures or from malignant degeneration. Neuromas of the acoustic nerve are the predominant problem in NF type 2.

LD2D.10 Neurofibromatosis type 1

Neurofibromatosis type 1 (NF1) is an inherited, multi-system, neurocutaneous disorder that predisposes to the development of benign and malignant tumours. Two of the following criteria are required to diagnose NF1: six or more café au lait patches, neurofibromas, i.e. peripheral nerve sheath tumours manifesting as cutaneous, sub-cutaneous or plexiform lesions, skin-fold freckling, two or more iris Lisch nodules, an optic pathway glioma, a specific bony dysplasia (thinning of the long bone cortex, sphenoid wing dysplasia), an affected first-degree relative.

Inclusions: von Recklinghausen disease

LD2D.11 Neurofibromatosis type 2

Neurofibromatosis type 2 (NF2) is a tumour-prone disorder characterised by the development of multiple schwannomas and meningiomas.

LD2D.12 Neurofibromatosis type 3

LD2D.1Y Other specified neurofibromatoses

LD2D.1Z Neurofibromatosis, unspecified

LD2D.2 Tuberous sclerosis

A disease caused by a dominant mutation of 9q34 (TSC1) or 16p13 (TSC2). This disease may present with facial angiofibromas, Koenen tumours, fibrous plaques on the forehead and scalp, renal angiomyolipomas, subependymal nodules, multiple cortical tubers or retinal hamartoma, epilepsy, or mental retardation.

Inclusions: Bourneville disease

Coded Elsewhere: Autosomal dominant polycystic kidney disease type 1 with tuberous sclerosis (LD2F.1Y)

LD2D.3 Gardner syndrome

Gardner syndrome develops adenomatous polyps throughout the gastrointestinal tract, accompanied by extracolonic manifestations, including periampullary adenomas, papillary carcinoma of the thyroid, hepatoblastoma, osteomas of the mandible and skull, epidermal cysts, and desmoid tumours. Gardner syndrome is a term used to refer to patients in whom these extraintestinal features are unusually prominent.

LD2D.4 Gorlin syndrome

Gorlin syndrome, also known as naevoid basal cell carcinoma syndrome (NBCCS), is a hereditary condition characterised by a wide range of developmental abnormalities (odontogenic keratocysts of the jaws, hyperkeratosis of palms and soles, skeletal abnormalities, intracranial ectopic calcifications, and facial dysmorphism) and a predisposition to develop malignant neoplasms (such as multiple basal cell carcinomas or medulloblastoma), and benign neoplasms in the jaw, heart, or ovaries.

Inclusions: Naevoid basal cell carcinoma syndrome

LD2D.Y Other specified phakomatoses or hamartoneoplastic syndromes

LD2D.Z Phakomatoses or hamartoneoplastic syndromes, unspecified

LD2E Syndromes with structural anomalies due to inborn errors of metabolism

Coded Elsewhere: Disorders of cholesterol synthesis (5C52.10)

Pyruvate dehydrogenase complex deficiency (5C53.02)

Inborn errors of glycosylation or other specified protein modification (5C54)

Fabry disease (5C56.01)

Mucolipidosis (5C56.20)

Oligosaccharidosis (5C56.21)

Mucopolysaccharidosis (5C56.3)

Pseudo-Zellweger syndrome (5C57.Y)

Hypophosphatasia (5C64.3)

Classical homocystinuria (5C50.B)

Encephalopathy due to sulfite oxidase deficiency (5C50.B)

Mucosulfatidosis (5C56.0Y)

Zellweger syndrome (5C57.0)

Infantile Refsum disease (5C57.1)

Menkes disease (5C64.0Y)

LD2F Syndromes with multiple structural anomalies, without predominant body system involvement

Coded Elsewhere: Congenital rubella syndrome (KA62.8)

Congenital cytomegalovirus infection (KA62.3)

Perinatal Herpes simplex infection (KA62.A)

Congenital Epstein-Barr virus infection (KA62.1)

Congenital parvovirus syndrome (KA62.7)

Congenital enterovirus infection (KA62.5)

Congenital toxoplasmosis (KA64.0)

Congenital Zika virus infection (KA62.0)

Congenital Varicella Zoster virus infection (KA62.2)

Embryofetopathy due to maternal phenylketonuria (5C50.02)

LD2F.0 Toxic or drug-related embryofetopathies

Coded Elsewhere: Uterovaginal malformation due to diethylstilbestrol syndrome (LB44.6)

LD2F.00 Fetal alcohol syndrome

Fetal alcohol syndrome is a malformation syndrome caused by maternal consumption of alcohol during pregnancy. It is characterised by prenatal and/or postnatal growth deficiency (weight and/or height <10th percentile); a unique cluster of minor facial anomalies (short palpebral fissures, flat and smooth philtrum, and thin upper lip) that presents across all ethnic groups is identifiable at birth, and does not diminish with age. Affected children present severe central nervous system abnormalities including: microcephaly, cognitive and behavioural impairment (intellectual disability, deficit in general cognition, learning and language, executive function, visual-spatial processing, memory, and attention).

Coded Elsewhere: Neurodevelopmental syndrome due to prenatal alcohol exposure (6A0Y)

LD2F.01 Fetal hydantoin syndrome

Fetal hydantoin syndrome is a fetopathy likely to occur when a pregnant woman takes the anticonvulsant drug phenytoin (diphenylhydantoin) for epileptic seizures. In utero exposure to this drug may result in a characteristic dysmorphic syndrome in the newborn, including low-set hair, short neck with pterygium colli, small nose, deep nasal bridge, epicanthus, hypertelorism, large mouth, malformed ears, hypoplastic distal phalanges of the fingers and toes and finger-like thumbs. These dysmorphic features are often associated with growth retardation and delayed psychomotor development. The mechanism underlying these anomalies has been shown to depend on maternal genetic characteristics, i.e. on maternal capacity to detoxify intermediate metabolites of phenytoin.

LD2F.02 Embryofetopathy due to oral anticoagulant therapy

A condition caused by exposure of the embryo or fetus to anticoagulants during the antenatal period. This disease may present with optic nerve anomaly, optic atrophy, anomaly of the papilla, blindness, or choanal atresia.

LD2F.03 Fetal Valproate Spectrum Disorder

Fetal valproate spectrum disorder (FVSD) and Fetal valproate syndrome (FVS) describe the range of signs and symptoms which occur as a consequence of exposure to sodium valproate or valproic acid in the womb. A wide range of physical anomalies occur at increased frequency, including spina bifida, major and minor limb abnormalities, oral clefting, cardiac defects, hypospadias, and joint laxity. A characteristic pattern of facial dysmorphism is frequently present, especially notable in early childhood. Neurodevelopmental problems including reduced IQ, poorer language and motor development, increased rates of autistic spectrum disorder and attention deficit hyperactivity disorder are observed in up to 40% of those exposed. Vision problems such as myopia and astigmatism are also common. Risks are dose dependent and the impact on the brain may be seen at lower doses than those required for physical development alterations.

LD2F.0Y Other specified toxic or drug-related embryofetopathies

LD2F.0Z Toxic or drug-related embryofetopathies, unspecified

LD2F.1 Syndromes with multiple structural anomalies, not of environmental origin

Coded Elsewhere: Fraser syndrome (LD2H.0)

Waardenburg-Shah syndrome (LD2H.3)

Oculocerebrorenal syndrome (5C60.0)

Albinism - black lock - cell migration disorder of the neurocytes of the gut - sensorineural deafness (LD2H.Y)

Bardet-Biedl syndrome (5A61.0)

Blepharocheilodontic syndrome (LD27.0Y)

Cat-eye syndrome (LD41.P)

Cataract - intellectual deficit - hypogonadism (5A61.0)

CHARGE syndrome (5A61.0)

Coffin-Siris syndrome (LD27.0Y)

Dubowitz syndrome (LD27.0Y)

Ectodermal dysplasia - ectrodactyly - macular dystrophy (LD27.0Y)

Ectrodactyly - ectodermal dysplasia - cleft lip or palate (LD27.0Y)

Ectrodactyly - ectodermal dysplasia without clefting (LD27.0Y)

Hirschsprung disease - deafness - polydactyly (LD2H.Y)

Limb-mammary syndrome (LD27.0Y)

Marshall syndrome (LD27.0Y)

MODY 5 syndrome (5A13.6)

Nijmegen breakage syndrome-like disorder (4A01.31)

Papillorenal syndrome (LA13.7Y)

Perrault syndrome (LD2H.Y)

Phocomelia - ectrodactyly - deafness - sinus arrhythmia (LD2H.Y)

Shwachman-Diamond syndrome (3A70.0)

Smith-Magenis syndrome (LD44.H1)

Split hand - split foot - deafness (LD2H.Y)

Triple A syndrome (5A74.Y)

Waardenburg syndrome (EC23.2Y)

WAGR syndrome (LD2A.Y)

Williams-Beuren syndrome (LD44.70)

Gorham-Stout disease (FB86.2)

Alagille syndrome (LB20.0Y)

Deafness – onychodystrophy (LD27.0Y)

Autosomal recessive cutis laxa, type 3 (LD28.2)

Macrocephaly – alopecia – cutis laxa – scoliosis syndrome (LD28.2)

SCARF syndrome (LD28.2)

Lethal restrictive dermopathy (EE6Y)

Encephalocraniocutaneous lipomatosis (EF02.1)

Dahlberg-Borer-Newcomer syndrome (LD27.0Y)

LD2F.10 Prune belly syndrome

A syndrome is characterised by cryptorchidism, urinary tract defects, and poor development of the abdominal muscles causing the skin on the abdomen to wrinkle.

LD2F.11 VATER association

VACTERL/VATER is an association of congenital malformations typically characterised by the presence of at least three of the following: vertebral defects, anal atresia, cardiac defects, tracheo-oesophageal fistula, renal anomalies, and limb abnormalities.

LD2F.12 Sirenomelia

Sirenomelia is a rare lethal malformation characterised by severe anomalies of the caudal part of the fetus that include a single lower limb, with various degrees of involvement ranging from single to separate femurs in the same skin shaft, presence of two feet (sympode mermaid) or one foot (monopode mermaid), to absence of both feet (ectromelic mermaid). Urogenital anomalies are also present and include bilateral renal agenesis, absence of outflow tract and absence of external genitalia. Imperforate anus and sacro-coccygeal agenesis have also been reported. Together these malformations comprise the extreme form of the caudal regression sequence.

LD2F.13 Meckel-Gruber syndrome

Meckel syndrome (MKS) is a monogenic disease characterised by a combination of renal cysts and variably associated features, including developmental anomalies of the central nervous system (usually occipital encephalocele), hepatic ductal dysplasia and cysts, and polydactyly, and a lethal course, with death occurring in the perinatal period.

LD2F.14 MURCS association

MURCS association, which stands for Müllerian duct aplasia (MU), congenital renal dysplasia (R), cervical somite anomalies (CS), is the atypical (or type II) form of Mayer-Rokitansky-Küster-Hauser syndrome, characterised by utero-vaginal atresia in otherwise normal females as well associated kidney and skeletal abnormalities and hearing problems.

LD2F.15 Noonan syndrome

Noonan Syndrome is characterised by short stature, facial dysmorphism and congenital heart defects. The main facial features of NS are hypertelorism with down-slanting palpebral fissures, ptosis and low-set posteriorly rotated ears with a thickened helix. The cardiovascular defects most commonly associated with this condition are pulmonary stenosis and hypertrophic cardiomyopathy. Other associated features are webbed neck, chest deformity, mild intellectual deficit, cryptorchidism, poor feeding in infancy, bleeding tendency and lymphatic dysplasia. The syndrome is transmitted as an autosomal dominant trait.

LD2F.16 Otomandibular dysplasia

Any condition characterised by malformation of facial bones and muscles. These conditions may present with eyes that slant downward, sparse eyelashes, eyelid coloboma, hearing loss, underdeveloped or absent vertebrae, or cleft palate.

LD2F.1Y Other specified syndromes with multiple structural anomalies, not of environmental origin

LD2F.1Z Syndromes with multiple structural anomalies, not of environmental origin, unspecified

LD2F.Y Other specified syndromes with multiple structural anomalies, without predominant body system involvement

LD2F.Z Syndromes with multiple structural anomalies, without predominant body system involvement, unspecified

LD2G Conjoined twins

A condition characterised as twins that are physically united at some part or parts of their bodies at the time of birth.

LD2H Syndromic genetic deafness

Coded Elsewhere: CATCH 22 phenotype (LD44.N0)

Pendred syndrome (5A00.02)

Generalised resistance to thyroid hormone (5A05)

CHARGE syndrome (5A61.0)

Deafness - opticoacoustic nerve atrophy - dementia (5C53.2Y)

Ectodermal dysplasia - sensorineural deafness (LD27.0Y)

Hypoparathyroidism - deafness - renal disease (LD27.0Y)

Renal tubular acidosis - deafness (GB90.44)

Stapes ankylosis with broad thumbs and toes (LD2F.1Y)

Stickler syndrome (LD2F.1Y)

Thiamine-responsive megaloblastic anaemia syndrome (5C63.Y)

Mitochondrial encephalopathy with lactic acidosis and stroke-like episodes (8C73.Y)

Norrie disease (LD21.Y)

Fechtner syndrome (3B64.01)

Spondyloepiphyseal dysplasia, MacDermot type (LD24.3)

Oral-facial-digital syndrome type 1 (LD25.00)

Oral-facial-digital syndrome type 2 (LD25.00)

Oral-facial-digital syndrome type 3 (LD25.00)

Oral-facial-digital syndrome type 4 (LD25.00)

Oral-facial-digital syndrome type 6 (LD25.00)

Oral-facial-digital syndrome type 8 (LD25.00)

Otopalatodigital syndrome (LD25.1)

Kearns-Sayre syndrome (9C82.0)

Multiple synostoses syndrome (LD26.3)

Arthrogryposis-like hand anomaly - sensorineural deafness (LD26.4Y)

Cockayne syndrome (LD2B)

Keratitis – ichthyosis – deafness syndrome (LD27.2)

Connexin palmoplantar keratoderma with sensorineural deafness (EC20.30)

Deafness – enamel hypoplasia – nail defects (LD27.0Y)

Tietz hypomelanosis – deafness syndrome (EC23.2Y)

LEOPARD syndrome (LD2F.1Y)

Cutis verticis gyrata - retinitis pigmentosa - sensorineural deafness (LD27.Y)

Deafness, lymphoedema and leukaemia syndrome (BD93.0)

Long QT syndrome with hearing impairment (BC65.0)

Infantile Bartter syndrome with deafness (GB90.43)

LD2H.0 Fraser syndrome

Fraser syndrome is a rare syndrome characterised by cryptophthalmos and syndactyly and associated with a wide variety of other anomalies including: middle and outer ear malformations; high-arched palate; cleavage along the midplane of nares and tongue; hypertelorism; laryngeal stenosis; wide separation of symphysis pubis; displacement of umbilicus and nipples; absent or multicystic kidneys; bicornuate uterus, malformed Fallopian tubes, fusion of labia and enlargement of clitoris in girls; and undescended testes and small penis with hypospadias in boys.

LD2H.1 Neuropathy with hearing impairment

Neuropathy with hearing impairment is characterised by the association of sensorineural hearing impairment and peripheral demyelinating and predominantly sensory neuropathy.

LD2H.2 Progressive deafness with stapes fixation

LD2H.3 Waardenburg-Shah syndrome

In this syndrome the phenotype includes not only the classical features of Waardenburg syndrome but also Hirschsprung disease. It may be caused by mutations in SOX10, EDN3 or EDNRB genes.

LD2H.4 Usher syndrome

Usher syndrome is the most common cause of hereditary combined deafness-blindness, and is characterised by the association of sensorineural deafness (usually congenital) with retinitis pigmentosa and progressive vision loss.

LD2H.Y Other specified syndromic genetic deafness

LD2H.Z Syndromic genetic deafness, unspecified

LD2Y Other specified multiple developmental anomalies or syndromes

LD2Z Multiple developmental anomalies or syndromes, unspecified

Chromosomal anomalies, excluding gene mutations (LD40‑LD7Z)

Any disease caused by alteration of the number or structure of chromosomes.

LD40 Complete trisomies of the autosomes

Any disease caused by the presence of one extra autosome, for a total of three. Confirmation is through observation of a supernumerary autosome by karyotyping.

LD40.0 Complete trisomy 21

Trisomy 21 is a chromosomal abnormality, characterised by the presence of a third (partial or total) copy of chromosome 21, which clinical manifestations include variable intellectual deficiency, muscular hypotonia and joint laxity, often associated with facial dysmorphism and variable malformations (essentially heart and digestive) and a risk of complications (epilepsy, leukemia, auto-immune and endocrine pathologies, earlier aging and Alzheimer disease.

Inclusions: Down syndrome

Coded Elsewhere: Keratoconus in Down syndrome (9A78.50)

LD40.1 Complete trisomy 13

Trisomy 13 is a chromosomal anomaly caused by the presence of an extra chromosome 13 and is characterised by brain malformations (holoprosencephaly), facial dysmorphism, ocular anomalies, postaxial polydactyly, visceral malformations (cardiopathy) and severe psychomotor retardation.

Inclusions: Patau syndrome

LD40.2 Complete trisomy 18

Trisomy 18 is a chromosomal abnormality associated with the presence of an extra chromosome 18 and characterised by growth delay, dolichocephaly, a characteristic facies, limb anomalies and visceral malformations.

LD40.Y Other specified complete trisomies of the autosomes

LD40.Z Complete trisomies of the autosomes, unspecified

LD41 Duplications of the autosomes

LD41.0 Duplications of chromosome 1

LD41.00 Duplications of the long arm of chromosome 1

LD41.01 Duplications of the short arm of chromosome 1

LD41.0Y Other specified duplications of chromosome 1

LD41.0Z Duplications of chromosome 1, unspecified

LD41.1 Duplications of chromosome 2

LD41.10 Duplications of the long arm of chromosome 2

LD41.11 Duplications of the short arm of chromosome 2

LD41.1Y Other specified duplications of chromosome 2

LD41.1Z Duplications of chromosome 2, unspecified

LD41.2 Duplications of chromosome 3

LD41.20 Duplications of the long arm of chromosome 3

LD41.21 Duplications of the short arm of chromosome 3

LD41.2Y Other specified duplications of chromosome 3

LD41.2Z Duplications of chromosome 3, unspecified

LD41.3 Duplications of chromosome 4

LD41.30 Duplications of the long arm of chromosome 4

LD41.31 Duplications of the short arm of chromosome 4

LD41.3Y Other specified duplications of chromosome 4

LD41.3Z Duplications of chromosome 4, unspecified

LD41.4 Duplications of chromosome 5

LD41.40 Duplications of the long arm of chromosome 5

LD41.41 Duplications of the short arm of chromosome 5

LD41.4Y Other specified duplications of chromosome 5

LD41.4Z Duplications of chromosome 5, unspecified

LD41.5 Duplications of chromosome 6

LD41.50 Duplications of the long arm of chromosome 6

LD41.51 Duplications of the short arm of chromosome 6

LD41.5Y Other specified duplications of chromosome 6

LD41.5Z Duplications of chromosome 6, unspecified

LD41.6 Duplications of chromosome 7

LD41.60 Duplications of the long arm of chromosome 7

LD41.61 Duplications of the short arm of chromosome 7

LD41.6Y Other specified duplications of chromosome 7

LD41.6Z Duplications of chromosome 7, unspecified

LD41.7 Duplications of chromosome 8

LD41.70 Duplications of the long arm of chromosome 8

LD41.71 Duplications of the short arm of chromosome 8

LD41.7Y Other specified duplications of chromosome 8

LD41.7Z Duplications of chromosome 8, unspecified

LD41.8 Duplications of chromosome 9

LD41.80 Duplications of the long arm of chromosome 9

LD41.81 Duplications of the short arm of chromosome 9

LD41.8Y Other specified duplications of chromosome 9

LD41.8Z Duplications of chromosome 9, unspecified

LD41.9 Duplications of chromosome 10

LD41.90 Duplications of the long arm of chromosome 10

LD41.91 Duplications of the short arm of chromosome 10

LD41.9Y Other specified duplications of chromosome 10

LD41.9Z Duplications of chromosome 10, unspecified

LD41.A Duplications of chromosome 11

LD41.B Duplications of chromosome 12

LD41.B0 Duplications of the long arm of chromosome 12

LD41.B1 Duplications of the short arm of chromosome 12

LD41.BY Other specified duplications of chromosome 12

LD41.BZ Duplications of chromosome 12, unspecified

LD41.C Duplications of chromosome 13

LD41.D Duplications of chromosome 14

LD41.E Duplications of chromosome 15

LD41.F Duplications of chromosome 16

LD41.F0 Duplications of the long arm of chromosome 16

LD41.F1 Duplications of the short arm of chromosome 16

LD41.FY Other specified duplications of chromosome 16

LD41.FZ Duplications of chromosome 16, unspecified

LD41.G Duplications of chromosome 17

LD41.G0 Duplications of the long arm of chromosome 17

LD41.G1 Duplications of the short arm of chromosome 17

LD41.GY Other specified duplications of chromosome 17

LD41.GZ Duplications of chromosome 17, unspecified

LD41.H Duplications of chromosome 18

LD41.H0 Duplications of the long arm of chromosome 18

LD41.H1 Duplications of the short arm of chromosome 18

LD41.HY Other specified duplications of chromosome 18

LD41.HZ Duplications of chromosome 18, unspecified

LD41.J Duplications of chromosome 19

LD41.J0 Duplications of the long arm of chromosome 19

LD41.J1 Duplications of the short arm of chromosome 19

LD41.JY Other specified duplications of chromosome 19

LD41.JZ Duplications of chromosome 19, unspecified

LD41.K Duplications of chromosome 20

LD41.K0 Duplications of the long arm of chromosome 20

LD41.K1 Duplications of the short arm of chromosome 20

LD41.KY Other specified duplications of chromosome 20

LD41.KZ Duplications of chromosome 20, unspecified

LD41.L Duplications of chromosome 21

LD41.M Duplications of chromosome 22

LD41.N Extra ring or dicentric chromosomes

LD41.P Duplications with other complex rearrangements

LD41.Q Extra marker chromosomes

LD41.Y Other specified duplications of the autosomes

LD41.Z Duplications of the autosomes, unspecified

LD42 Polyploidies

Any disease caused by one or more additional sets of chromosomes. Non-mosaic versions of these diseases are characterised by gross fetal malformation or death of the fetus. Confirmation is through observation of supernumerary sets of chromosomes by karyotyping.

LD42.0 Triploidy

A disease caused by one additional set of chromosomes, for a total of 69 chromosomes. Triploidy can present with albuminuria, oedema, or hypertension in the mother. The fetus may present with microcephaly and a placenta that is enlarged and filled with cysts in the case of extra maternally inherited chromosomes, while extra paternally inherited chromosomes cause severe growth problems, an enlarged head, and a small placenta that does not have cysts. Non-mosaic triploidy is highly lethal, and is rarely observed in live births. Confirmation is through observation of an additional set of chromosomes by karyotyping.

LD42.1 Tetraploidy

A disease caused by two additional sets of chromosomes, for a total of 92 chromosomes. This disease commonly results in spontaneous abortion during the first trimester. Live births of tetraploidy individuals are very rare. These cases are characterised by facial dysmorphism, severely delayed growth and developmental delay. Confirmation is through observation of two additional sets of chromosomes by karyotyping.

LD42.Y Other specified polyploidies

LD42.Z Polyploidies, unspecified

LD43 Complete monosomies of the autosomes

LD43.0 Complete monosomy of autosome

LD43.1 Mosaic monosomy of autosome

Any disease caused by embryonic fusion or loss of an autosome early in embryonic development, resulting in a subset of cells in the body having only one of a pair of autosomes.

LD43.Y Other specified complete monosomies of the autosomes

LD43.Z Complete monosomies of the autosomes, unspecified

LD44 Deletions of the autosomes

LD44.1 Deletions of chromosome 1

LD44.10 Deletions of the long arm of chromosome 1

LD44.11 Deletions of the short arm of chromosome 1

LD44.1Y Other specified deletions of chromosome 1

LD44.1Z Deletions of chromosome 1, unspecified

LD44.2 Deletions of chromosome 2

LD44.20 Deletions of the long arm of chromosome 2

LD44.21 Deletions of the short arm of chromosome 2

LD44.2Y Other specified deletions of chromosome 2

LD44.2Z Deletions of chromosome 2, unspecified

LD44.3 Deletions of chromosome 3

LD44.30 Deletions of the long arm of chromosome 3

LD44.31 Deletions of the short arm of chromosome 3

LD44.3Y Other specified deletions of chromosome 3

LD44.3Z Deletions of chromosome 3, unspecified

LD44.4 Deletions of chromosome 4

LD44.40 Deletions of the long arm of chromosome 4

LD44.41 Deletions of the short arm of chromosome 4

LD44.4Y Other specified deletions of chromosome 4

LD44.4Z Deletions of chromosome 4, unspecified

LD44.5 Deletions of chromosome 5

LD44.50 Deletions of the long arm of chromosome 5

LD44.51 Deletions of the short arm of chromosome 5

LD44.5Y Other specified deletions of chromosome 5

LD44.5Z Deletions of chromosome 5, unspecified

LD44.6 Deletions of chromosome 6

LD44.60 Deletions of the long arm of chromosome 6

LD44.61 Deletions of the short arm of chromosome 6

LD44.6Y Other specified deletions of chromosome 6

LD44.6Z Deletions of chromosome 6, unspecified

LD44.7 Deletions of chromosome 7

LD44.70 Deletions of the long arm of chromosome 7

LD44.71 Deletions of the short arm of chromosome 7

LD44.7Y Other specified deletions of chromosome 7

LD44.7Z Deletions of chromosome 7, unspecified

LD44.8 Deletions of chromosome 8

LD44.80 Deletions of the long arm of chromosome 8

Coded Elsewhere: Langer-Giedion syndrome (LD24.80)

LD44.81 Deletions of the short arm of chromosome 8

LD44.8Y Other specified deletions of chromosome 8

LD44.8Z Deletions of chromosome 8, unspecified

LD44.9 Deletions of chromosome 9

LD44.90 Deletions of the long arm of chromosome 9

LD44.91 Deletions of the short arm of chromosome 9

LD44.9Y Other specified deletions of chromosome 9

LD44.9Z Deletions of chromosome 9, unspecified

LD44.A Deletions of chromosome 10

LD44.A0 Deletions of the long arm of chromosome 10

LD44.A1 Deletions of the short arm of chromosome 10

LD44.AY Other specified deletions of chromosome 10

LD44.AZ Deletions of chromosome 10, unspecified

LD44.B Deletions of chromosome 11

LD44.B0 Deletions of the long arm of chromosome 11

LD44.B1 Deletions of the short arm of chromosome 11

These deletions may give rise to the Paris-Trousseau syndrome, a very rare disorder in which intellectual deficit, cardiac malformations and facial abnormalities are associated with thrombocytopenia and dysmegakaryopoiesis.

Coded Elsewhere: WAGR syndrome (LD2A.Y)

LD44.BY Other specified deletions of chromosome 11

LD44.BZ Deletions of chromosome 11, unspecified

LD44.C Deletions of chromosome 12

LD44.C0 Deletions of the long arm of chromosome 12

LD44.C1 Deletions of the short arm of chromosome 12

LD44.CY Other specified deletions of chromosome 12

LD44.CZ Deletions of chromosome 12, unspecified

LD44.D Deletions of chromosome 13

LD44.E Deletions of chromosome 14

LD44.F Deletions of chromosome 15

LD44.G Deletions of chromosome 16

LD44.G0 Deletions of the long arm of chromosome 16

LD44.G1 Deletions of the short arm of chromosome 16

Coded Elsewhere: Autosomal dominant polycystic kidney disease type 1 with tuberous sclerosis (LD2F.1Y)

Alpha thalassaemia - intellectual deficit syndrome (3A50.1)

LD44.GY Other specified deletions of chromosome 16

LD44.GZ Deletions of chromosome 16, unspecified

LD44.H Deletions of chromosome 17

LD44.H0 Deletions of the long arm of chromosome 17

LD44.H1 Deletions of the short arm of chromosome 17

Coded Elsewhere: Miller-Dieker syndrome (LD20.1)

LD44.HY Other specified deletions of chromosome 17

LD44.HZ Deletions of chromosome 17, unspecified

LD44.J Deletions of chromosome 18

LD44.J0 Deletions of the long arm of chromosome 18

LD44.J1 Deletions of the short arm of chromosome 18

LD44.JY Other specified deletions of chromosome 18

LD44.JZ Deletions of chromosome 18, unspecified

LD44.K Deletions of chromosome 19

LD44.K0 Deletions of the long arm of chromosome 19

LD44.K1 Deletions of the short arm of chromosome 19

LD44.KY Other specified deletions of chromosome 19

LD44.KZ Deletions of chromosome 19, unspecified

LD44.L Deletions of chromosome 20

LD44.L0 Deletions of the long arm of chromosome 20

LD44.L1 Deletions of the short arm of chromosome 20

LD44.LY Other specified deletions of chromosome 20

LD44.LZ Deletions of chromosome 20, unspecified

LD44.M Deletions of chromosome 21

LD44.N Deletions of chromosome 22

LD44.N0 CATCH 22 phenotype

Monosomy 22q11 (DiGeorge Velocardiofacial syndrome, DGS/VCF) syndrome is a chromosomal anomaly characterised by the association of several variable malformations: hypoplastic thymus and parathyroid glands, congenital conotruncal heart defects, a subtle but characteristic facial dysmorphism, cleft palate or velar insufficiency, and learning difficulties.

Inclusions: Pharyngeal pouch syndrome

DiGeorge syndrome

Velocardiofacial syndrome

LD44.NY Other specified deletions of chromosome 22

LD44.NZ Deletions of chromosome 22, unspecified

LD44.P Deletions with other complex rearrangements

LD44.Y Other specified deletions of the autosomes

LD44.Z Deletions of the autosomes, unspecified

LD45 Uniparental disomies

Any disease caused by the inheritance of two homologous copies of a chromosome from one parent, and none from the other parent. Confirmation is by observation of identical chromosomes pairs by genetic testing.

LD45.0 Uniparental disomies of maternal origin

Any disease characterised by the inheritance of two homologous copies of a chromosome from the mother, and none from the father. Confirmation is by observation of identical chromosome pairs, and matching to a maternal chromosome, by genetic testing.

LD45.1 Uniparental disomies of paternal origin

Any disease caused by the inheritance of two homologous copies of a chromosome from the father, and none from the mother. Confirmation is by observation of identical chromosome pairs, and matching to a paternal chromosome, by genetic testing.

LD45.Y Other specified uniparental disomies

LD45.Z Uniparental disomies, unspecified

LD46 Imprinting errors

LD46.0 Maternal imprinting error

LD46.1 Paternal imprinting error

LD46.Y Other specified imprinting errors

LD46.Z Imprinting errors, unspecified

LD47 Balanced rearrangements or structural rearrangements

A condition caused by translocation or other structural rearrangement of genomic material between chromosomes demonstrating no net gain or loss of genomic material, in an individual displaying no phenotype. Confirmation is through observation of a balanced event by genetic testing.

LD47.0 Balanced translocation and insertion in normal individual

A condition caused by translocation of genetic material between chromosomes with no net gain or loss of genetic material, in an individual demonstrating no abnormalities. Confirmation is through observation of a balanced translocation and insertion by genetic testing.

LD47.1 Chromosome inversion in normal individual

Any disease caused by inversion of genetic material on a chromosome, in an individual demonstrating no abnormalities. Confirmation is through observation of a chromosomal inversion by genetic testing.

LD47.2 Balanced autosomal rearrangement in abnormal individual

Any disease caused by alteration of autosome structure with no net gain or loss of genetic material, in an individual demonstrating abnormalities. Confirmation is through observation of a balanced chromosomal rearrangement by genetic testing.

LD47.3 Balanced sex or autosomal rearrangement in abnormal individual

Any disease caused by alteration of chromosomal structure with no net gain or loss of genetic material, in an individual demonstrating abnormalities. Confirmation is through observation of a balanced chromosomal rearrangement by genetic testing.

LD47.4 Autosomal fragile site

Any disease caused by presence of a fragile site on an autosome. These diseases may present as asymptomatic. Confirmation is through observation of a fragile site by genetic testing.

LD47.Y Other specified balanced rearrangements or structural rearrangements

LD47.Z Balanced rearrangements or structural rearrangements, unspecified

Sex chromosome anomalies (LD50‑LD5Z)

Any disease caused by change in the number or structure of the X or Y chromosome. Confirmation is by observation of a chromosomal anomaly by genetic testing.

LD50 Number anomalies of chromosome X

LD50.0 Turner syndrome

Karyotype missing one X chromosome (45,X0 or 45,X0/46,XX mosaicism); gonads: ovaries (streak); phenotype female with short stature, amenorrhea (hypergonadotropic hypogonadism), absence of sexual development, webbed neck, low set ears, posterior hairline, widely-spaced nipples, short fourth metacarpals, and increased carrying angle at the elbow (cubitus valgus). Often associated with renal, cardiac and ocular abnormalities.

Inclusions: Monosomy X

Exclusions: Noonan syndrome (LD2F.15)

LD50.00 Karyotype 45, X

A disease affecting females, caused by absence of one of the two X chromosomes. This disease may present with short stature, extra folds of skin on the neck, a low hairline at the back of the neck, puffiness or swelling of the hands and feet, skeletal abnormalities, ovarian hypofunction or premature ovarian failure, kidney problems, or heart defects. Confirmation is through observation of only one X chromosome by karyotyping.

LD50.01 Karyotype 46, X iso Xq

A disease affecting females, caused by one of the two X chromosomes consisting of two q arms, which are structurally identical and contain the same genes. This disease may present with short stature, extra folds of skin on the neck, a low hairline at the back of the neck, puffiness or swelling of the hands and feet, skeletal abnormalities, ovarian hypofunction or premature ovarian failure, kidney problems, or heart defects. This disease may be differentiated from classical Turner Syndrome by a near complete lack of gonadal development, resulting in a lack of menstruation or breast development. Confirmation is through observation of an iso Xq chromosome by karyotyping.

LD50.02 Karyotype 46, X with abnormal sex chromosome, except iso Xq

LD50.03 Mosaicism, 45, X, 46, XX or XY

A disease caused by embryonic fusion, or by the loss of one of the sex chromosomes from a cell early in embryonic development; Gonadal status: normal or variable abnormalities of sexual anatomy, maturation or function. Phenotype: normal, or abnormal sexual development.

LD50.04 Mosaicism, 45, X or other cell line with abnormal sex chromosome

A disease caused by embryonic fusion or the structural mutation of a sex chromosome early in embryonic development, resulting in a subset of cells in the body having one normal copy of the X chromosome and one abnormal sex chromosome. This disease may present with short stature, sexual organ dysfunction, or may be asymptomatic.

LD50.1 Karyotype 47,XXX

Trisomy X is a sex chromosome anomaly with a variable phenotype caused by the presence of an extra X chromosome in females (47,XXX instead of 46,XX). Most individuals are only mildly affected or asymptomatic, the most common physical features including tall stature, epicanthal folds, hypotonia and clinodactyly, with seizures, renal and genitourinary abnormalities, and premature ovarian failure being also associated findings.

LD50.2 Mosaicism, lines with various numbers of X chromosomes

A disease caused by embryonic fusion or gain or loss of X chromosomes early in embryonic development, resulting in a subset of cells in the body having an abnormal number of X chromosomes. This disease may present with abnormal height, genitourinary abnormalities, or may be asymptomatic.

LD50.3 Klinefelter syndrome

Klinefelter syndrome defines a group of chromosomal disorders in which there is at least one extra X chromosome compared with the normal 46,XY male karyotype. The effects on physical features and on physical and cognitive development increase with the number of extra X's, and each extra X is associated with an intelligence quotient (IQ) decrease of approximately 15-16 points, with language most affected, particularly expressive language skills.

LD50.30 Klinefelter syndrome with karyotype 47,XXY, regular

Karyotype 47 XXY; gonads: testes (hypogonadism) small and firm with decreased spermatogenesis ; phenotype male with associated congenital abnormalities (decreased virilization due to decreased testosterone production, long arms and legs, short trunk, psychosocial problems).

LD50.31 Klinefelter syndrome, male with more than two X chromosomes

A disease affecting males, caused by the presence of more than two X chromosomes in each cell. This disease is characterised by impaired sexual development, intellectual disability, distinctive facial features, skeletal abnormalities, poor coordination, and severe problems with speech. This disease may be differentiated from classic Klinefelter syndrome by increased severity of symptoms. Confirmation is through observation of more than two X chromosomes by karyotyping.

LD50.3Y Other specified Klinefelter syndrome

LD50.3Z Klinefelter syndrome, unspecified

LD50.Y Other specified number anomalies of chromosome X

LD50.Z Number anomalies of chromosome X, unspecified

LD51 Structural anomalies of chromosome X, excluding Turner syndrome

LD52 Number anomalies of chromosome Y

LD52.0 Male with 46,XX karyotype

A disease affecting males, characterised by hypergonadotropic hypogonadism, testosterone deficiency, and infertility. This condition may also present with hypospadias. This disease may be associated with abnormal crossing over of the sex chromosomes during meiosis in the father, resulting in the SRY gene being present on one or both copies of the X chromosome.

LD52.1 Male with double or multiple Y

A condition affecting males, caused by the presence of supernumerary Y chromosomes. This condition is asymptomatic. Confirmation is through observation of supernumerary Y chromosomes by karyotyping.

LD52.Y Other specified number anomalies of chromosome Y

LD52.Z Number anomalies of chromosome Y, unspecified

LD53 Structural anomalies of chromosome Y

Coded Elsewhere: Chromosome Y deletion (5A81.1)

LD54 Male with sex chromosome mosaicism

Any disease affecting males, caused by embryonic fusion or gain or loss of a sex chromosome early in embryonic development, resulting in a subset of cells in the body having an abnormal number of sex chromosomes. These diseases may present with deficiencies in testosterone, abnormalities of sexual development, or infertility.

LD55 Fragile X chromosome

Fragile X syndrome is a rare genetic disease associated with mild to severe intellectual deficit that may be associated with behavioural disorders and characteristic physical features.

Inclusions: Fragile X syndrome

LD56 Chimaera 46, XX, 46, XY

A disease caused by XX and XY embryonic fusion or two distinct loss events of a sex chromosome from an XXY embryo early in development. This results in a subset of cells in the body having an XX karyotype, while other cells demonstrate an XY karyotype. This disease may present with abnormal genital development.

LD56.0 Androgenetic chimaera

LD56.1 Gynogenetic chimaera

LD56.Y Other specified chimaera 46, XX, 46, XY

LD56.Z Chimaera 46, XX, 46, XY, unspecified

LD5Y Other specified sex chromosome anomalies

LD5Z Sex chromosome anomalies, unspecified

LD7Y Other specified chromosomal anomalies, excluding gene mutations

LD7Z Chromosomal anomalies, excluding gene mutations, unspecified

LD90 Conditions with disorders of intellectual development as a relevant clinical feature

Coded Elsewhere: Lesch-Nyhan syndrome (5C55.01)

Hydrocephalus with stenosis of the aqueduct of Sylvius (LA04.0)

Pelizaeus-Merzbacher disease (8A44.0)

Hereditary sensory and autonomic neuropathy type IV (8C21.2)

Joubert syndrome (LD20.00)

Phenylketonuria (5C50.0)

Tyrosinaemia type 2 (5C50.12)

Carbamoylphosphate synthetase deficiency (5C50.A1)

Carnosinaemia (5C50.F1)

Homocarnosinosis (5C50.F2)

Syndromes with lissencephaly as a major feature (LD20.1)

Sjögren-Larsson syndrome (5C52.03)

Polymicrogyria (LA05.50)

Porencephaly (LA05.60)

Pyruvate dehydrogenase complex deficiency (5C53.02)

Brain-lung-thyroid syndrome (CB04.5)

Metachromatic leukodystrophy (5C56.02)

Neuronal ceroid lipofuscinosis (5C56.1)

Mucopolysaccharidosis type 2 (5C56.31)

Mucopolysaccharidosis type 6 (5C56.33)

Oculocerebrorenal syndrome (5C60.0)

CATCH 22 phenotype (LD44.N0)

Langer-Giedion syndrome (LD24.80)

Crigler-Najjar syndrome (5C58.00)

Fragile X chromosome (LD55)

Incontinentia pigmenti (LD27.00)

Tuberous sclerosis (LD2D.2)

Noonan syndrome (LD2F.15)

Congenital rubella syndrome (KA62.8)

Congenital cytomegalovirus infection (KA62.3)

Complete trisomy 21 (LD40.0)

Klinefelter syndrome, male with more than two X chromosomes (LD50.31)

Intellectual disability – enteropathy – deafness – neuropathy – ichthyosis – keratoderma syndrome (LD2H.Y)

Microcephaly - deafness - intellectual disability (LD2H.Y)

Schizophrenia - intellectual disability - deafness - retinitis (LD2H.Y)

Corneal anaesthesia - deafness - intellectual disability (LD2H.Y)

Ataxia - deafness - intellectual disability syndrome (LD2H.Y)

Retinitis pigmentosa - intellectual disability - deafness - hypogenitalism (LD2H.Y)

LD90.0 Angelman syndrome

Angelman syndrome is a neurogenetic disorder characterised by severe intellectual deficit and distinct facial dysmorphic (microcephaly, macrostomia, maxillary hypoplasia, prognathia), behavioural (outbursts of laughter with hand flapping, a happy demeanour, hyperactivity without aggression, short attention span, excitability and sleeping problems with decreased need to sleep, increased sensitivity to heat, attraction to and fascination with water), and neurological features (a puppet-like gait, ataxia and epileptic seizures).

LD90.1 Early-onset parkinsonism - intellectual deficit

Early-onset parkinsonism with intellectual deficit is a basal ganglia disorder characterised by parkinsonian-type symptoms (postural changes, tremor, rigidity), megalencephaly and variable intellectual deficit. Other signs are frontal bossing, persistent frontal lobe reflexes, strabismus and seizures.

LD90.2 Pelizaeus-Merzbacher-like disease

Pelizaeus-Merzbacher-like disease (PMLD) is an autosomal recessive leukodystrophy sharing identical clinical and radiological features as X-linked Pelizaeus-Merzbacher disease (PMD).

LD90.3 Prader-Willi syndrome

Prader-Willi syndrome is a rare genetic disorder characterised by hypothalamic-pituitary abnormalities with severe hypotonia during the neonatal period and first two years of life and the onset of hyperphagia with a risk of morbid obesity during infancy and adulthood, learning difficulties and behavioural problems or severe psychiatric problems.

LD90.4 Rett syndrome

A condition in which apparently normal early development is followed by partial or complete loss of speech and of skills in locomotion and use of hands, together with deceleration in head growth, usually with an onset between seven and 24 months of age. Loss of purposive hand movements, hand-wringing stereotypies, and hyperventilation are characteristic. Social and play development are arrested but social interest tends to be maintained. Trunk ataxia and apraxia start to develop by age four years and choreoathetoid movements frequently follow. Severe mental retardation almost invariably results.

LD90.Y Other specified conditions with disorders of intellectual development as a relevant clinical feature

LD90.Z Conditions with disorders of intellectual development as a relevant clinical feature, unspecified

LD9Y Other specified developmental anomalies

LD9Z Developmental anomalies, unspecified

CHAPTER 21

Symptoms, signs or clinical findings, not elsewhere classified

This chapter has 311 four-character categories.

Code range starts with MA00

Clinical findings include those found using physical, laboratory and imaging techniques.

Diseases can manifest in many ways and in different body systems. Such specific manifestations may be a reason for treatment or encounter, with or without identifying or addressing the underlying condition.  
Categories in this chapter include the less well-defined conditions and symptoms that, without the necessary study of the case to establish a final diagnosis, could be designated 'not otherwise specified', 'unknown aetiology' or 'transient'.

The conditions and signs or symptoms included in this chapter consist of:

* cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
* signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined;
* provisional diagnoses in a patient who failed to return for further investigation or care;
* cases referred elsewhere for investigation or treatment before the diagnosis was made;
* cases in which a more precise diagnosis was not available for any other reason;
* certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.

These categories should be used in conjunction with a code from another chapter that identifies the underlying condition.

Exclusions: Certain conditions originating in the perinatal period (Chapter 19)

Clinical findings on antenatal screening of mother (JA66)

This chapter contains the following top level blocks:

* Symptoms of blood, blood-forming organs, or the immune system
* Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system
* Symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases
* Symptoms, signs or clinical findings of speech or voice
* Mental or behavioural symptoms, signs or clinical findings
* Symptoms, signs or clinical findings of the nervous system
* Symptoms, signs or clinical findings of the visual system
* Symptoms, signs or clinical findings of ear or mastoid process
* Symptoms, signs or clinical findings of the circulatory system
* Symptoms, signs or clinical findings of the respiratory system
* Symptoms, signs or clinical findings of the digestive system or abdomen
* Symptoms, signs or clinical findings involving the skin
* Symptoms, signs or clinical findings of the musculoskeletal system
* Symptoms, signs or clinical findings of the genitourinary system
* General symptoms, signs or clinical findings
* Ill-defined and unknown causes of mortality

Symptoms of blood, blood-forming organs, or the immune system (MA00‑MA0Y)

Coded Elsewhere: Fear of haematological disease (MG24.2)

MA00 Symptom or complaint of the blood

MA01 Enlarged lymph nodes

Enlarged lymph node is called lymphadenopathy which means the abnormal enlargement of lymph nodes.

Inclusions: Lymphadenopathy

Exclusions: Chronic lymphadenitis (BD90.2)

Nonspecific mesenteric lymphadenitis (BD90.1)

lymphadenitis NOS (BD90)

MA01.0 Localised lymph node enlargement

MA01.1 Generalised lymph node enlargement

Exclusions: Human immunodeficiency virus disease associated with generalised lymphadenopathy (1C62.0)

MA01.Z Enlarged lymph nodes, unspecified

MA0Y Other specified symptoms of blood, blood-forming organs, or the immune system

Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system (MA10‑MA3Y)

Clinical findings in blood, blood-forming organs, or the immune system (MA10‑MA1Y)

Exclusions: abnormalities of coagulation (3B10‑3B4Z)

abnormalities of lipids (5C80‑5C8Z)

Thrombocytopenia (3B64)

Abnormal haematological finding on antenatal screening of mother (JA66.0)

Haemorrhagic or haematological disorders of fetus or newborn (KA80‑KA8Z)

MA10 Abnormal serum enzyme levels

MA10.0 Elevation of levels of transaminase or lactic acid dehydrogenase

MA10.1 Abnormal levels of other specified serum enzymes

MA10.2 Abnormal level of unspecified serum enzyme

MA11 Clinical findings of hormones in blood, blood-forming organs, or the immune system

MA12 Clinical findings of drugs, medicaments and biological substances in blood, blood-forming organs, or the immune system

MA12.0 Finding of opiate drug in blood

MA12.1 Finding of cocaine in blood

MA12.2 Finding of hallucinogen in blood

MA12.3 Finding of psychotropic drug in blood

MA12.4 Finding of steroid agent in blood

MA12.Y Other specified clinical findings of drugs, medicaments and biological substances in blood, blood-forming organs, or the immune system

MA13 Clinical findings of substances chiefly nonmedicinal as to source in blood, blood-forming organs, or the immune system

MA13.0 Finding of abnormal level of heavy metals in blood

MA13.00 Abnormal level of lead in blood

Abnormal level of lead in blood in those who have been exposed to lead and who require management.

Exclusions: Harmful effects of or exposure to noxious substances, Substances chiefly nonmedicinal as to source, Metals (NE61)

MA13.0Y Finding of abnormal level of other specified heavy metals in blood

MA13.1 Finding of alcohol in blood

MA13.Y Abnormal level of other specified substances chiefly nonmedicinal as to source in blood, blood-forming organs and the immune system

MA14 Immunological findings in blood, blood-forming organs, or the immune system

MA14.0 Laboratory evidence of human immunodeficiency virus

Exclusions: Human immunodeficiency disease complicating pregnancy, childbirth or the puerperium (JB63.7)

Human immunodeficiency virus disease (1C60‑1C62.Z)

Asymptomatic human immunodeficiency virus infection (1C62.0)

MA14.1 Certain specified immunological findings

MA14.10 Abnormal reaction to tuberculin test

MA14.11 Anticitrullinated protein antibody negative

MA14.12 Anticitrullinated protein antibody positive

MA14.13 Anti-nuclear antibody negative

MA14.14 Anti-nuclear antibody positive

MA14.15 Elevated C-reactive protein

MA14.16 False-positive serological test for syphilis

Inclusions: False-positive Wassermann reaction

MA14.17 Human leukocyte antigen negative

MA14.18 Human leukocyte antigen positive

Inclusions: HLA B-27

MA14.19 Neural autoantibody negative

MA14.1A Neural autoantibody positive

MA14.1B Prostate specific antigen positive

MA14.1C Raised antibody titre

Exclusions: isoimmunization, in pregnancy affecting fetus or newborn (KA84)

MA14.1D Rheumatoid factor negative

MA14.1E Rheumatoid factor positive

MA14.Y Other specified immunological findings in blood, blood-forming organs, or the immune system

MA15 Microbiological findings in blood, blood-forming organs, or the immune system

MA15.0 Bacteraemia

The presence of bacteria in the blood. A positive blood culture without signs of infection.

Exclusions: Bacterial infection of unspecified site (1C41)

Sepsis (1G40‑1G41)

MA15.1 Fungaemia

MA15.Y Other specified microbiological findings in blood, blood-forming organs, or the immune system

MA16 Cytological findings in blood, blood-forming organs, or the immune system

MA16.0 Abnormality of red blood cells

Exclusions: Polycythaemia neonatorum (KA8A)

polycythaemia: NOS (3A80‑3A8Z)

polycythaemia: benign (familial) (3A80.0)

anaemias (3A00‑3A9Z)

Polycythaemia vera (2A20.4)

Acquired polycythaemia (3A81)

MA16.00 Haemolysis, not elsewhere classified

Exclusions: Postpartum coagulation defects (JA43.3)

Delayed or excessive haemorrhage following abortion, ectopic or molar pregnancy (JA05.1)

Intrapartum haemorrhage with coagulation defect (JA42.0)

HELLP syndrome (JA24.2)

Neonatal haemolysis due to systemic bacterial infection with or without concomitant diffuse intravascular coagulation (KA84.5)

MA16.0Y Other specified abnormality of red blood cells

MA16.0Z Abnormality of red blood cells, unspecified

MA16.1 Abnormality of white blood cells

Exclusions: Neutrophilia (4B00.1)

MA16.10 Decreased white blood cell count

MA16.11 Elevated white blood cell count

MA16.1Z Abnormality of white blood cells, unspecified

MA16.Y Other specified cytological findings in blood, blood-forming organs, or the immune system

MA16.Z Cytological findings in blood, blood-forming organs, or the immune system, unspecified

MA17 Histological findings in blood, blood-forming organs, or the immune system

MA18 Certain clinical findings of blood chemistry

Exclusions: specific findings indicating disorder of: carbohydrate metabolism (5C51)

specific findings indicating disorder of: amino-acid metabolism (5C50)

specific findings indicating disorder of: lipid metabolism (5C52)

asymptomatic hyperuricaemia (5C55)

abnormality of fluid, electrolyte or acid-base balance (5C70‑5C7Z)

Neonatal hypoglycaemia (KB60.4)

MA18.0 Elevated blood glucose level

Exclusions: Diabetes mellitus in pregnancy (JA63)

Syndrome of infant of mother with gestational diabetes (KB60.0)

Postprocedural hypoinsulinaemia (5D41)

Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)

Neonatal diabetes mellitus (KB60.2)

Coded Elsewhere: Neonatal hyperglycaemia (KB60.3)

MA18.00 Abnormal glucose tolerance test

Greater than normal levels of glucose found in laboratory examination of the blood to check how the body breaks down (metabolizes) blood sugar. Positive findings may indicate diabetes or Cushing diseases, among other things.

MA18.0Y Other specified elevated blood glucose level

MA18.0Z Elevated blood glucose level, unspecified

MA18.1 Abnormal level of blood mineral

Inclusions: Abnormal blood level of mineral NEC

Exclusions: nutritional mineral deficiency (5B5K)

Neonatal hypomagnesaemia (KB61.0)

MA18.2 Abnormal arterial blood-gas level

MA18.3 Abnormal coagulation profile

MA18.4 Low haemoglobin

Exclusions: Low affinity haemoglobin (3A51.8)

MA18.Y Other specified abnormal findings of blood chemistry

MA18.Z Abnormal findings of blood chemistry, unspecified

MA19 Certain abnormalities of plasma proteins

Exclusions: Disorders of plasma-protein metabolism, not elsewhere classified (5D00‑5D0Y)

MA19.0 Abnormality of albumin

MA19.1 Abnormality of alphafetoprotein

MA19.2 Abnormality of globulin

MA19.Y Abnormalities of other specified plasma proteins

MA19.Z Abnormalities of unspecified plasma proteins

MA1A Elevated erythrocyte sedimentation rate or abnormality of plasma viscosity

MA1A.0 Elevated erythrocyte sedimentation rate

MA1A.1 Abnormal plasma viscosity

MA1Y Other specified clinical findings in blood, blood-forming organs, or the immune system

MA3Y Other specified symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system

Symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases (MA50‑MA6Y)

Coded Elsewhere: Symptoms of endocrine, nutritional or metabolic diseases

Results of function studies of the endocrine, nutritional or metabolic diseases (MA50‑MA51)

MA50 Abnormal results of thyroid function studies

MA51 Abnormal results of other endocrine function studies

Exclusions: Abnormal glucose tolerance test (MA18.00)

MA6Y Other specified symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases

Symptoms, signs or clinical findings of speech or voice (MA80‑MB0Y)

Symptoms or signs involving speech or voice (MA80‑MA8Y)

Coded Elsewhere: Echolalia (MB23.9)

MA80 Speech disturbances

Speech disturbances, not classified elsewhere include dysphasia and aphasia, dysarthria and anarthria, and other speech disturbances.

Exclusions: Developmental speech or language disorders (6A01)

Autism spectrum disorder (6A02)

Speech dysfluency (MA81)

Coded Elsewhere: Mutism (MB23.D)

MA80.0 Aphasia

Exclusions: Developmental speech or language disorders (6A01)

MA80.1 Dysphasia

A cognitive disorder marked by an impaired ability to comprehend or express language in its written or spoken form. This condition is caused by diseases which affect the language areas of the dominant hemisphere. Clinical features are used to classify the various subtypes of this condition.

Exclusions: progressive isolated aphasia (8E40‑8E4Y)

Developmental speech or language disorders (6A01)

MA80.2 Dysarthria

Exclusions: Developmental speech or language disorders (6A01)

MA80.20 Anarthria

MA80.2Y Other specified dysarthria

MA80.2Z Dysarthria, unspecified

MA80.Y Other specified speech disturbances

MA80.Z Speech disturbances, unspecified

MA81 Speech dysfluency

Speech dysfluency is characterised by the frequent or pervasive disruption of the rhythmic flow of speech that arises subsequent to the developmental period (i.e., adult onset) and is outside the limits of normal variation and results in reduced intelligibility and significantly affects communication. It can involve repetitions of sounds, syllables or words, prolongations, word breaks, blockage of production, excessive use of interjections, and rapid short bursts of speech.

Exclusions: Developmental language disorder (6A01.2)

Developmental speech or language disorders (6A01)

Developmental speech fluency disorder (6A01.1)

Dysarthria (MA80.2)

Selective mutism (6B06)

childhood onset stammering (6A01.1)

childhood onset stuttering (6A01.1)

childhood onset cluttering (6A01.1)

childhood-onset speech fluency disorder (6A01.1)

MA82 Voice disturbances

Voice disturbances include dysphonia, aphonia, hypernasality and hyponasality, and other voice disturbances.

MA82.0 Aphonia

Aphonia is the inability to produce voice. It is considered more severe than dysphonia. Like dysphonia, aphonia can be caused by voice strain or overuse, injury, by structural laryngeal anomalies or by dystonic neurological disorders.

Inclusions: Loss of voice

Exclusions: Dissociative disorders (6B60‑6B6Z)

MA82.1 Dysphonia

Difficulty and/or pain in phonation or speaking.

Exclusions: Developmental speech or language disorders (6A01)

Developmental speech fluency disorder (6A01.1)

MA82.10 Hoarseness

MA82.1Y Other specified dysphonia

MA82.1Z Dysphonia, unspecified

MA82.2 Nasality

Nasality (or resonance) refers to the quality of the voice that is determined by the balance of sound vibration in the oral, nasal, and pharyngeal cavities during speech. Abnormal resonance can occur when there is obstruction in one of the cavities, causing hyponasality, or when there is velopharyngeal dysfunction, causing hypernasality. This category should only be assigned when hyponasality or hypernasality is outside the limits of normal variation and results in reduced intelligibility and significantly affects communication.

MA82.Y Other specified voice disturbances

MA82.Z Voice disturbances, unspecified

MA8Y Other specified symptoms or signs involving speech or voice

MB0Y Other specified symptoms, signs or clinical findings of speech or voice

Mental or behavioural symptoms, signs or clinical findings (MB20‑MB2Y)

MB20 Symptoms, signs or clinical findings involving consciousness

Symptoms, signs, and clinical findings indicative of a disturbance in the state or quality of awareness of oneself and the environment, alertness, or clarity of the wakeful state.

Exclusions: newborn uremic coma (KC01)

Delirium (6D70)

Psychomotor retardation (MB23.N)

MB20.0 Stupor

Total or nearly total lack of spontaneous movement and marked decrease in reactivity to environment.

Inclusions: Semicoma

Exclusions: Catatonia (6A40‑6A4Z)

Delirium (6D70)

MB20.1 Coma

Acute state lasting more than one hour and usually less than a month. The comatose patient is unresponsive, lying with their eyes closed and cannot be aroused even by vigorous and noxious stimuli. Motor responses to noxious stimulation are limited to reflexive behaviour. Etiologies include but are not limited to traumatic, anoxic, infectious, neoplastic, vascular, inflammatory and metabolic brain injuries.

Coding Note: Code also the causing condition

Exclusions: Diabetic coma (5A23)

Hepatic coma (DB99.5)

Neonatal coma (KB03)

Nondiabetic hypoglycaemic coma (5A41)

chronic uremic coma (GB61)

MB20.2 Clouding of consciousness

An impairment in the clarity of consciousness characterised by impaired ability to comprehend aspects of the environment or the self in relation to the environment, inattention, and abnormalities in thought processes, comprehension. It is typically accompanied by subjective experience of mental clouding described as feeling ‘foggy’. Clouding of consciousness is a common form of cognitive disturbance in Delirium, but it is not synonymous with Delirium because Delirium includes additional diagnostic requirements.

Exclusions: Delirium (6D70)

MB20.Y Other specified symptoms, signs or clinical findings involving consciousness

MB21 Symptoms, signs or clinical findings involving cognition

Symptoms, signs, and clinical findings indicative of a disturbance in mental abilities and processes related to attention, memory, judgment, reasoning, problem solving, decision making, or comprehension, or the integration of these functions.

Coded Elsewhere: Symbolic dysfunctions (MB4B)

MB21.0 Age-associated cognitive decline

A normative (non-pathological) deterioration of higher cortical functions such as thinking, reasoning, comprehension, calculation, learning, language, and judgment.

MB21.1 Amnesia

An inability to recall past experiences, especially where recall is to be expected.

Exclusions: Dissociative disorders (6B60‑6B6Z)

MB21.10 Anterograde amnesia

An inability to recall past experiences, especially where recall is to be expected, occurring after an event (psychological or physical) presumed to be responsible for the amnesia.

MB21.11 Retrograde amnesia

An inability to recall past experiences, especially where recall is to be expected, preceding an event (psychological or physical) presumed to be responsible for the amnesia.

MB21.12 Transient global amnesia

A time-limited episode (lasting up to two days) of short-term memory loss without other signs or symptoms of neurological impairment.

MB21.1Y Other specified amnesia

MB21.1Z Amnesia, unspecified

MB21.2 Anosognosia

A lack of awareness or failure to recognize one's own illness, symptoms, or functional deficits, considered to be an aspect of the illness.

MB21.3 Confabulation

The filling of memory gaps with fabricated, distorted, or misinterpreted memories about oneself or the world, without the conscious intention to deceive.

MB21.4 Disorientation

Impairment in or loss of awareness of the position of the self in relation to place, time, situation, or other persons. In severe cases, the sense of personal identity may also be lost.

MB21.5 Distractibility

Difficulty focusing on tasks; attention is easily diverted by extraneous stimuli.

MB21.6 Impaired abstract thinking

The inability to use concepts and to make and understand generalizations, such as the identifying the properties or pattern shared by a variety of specific items or events.

MB21.7 Impaired executive functioning

Impairment in higher-level cognitive abilities, such as planning, sequencing, concept formation, abstracting, and decision-making.

MB21.8 Impaired judgment

Deficit in the capacity to make sound, reasoned, and responsible decisions.

MB21.9 Perseveration

Persistent repetition of previously used words, phrases, or details that are not responsive to the demands of the situation.

MB21.A Poor concentration

Difficulty focusing attention and sustaining the mental energy necessary to accomplish a task or goal.

MB21.B Racing thoughts

Subjective perception of accelerated thought processes.

MB21.Y Other specified symptoms and signs involving cognition

MB21.Z Symptoms and signs involving cognition, unspecified

MB22 Symptoms or signs involving motivation or energy

Symptoms and signs involving motivation (the process that initiates, guides, and maintains goal-oriented behaviours) or energy (the strength and vitality required for sustained physical or mental activity).

Coded Elsewhere: Fatigue (MG22)

MB22.0 Avolition

A general lack of drive, or lack of motivation to pursue meaningful goals (e.g., as evidenced by limited participation in work, school, or socializing with others).

MB22.1 Decreased libido

Decreased sexual desire or sexual activity compared with the patient's usual levels of sexual interest and functioning.

MB22.2 Demoralization

Loss of confidence in one's ability to cope, with associated feelings of helplessness, hopelessness, and discouragement.

MB22.3 Hopelessness

Little or no belief in a positive future.

MB22.4 Increased energy

Increased physical or mental resources for activity, typically characterised by increased capacity for work and greater efficiency in responding to stimuli.

MB22.5 Increased goal-directed activity

Increased planning of and participation in multiple activities (e.g. sexual, occupational, political, religious), compared to the individual's typical level of activity.

MB22.6 Increased libido

Increased sexual desire or sexual activity compared with the patient's usual levels of sexual interest and functioning.

MB22.7 Tiredness

Feeling of reduced alertness and an accompanying decrease in mental acuity, in some cases resulting in an impulse or tendency to fall asleep.

MB22.Y Other specified symptoms and signs involving motivation or energy

MB22.Z Symptoms or signs involving motivation or energy, unspecified

MB23 Symptoms or signs involving appearance or behaviour

Coded Elsewhere: Speech dysfluency (MA81)

MB23.0 Aggressive behaviour

Actions intended to threaten or hurt another person or to damage property that may be physical, verbal, or symbolic (e.g., acting against the other person's interests). Aggressive behaviour may be appropriate and self-protective, or inappropriate, hostile, and destructive.

MB23.1 Antisocial behaviour

Behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws, are violated.

MB23.2 Avoidance behaviour

The act of keeping away from circumstances, situations, or stimuli that cause anxiety or other negative emotions in the individual.

MB23.3 Bradyphrenia

Slowness of thoughts or fatigability of initiative

MB23.4 Compulsions

Repetitive behaviours or rituals (e.g., washing, checking) or mental acts (e.g., repeating words silently) that the individual feels driven to perform in response to an obsession, according to rigid rules, or to achieve a sense of ‘completeness’.

Exclusions: Obsessive-compulsive disorder (6B20)

MB23.5 Coprolalia

Involuntary swearing or the involuntary utterance of obscene words or socially inappropriate and derogatory remarks, often in Tourette syndrome.

Exclusions: Tourette syndrome (8A05.00)

MB23.6 Disorganised behaviour

Behaviour including posture, gait, and other activity that is unpredictable or not goal-directed (e.g., shouting at strangers on the street).

MB23.7 Disheveled appearance

Untidy or unkempt appearance reflecting a lack of attention to one or more aspects of hygiene, grooming, or dress.

MB23.8 Disruptive behaviour

Behaviour that causes disorder and turmoil in others or one's environment (e.g., angry outbursts, arguments, disobedience).

Exclusions: Disruptive behaviour or dissocial disorders (6C90‑6C9Z)

MB23.9 Echolalia

The automatic repetition of vocalizations, words, or phrases uttered by another person, which may be immediate or delayed (e.g., repetition of phrases earlier heard on television), without meaningful communicative function. Echolalia is a common feature of communication abnormalities in Autism spectrum disorder, but may also occur in other Mental, behavioural or neurodevelopmental disorders and certain neurological conditions, among children with severe visual impairment, and occasionally in typically developing children. Echolalia does not include repetition as a normal feature of language acquisition in early childhood development.

Exclusions: Autism spectrum disorder (6A02)

Developmental language disorder (6A01.2)

MB23.A Excessive crying of child, adolescent, or adult

Episodes of crying for several hours a day for more than several days a week for several weeks in an otherwise healthy child, adolescent, or adult.

MB23.C Increased sociability

Decrease or loss of normal social inhibitions manifested in increased impulses to be with and talk to other people, including overfamiliarity, compared to the individual's typical level of activity.

MB23.D Mutism

A lack of verbal output that may be generalised or restricted to specific situations.

Coded Elsewhere: Akinetic mutism (MB21.Y)

MB23.E Non-suicidal self-injury

Intentional self-inflicted injury to the body, most commonly cutting, scraping, burning, biting, or hitting, with the expectation that the injury will lead to only minor physical harm.

MB23.F Odd or peculiar appearance

Grooming, clothing, or other aspects of personal appearance that are eccentric, unusual, or peculiar, and inconsistent with cultural or subcultural norms.

MB23.G Odd or peculiar behaviour

Behaviour including posture and gait that is eccentric, unusual, or peculiar, and is inconsistent with cultural or subcultural norms.

MB23.H Panic attack

A discrete episode of intense fear or apprehension accompanied by the rapid and concurrent onset of a number of characteristic symptoms. These symptoms may include, but are not limited to, palpitations or increased heart rate, sweating, trembling, sensations of shortness of breath, feelings of choking, chest pain, nausea or abdominal distress, feelings of dizziness or lightheadedness, chills or hot flushes, tingling or lack of sensation in extremities (i.e., paresthesias), depersonalization or derealization, fear of losing control or going mad, and fear of imminent death. Panic attacks can appear out of the blue or can be triggered by particular situations.

Exclusions: Panic disorder (6B01)

recurrent panic attacks (6B01)

MB23.J Poor personal hygiene

Unwillingness or inability to maintain a level of personal cleanliness that is in keeping with the standards of the person's culture, society, or setting, such as not washing or brushing one's teeth.

MB23.K Poverty of speech

A general lack of the unprompted content and elaboration normally seen in speech that is attributed to poverty of thought. It is one of the negative symptoms of Schizophrenia.

MB23.L Pressured speech

Speech in which the person feels undue pressure to get the words out. The person’s speech is usually rapid, loud, and emphatic and may be difficult or impossible to interrupt. Frequently, the person talks without any social stimulation and may continue to talk even though no one is listening.

Exclusions: Schizophrenia or other primary psychotic disorders (6A20‑6A2Z)

Bipolar or related disorders (6A60‑6A6Z)

MB23.M Psychomotor agitation

Excessive motor activity, usually manifested by purposeless behaviours such as fidgeting, shifting, fiddling, inability to sit or stand still, wringing of the hands, etc.

MB23.N Psychomotor retardation

A visible generalised slowing of movements and speech.

Exclusions: Stupor (MB20.0)

MB23.Q Social withdrawal

Retreat from relationships and other social interactions

MB23.R Suicide attempt

A specific episode of self-harming behaviour undertaken with the conscious intention of ending one's life.

MB23.S Suicidal behaviour

Concrete actions, such as buying a gun or stockpiling medication, that are taken in preparation for fulfilling a wish to end one's life but that do not constitute an actual suicide attempt.

MB23.Y Other specified symptoms and signs involving appearance and behaviour

MB23.Z Symptoms and signs involving appearance and behaviour, unspecified

MB24 Symptoms or signs involving mood or affect

Symptoms and signs involving the regulation and expression of emotions or feeling states.

MB24.0 Ambivalence

Conflicting ideas, wishes, or feelings toward a person, thing or situation that are distressing and may create difficulties in making decisions.

MB24.1 Anger

An emotional state related to one's psychological interpretation of having been threatened that may range in intensity from mild irritation to intense fury and rage.

MB24.2 Anhedonia

Inability to experience pleasure from normally pleasurable activities.

MB24.3 Anxiety

Apprehensiveness or anticipation of future danger or misfortune accompanied by a feeling of worry, distress, or somatic symptoms of tension. The focus of anticipated danger may be internal or external.

Inclusions: Nervous tension

MB24.4 Apathy

A reduction or lack of feeling, emotion, interest, or concern; a state of indifference.

MB24.5 Depressed mood

Negative affective state characterised by low mood, sadness, emptiness, hopelessness, or dejection

Exclusions: Mood disorders (6A60‑6A8Z)

Low self-esteem (MB28.9)

MB24.6 Disturbance of affect

A disturbance in the expression or outward manifestation of mood.

MB24.60 Constricted affect

A marked reduction in the expressive range and intensity of affect, but less than is observed in Blunted affect.

MB24.61 Blunted affect

A severe reduction in the expressive range and intensity of affect, but less than is observed in Flat affect.

MB24.62 Flat affect

Absence or near absence of any sign of affective expression.

MB24.63 Labile affect

Marked variability in emotional expression, with repeated, rapid, and abrupt shifts.

MB24.64 Inappropriate affect

Affective expression that is discordant with the content of the person's speech or ideation, or incompatible with the demands of a particular situation.

MB24.6Y Other specified disturbance of affect

MB24.6Z Disturbance of affect, unspecified

MB24.7 Dysphoria

An unpleasant mood state, which can include feelings of depression, anxiety, discontent, irritability, and unhappiness

MB24.8 Elevated mood

A positive mood state typically characterised by increased energy and self-esteem which may be out of proportion to the individual's life circumstances.

MB24.9 Euphoria

An exaggerated feeling of physical and emotional well-being and vitality.

MB24.A Fear

An emotional response to perceived imminent threat or danger associated with urges to flee or fight.

MB24.B Feelings of guilt

Remorse related to past events or one's past actions (or inaction), thoughts, or desires.

MB24.C Irritability

A mood state characterised by being easily annoyed and provoked to anger, out of proportion to the circumstances.

MB24.D Leaden paralysis

A feeling that one's arms or legs are as heavy as lead, associated with a form of depression that also commonly includes overeating and oversleeping.

MB24.E Mental rumination

Mental preoccupation with negative events, personal characteristics, or failures.

MB24.F Restlessness

A feeling of being unable to keep still.

MB24.G Tantrum

An emotional outburst, usually among children or those in emotional distress, that is typically characterised by stubbornness, crying, screaming, defiance, anger, a resistance to attempts at pacification, and in some cases hitting or other violent behaviour.

MB24.H Worry

Unpleasant thoughts that are difficult to control, related to anticipated potential negative events.

MB24.Y Other specified symptoms and signs involving mood or affect

MB24.Z Symptoms and signs involving mood or affect, unspecified

MB25 Symptoms or signs involving form of thought

Symptoms and signs involving the logical sequence and coherence of thought, typically manifest in speech, including thought disorder (circumstantiality, tangentiality, disorganised thinking and incoherence), flight of ideas, neologisms, and thought blocking.

MB25.0 Symptoms and signs of thought disorder

Disturbances in the associative thought process typically manifest in speech or writing that range from circumstantiality to incoherence. These may be indicative of Schizophrenia and other primary psychotic disorders but can also occur in other mental disorders (e.g., Delirium).

MB25.00 Circumstantiality

A relatively mild disturbance in the associative thought process typically manifest in speech or writing characterised by delay in getting to the point because of the interpolation of unnecessary details and irrelevant parenthetical remarks.

MB25.01 Tangentiality

A disturbance in the associative thought process typically manifest in speech in which the person tends to digress readily from the topic under discussion to other topics through associations without ever returning to the original topic.

MB25.02 Disorganised thinking

A disturbance in the associative thought process typically manifested in speech in which the person shifts suddenly from one topic to another that is unrelated or minimally related to the first. The individual gives no indication of being aware of the disconnectedness or illogicality of their thinking.

MB25.03 Incoherence

Speech or thinking that is so disorganised that it is essentially incomprehensible to others.

MB25.0Y Other specified symptoms and signs of thought disorder

MB25.0Z Symptoms and signs of thought disorder, unspecified

MB25.1 Flight of ideas

A nearly continuous flow of thoughts, usually manifested in speech, with rapid changes from topic to topic that are often based on understandable associations, distracting stimuli, or plays on words. In severe cases, the changes may be so rapid that speech is disorganised and incoherent.

MB25.2 Neologisms

The invention of new words that have meaning only to the person using them. May also include the use of existing words in ways that are inconsistent with their common meaning.

MB25.3 Thought blocking

A phenomenon usually manifested by the person's speech being suddenly interrupted by silences, experienced as a quick and total emptying of the mind.

MB25.Y Other specified symptoms and signs of form of thought

MB25.Z Symptoms and signs of form of thought, unspecified

MB26 Symptoms or signs involving content of thought

Symptoms and signs involving content of thought include delusions, experiences of influence, passivity, and control, grandiosity, homicidal ideation, identity disturbance, obsessions, overvalued ideas, paranoid ideation, referential thinking, suspiciousness, and suicidal ideation.

MB26.0 Delusion

A belief that is demonstrably untrue or not shared by others, usually based on incorrect inference about external reality. The belief is firmly held with conviction and is not, or is only briefly, susceptible to modification by experience or evidence that contradicts it. The belief is not ordinarily accepted by other members or the person's culture or subculture (i.e., it is not an article of religious faith).

MB26.00 Bizarre delusion

A delusion that involves a phenomenon that would be regarded as physically impossible within the person's cultural context.

MB26.01 Delusion of being controlled

A delusion that involves an external force or person controlling one's feelings, impulses, thoughts, or behaviour.

Exclusions: Experiences of influence, passivity, and control (MB26.1)

MB26.02 Delusion of guilt

A delusion involving exaggerated or inappropriate responsibility, need for punishment or retribution, or disproportionate consequences of one’s actions, such as that a minor error in the past will lead to disaster, that the person has committed a sin or horrible crime and should be punished severely, or that the person is responsible for a horrible outcome with which there can be no possible connection.

MB26.03 Delusion of reference

A delusion that events, objects, or other people in the person's immediate environment have a particular and unusual personal significance, usually of a negative or pejorative nature.

MB26.04 Erotomanic delusion

A delusion that another person, usually of higher status, is in love with the individual.

MB26.05 Grandiose delusion

A delusion of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.

Exclusions: Grandiosity (MB26.2)

MB26.06 Jealous delusion

A delusion that one's sexual partner is unfaithful.

MB26.07 Persecutory delusion

A delusion in which the central theme is that one (or someone to whom one is close) is being attacked, mocked, harassed, cheated, conspired against, or persecuted.

MB26.08 Religious delusion

A delusion involving religious or spiritual themes or subject matter that other members of the person's religious group do not accept as possible.

MB26.09 Somatic delusion

A delusion involving the functioning or appearance of one’s body, including of having a serious disease.

Coded Elsewhere: Olfactory reference disorder (6B22)

MB26.0A Nihilistic delusion

A delusion that the self, part of the self, part of the body, other persons, or the whole world has ceased to exist.

MB26.0B Misidentification delusion

A delusion that people in one’s environment, which may include family members and loved ones, are imposters or actors or are otherwise not who they seem to be.

MB26.0C Delusion of impoverishment

A delusional conviction that one is currently destitute or soon will be, or that one does not have the necessary financial resources to live on, in spite of evidence to the contrary.

MB26.0Y Other specified delusion

MB26.0Z Delusion, unspecified

MB26.1 Experiences of influence, passivity, and control

The experience that one's feelings, impulses, thoughts, bodily functions, or behaviour are under the control of another person or other external force instead of under one's own control. These experiences may or may not be accompanied by a delusional belief that provides an explanation for the subjective experience.

Exclusions: Delusion of being controlled (MB26.01)

MB26.10 Thought broadcasting

The experience that one's thoughts are accessible by others so that others know what one is thinking.

MB26.11 Thought insertion

The experience that certain thoughts are being placed in one's mind by others.

MB26.12 Thought withdrawal

The experience that one's thoughts are being removed by an outside person or force.

MB26.1Y Other specified experiences of influence, passivity, and control

MB26.1Z Experiences of influence, passivity, and control, unspecified

MB26.2 Grandiosity

Exaggerated self-esteem or an unrealistic belief in one's superiority, importance, capacities, or identity.

Exclusions: Grandiose delusion (MB26.05)

MB26.3 Homicidal ideation

Thoughts, ideas, or ruminations about killing another person, which range from vague ideas of revenge to detailed and fully formulated plans but do not include actual homicidal attempts.

MB26.4 Identity disturbance

Distortion or inconsistency in the sense or view of sameness and historical continuity of one's self.

MB26.5 Obsessions

Repetitive and persistent thoughts (e.g., of contamination), images (e.g., of violent scenes), or impulses/urges (e.g., to stab someone) that are experienced as intrusive, unwanted, and are commonly associated with anxiety.

MB26.6 Overvalued ideas

Unreasonable and sustained beliefs that are maintained with less than delusional intensity (i.e., the person is able to acknowledge the possibility that the belief may not be true). An alternative use of this term is to refer to conventional or plausible thoughts (e.g., religious concepts, political ideas, or excessively idealistic beliefs) that are held with such a level of intensity so that the person's life is taken up by them.

Exclusions: Delusion (MB26.0)

Grandiosity (MB26.2)

Paranoid ideation (MB26.7)

Referential thinking (MB26.8)

MB26.7 Paranoid ideation

Ideation, not held with delusional intensity, involving suspiciousness or beliefs of being harassed, persecuted, or unfairly treated by others.

Exclusions: Persecutory delusion (MB26.07)

MB26.8 Referential thinking

Ideation, not held with delusional intensity, that random or coincidental events are of particular and unusual significance to the person.

Exclusions: Delusion of reference (MB26.03)

MB26.9 Suspiciousness

The behaviour of others is viewed with anxiety, mistrust, or hostility and perceived as potentially threatening.

MB26.A Suicidal ideation

Thoughts, ideas, or ruminations about the possibility of ending one's life, ranging from thinking that one would be better off dead to formulation of elaborate plans.

Exclusions: Suicide attempt (MB23.R)

Personal history of self-harm (QC4B)

MB26.Y Other specified symptoms or signs involving content of thought

MB26.Z Symptoms or signs involving content of thought, unspecified

MB27 Symptoms or signs involving perceptual disturbance

Symptoms and signs involving a disruption in sensory perception, including depersonalization, derealization, and hallucinations in any modality.

Exclusions: disturbances of skin sensation (MB40.5)

MB27.0 Depersonalisation

Experiencing the self as strange or unreal, or feeling detached from, or as though one were an outside observer of, one’s thoughts, feelings, sensations, body, or actions. Depersonalization may take the form of emotional and/or physical numbing, a sense of watching oneself from a distance or ‘being in a play’, or perceptual alterations (e.g., a distorted sense of time).

MB27.1 Derealisation

Experiencing other persons, objects, or the world as strange or unreal (e.g., dreamlike, distant, foggy, lifeless, colourless, or visually distorted) or feeling detached from one’s surroundings.

MB27.2 Hallucinations

Sensory perceptions of any modality occurring in the absence of the appropriate (external) stimulus. The person may or may not have insight into the unreal nature of the perception.

MB27.20 Auditory hallucinations

Hallucinations involving the perception of sound, most frequently of voices but sometimes of clicks or other noises, that are not restricted to the period of awakening or the onset of sleep.

MB27.21 Gustatory hallucinations

Hallucinations of taste in the absence of an actual external stimulus.

MB27.22 Hypnopompic hallucinations

Hallucinations that occur during the period of awakening, most commonly of the visual, tactile or auditory modality.

MB27.23 Hypnagogic hallucinations

Hallucinations that occur at the onset of sleep, most commonly of the visual, tactile or auditory modality.

MB27.24 Olfactory hallucinations

Hallucinations involving the perception of odour (e.g., of burning rubber, decaying fish, orange peel) in the absence of an actual external stimulus.

MB27.25 Somatic hallucinations

Hallucinations involving the perception of an unusual physical state or event within the body, such as an electrical impulse running down one's arms or an object inside one's chest.

MB27.26 Tactile hallucinations

Hallucinations involving the perception of being touched (e.g., feeling like bugs are crawling on the skin, pins being stuck into one's finger) that are not restricted to the period of awakening or the onset of sleep.

MB27.27 Visual hallucinations

Hallucinations involving sight in the absence of an actual visual stimulus that are not restricted to the period of awakening or the onset of sleep. Visual hallucinations may involve formed images, such as of people, or of unformed images, such as flashes of light. Visual hallucinations must be distinguished from illusions, which are visual misperceptions of real external stimuli.

Coded Elsewhere: Visual release hallucinations (9D56)

MB27.2Y Other specified hallucinations

MB27.2Z Hallucinations, unspecified

MB27.3 Disturbance of body image

Excessively negative, distorted, or inaccurate perception of one's own body or parts of it.

MB27.4 Illusions

A misinterpretation of a true sensation (e.g., hearing voices in the sound of running water, the perception of figures in shadows).

Exclusions: Visual illusions (9D54)

MB27.Y Other specified symptoms and signs of perceptual disturbance

MB27.Z Symptoms and signs of perceptual disturbance, unspecified

MB28 Symptoms or signs related to personality features

Symptoms and signs involving the characteristics or qualities possessed by a person that uniquely influence his or her cognition, motivations, and behaviours in various situations.

MB28.0 Attention seeking

A tendency to engage in behaviour designed to attract notice and to make oneself the focus of others’ attention.

MB28.1 Callousness

Lack of concern for the feelings or problems of others; a lack of guilt or remorse about the negative or harmful effects of one's actions on others.

MB28.2 Eccentricity

A tendency toward appearance or behaviour that is odd, unusual, peculiar, or unconventional, and is inconsistent with cultural or subcultural norms.

MB28.3 Entitlement

The belief that one is inherently deserving of privileges or special treatment.

MB28.4 Hostility

A tendency to experience persistent or frequent angry feelings, especially in response to minor slights and insults, and to adopt an unfriendly or threatening attitude in interactions with others.

MB28.5 Impulsivity

A tendency to act on the spur of the moment in response to immediate stimuli, characterised by lack of deliberation and failure to consider risks and consequences before acting. Impulsivity may reflect a desire for immediate rewards or an inability to delay gratification.

MB28.6 Indecisiveness

A tendency to have difficulty making decisions or committing to a course of action.

MB28.7 Irresponsibility

A pattern of disregard for and failure to honour obligations or commitments; a lack of respect for and follow-through on agreements or promises; carelessness with others' property.

MB28.8 Low frustration tolerance

Diminished ability to regulate one's emotions and behaviour in response to frustrating circumstances.

MB28.9 Low self-esteem

Low appraisal of one's self-worth.

MB28.A Negative affectivity

A tendency to experience a broad range of distressing emotions, e.g. anxiety, anger irritability, depression, and other negative emotional states, often in response to even relatively minor actual or perceived stressors.

Inclusions: negative emotionality

proneness to negative emotional states

MB28.B Negativism

A tendency to oppose or resist suggestions or advice, or to resist stubbornly for no apparent reason.

MB28.C Perfectionism

An inclination to demand flawlessness of oneself or others and setting excessively high standards.

MB28.D Pessimism

An inclination to emphasize adverse aspects, conditions, and possibilities, or to expect the worst possible outcome.

MB28.E Recklessness

A tendency to engage in behaviour that potentially endangers a person's physical health, safety, or life.

MB28.F Sensation seeking

An inclination to search for experiences and feelings that are varied, novel, complex, and intense.

MB28.G Stubbornness

A steadfast adherence to an opinion, purpose, or course of action in spite of reason, arguments, or persuasion.

MB28.H Submissiveness

A tendency to adapt one’s behaviour to the actual or perceived interests and desires of others even when doing so is antithetical to one’s own interests, needs, or desires.

MB28.Y Other specified symptoms and signs related to personality features

MB28.Z Symptoms and signs related to personality features, unspecified

MB29 Symptoms or signs involving eating and related behaviour

Symptoms and signs related to disturbances in the regulation or form of eating behaviour that are not developmentally appropriate or culturally sanctioned, including avoidant or restrictive eating, binge eating, decreased appetite, eating of non-nutritive substances, increased appetite, purging behaviour, and rumination-regurgitation.

Coded Elsewhere: Decreased appetite (MG43.8)

Excessive weight gain (MG43.6)

Excessive weight loss (MG43.5)

Increased appetite (MG43.9)

Overeating (MG43.1)

MB29.0 Avoidant or restrictive eating

Acceptance of only a limited diet, which may be defined in terms of a specific dietary composition or sensory features of food, that is inconsistent with cultural or subcultural norms.

Exclusions: Avoidant-restrictive food intake disorder (6B83)

MB29.1 Binge eating

An episode in which an individual eats notably more than usual and feels that she or he is unable to stop or limit the amount or type of food eaten.

Exclusions: Bulimia Nervosa (6B81)

Binge eating disorder (6B82)

MB29.2 Eating of non-nutritive substances

Consumption of non-food objects and materials (e.g., clay, soil, chalk, plaster, plastic, metal and paper) or raw food ingredients (e.g., large quantities of salt or corn flour).

Exclusions: Pica (6B84)

MB29.3 Purging behaviour

Behaviour aimed at the removal of ingested food from the body with the specific intention to lose weight or prevent weight gain (e.g., self-induced vomiting, laxative abuse, or the use of enemas).

Exclusions: Bulimia Nervosa (6B81)

Anorexia Nervosa (6B80)

MB29.4 Rumination-regurgitation

Rechewing of previously swallowed food that has been brought back to the mouth through regurgitation, which may then be reswallowed or spat out.

Exclusions: Rumination-regurgitation disorder (6B85)

Bulimia Nervosa (6B81)

Anorexia Nervosa (6B80)

MB29.Y Other specified symptoms and signs involving eating and related behaviour

MB29.Z Symptoms and signs involving eating and related behaviour, unspecified

MB2A Symptoms or signs involving elimination

Symptoms and signs involving the behavioural components of defecation (soiling, faecal elimination) and urination.

MB2A.0 Soiling

The passage of faeces in clothing, bed, or other inappropriate places in an individual who has reached a developmental age where faecal continence is ordinarily expected.

Exclusions: Encopresis (6C01)

MB2A.1 Wetting

The voiding of urine into clothes or bed, which may occur during the day or night in an individual who has reached a developmental age where urinary continence is ordinarily expected.

Exclusions: Enuresis (6C00)

MB2A.Y Other specified symptoms and signs involving elimination

MB2A.Z Symptoms and signs involving elimination, unspecified

MB2Y Other specified mental or behavioural symptoms, signs or clinical findings

Symptoms, signs or clinical findings of the nervous system (MB40‑MB9Y)

Symptoms or signs involving the nervous system (MB40‑MB6Y)

Coded Elsewhere: Fear of neurological disease (MG24.9)

Symptom or complaint of a body part (ME86)

Age-associated cognitive decline (MB21.0)

Speech disturbances (MA80)

Types of seizures (8A68)

Fear of cancer of neurological system (MG24.0Y)

MB40 Sensation disturbance

MB40.0 Asomatognosia

MB40.1 Allodynia

Pain due to a normally non-painful stimulus

MB40.2 Anacusis

MB40.3 Anaesthesia of skin

Partial or complete loss of sensation affecting the skin, most commonly affecting a circumscribed area and resulting from sensory nerve damage as from injury or leprosy.

Inclusions: Numbness of skin

MB40.4 Tingling fingers or feet or toes

MB40.5 Hyperaesthesia

Increased sensibility to stimuli of sense

MB40.6 Dysesthesia

MB40.7 Acroparaesthesia

Severe pain in the extremities

MB40.8 Analgesia

MB40.9 Neurological neglect syndrome

MB40.Y Other specified sensation disturbance

MB40.Z Sensation disturbance, unspecified

MB41 Disturbances of smell and taste

Disturbances of smell and taste include anosmia, parosmia, parageusia, and other disturbances of smell and taste.

MB41.0 Anosmia

MB41.1 Parosmia

MB41.2 Dysgeusia

A disorder characterised by an alteration of the sense of taste

Inclusions: cacogeusia

ageusia

MB41.3 Hyposmia

Decreased ability to smell

MB41.Y Other specified disturbances of smell and taste

MB41.Z Disturbances of smell and taste, unspecified

MB42 Phonophobia

Hypersensitivity to sounds

MB43 Dyssomnia

Difficulties to fall asleep, or to remain sleeping

MB44 Abnormalities of gait and mobility

Abnormalities of gait and mobility include ataxic gait, paralytic gait, difficulty in walking, immobility, and other abnormalities of gait and mobility.

Exclusions: Immobility syndrome (FB32.3)

Ataxia, unspecified (MB45.0)

Hereditary ataxia (8A03.1)

ataxia, locomotor (syphilitic) (1A62.01)

MB44.0 Ataxic gait

Inclusions: Staggering gait

MB44.1 Paralytic gait

A collection of gait abnormalities due to affected motor control, sensory feedback, and muscle strength.

Inclusions: Spastic gait

MB44.2 Difficulty in walking

MB44.3 Immobility

Inclusions: Bedfast

Chairfast

Exclusions: Catatonia (6A40‑6A4Z)

Psychomotor retardation (5C50.B)

MB44.Y Other specified abnormalities of gait and mobility

MB44.Z Abnormalities of gait and mobility, unspecified

MB45 Lack of coordination

Other lack of coordination is a lack of coordination other than abnormal involuntary movements and abnormalities of gait and mobility.

Exclusions: Vertigo (MB48.0)

Hereditary ataxia (8A03.1)

Ataxic gait (MB44.0)

MB45.0 Ataxia, unspecified

MB45.1 Automatism

Repetitive unconscious gestures such as lip smacking, chewing or swallowing

MB45.2 Atonia

Loss of muscle tone

MB45.3 Head drop

MB45.4 Intention tremor

Cerebellar tremor characterised by a broad course and low frequency

MB45.Y Other specified lack of coordination

MB45.Z Lack of coordination, unspecified

MB46 Abnormal involuntary movements

Abnormal involuntary movements include abnormal head movements, tremor, cramp, spasm, fasciculation, and other abnormal involuntary movements

Exclusions: Movement disorders (8A00‑8A0Z)

Stereotyped movement disorder (6A06)

Tic disorders (8A05)

Essential tremor or related tremors (8A04.1)

Intention tremor (MB45.4)

Coded Elsewhere: Tremor due to certain specified central nervous system diseases (8A04.33)

MB46.0 Asterixis

MB46.1 Abnormal head movements

MB46.2 Athetosis

Twisting and writhing movements

MB46.3 Drop attack

A sudden spontaneous fall while standing and recovery within seconds or minutes

MB46.4 Titubation

Head tremor of cerebellar origin

MB46.5 Shuddering

MB46.Y Other specified abnormal involuntary movements

MB46.Z Abnormal involuntary movements, unspecified

MB47 Abnormality of tonus and reflex

MB47.0 Abnormal reflex

Exclusions: vasovagal reaction or syncope (MG45)

hyperactive gag reflex (CA00‑CA0Z)

abnormal pupillary reflex (LA11.62)

MB47.1 Abnormal posture

MB47.2 Clonus

A series of involuntary muscle contractions and relaxations

MB47.3 Cramp or spasm

Exclusions: Infantile spasms (8A62.0)

carpopedal spasm (MB47.D)

MB47.4 Dystonia

Sustained muscle contraction, involuntary movements that can lead to fixed abnormal postures

MB47.5 Fasciculation

MB47.6 Meningismus

MB47.7 Muscle fibrillation

An involuntary muscle contraction and relaxation in a muscle fiber

MB47.8 Muscular hypertonia

Coded Elsewhere: Congenital hypertonia (KB08.1)

MB47.9 Myotonia

Slow relaxation of the muscles after voluntary contraction

MB47.A Ophthalmoparesis

Paresis of one or more extraocular muscles

MB47.B Opisthotonos

Arching position of the body due spasm of the axial muscles along the spinal column

MB47.C Tendency to fall

Inclusions: Tendency to fall because of old age or other unclear health problems

Exclusions: falls causing injury (Chapter 22)

Dizziness and giddiness (MB48)

Syncope and collapse (MG45)

Difficulty in walking (MB44.2)

accidents (Chapter 23)

MB47.D Tetany

Exclusions: Parathyroid tetany (5A50)

post-thyroidectomy tetany (5D42)

Coded Elsewhere: Neonatal tetany without calcium or magnesium deficiency (KB61.1)

MB47.Y Other specified abnormality of tonus and reflex

MB47.Z Abnormality of tonus and reflex, unspecified

MB48 Dizziness and giddiness

An imprecise term which may refer to a sense of spatial disorientation, motion of the environment, or lightheadedness.

Exclusions: Vertiginous syndromes (AB31.7)

MB48.0 Vertigo

Coded Elsewhere: Other peripheral vertigo (AB34.1)

Epidemic vertigo (1C8Y)

MB48.00 Vertigo of central origin

Central vertigo is usually a result of an abnormal processing of the vestibular sensory input by the central nervous system due to either a disruption of central integrators (i.e. brain stem, cerebellum) or a sensory information mismatch (i.e. from the cortex). Lesions that affect the vestibular nerve or root entry zone (i.e. cerebellopontine angle [CPA] lesions) result in imbalance by affecting primary vestibular sensory information

Inclusions: Central positional nystagmus

MB48.0Y Other specified vertigo

MB48.0Z Vertigo, unspecified

MB48.1 Disorder of equilibrium

MB48.2 Exertional dizziness

MB48.3 Light-headedness

MB48.4 Presyncope

MB48.Y Other specified dizziness and giddiness

MB48.Z Dizziness and giddiness, unspecified

MB49 Aura

Reversible visual and/or sensory symptoms prior to a seizure (few seconds) or migraine with aura (20 minutes)

MB4A Apraxia

MB4B Symbolic dysfunctions

Exclusions: Developmental learning disorder (6A03)

Coded Elsewhere: Echolalia (MB23.9)

MB4B.0 Dyslexia and alexia

Dyslexia and alexia refer to the loss, usually in adulthood, of a previous ability to read fluently and to accurately comprehend written material that is inconsistent with general level of intellectual functioning and is acquired after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury.

Exclusions: Developmental learning disorder (6A03)

Coded Elsewhere: Alexia (9D92)

MB4B.1 Agnosia

Agnosia refers to the inability to recognize objects, shapes, people, sounds, or smells, which occurs despite otherwise normal functioning of the specific sense and is not accounted for by memory impairment.

MB4B.2 Acalculia

Acalculia refers to the loss, usually in adulthood, of a previous ability to perform simple mathematical calculations that is inconsistent with general level of intellectual functioning and is acquired after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury.

Exclusions: Developmental learning disorder (6A03)

MB4B.3 Agraphia

Agraphia refers to the loss, usually in adulthood, of a previous ability to write that is inconsistent with general level of intellectual functioning and is acquired after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury.

Exclusions: Developmental learning disorder (6A03)

MB4B.4 Anomia

Acquired difficulty in retrieving previously used vocabulary, particularly nouns and verbs.

MB4B.5 Dyscalculia

Dyscalculia refers to acquired difficulty with performing simple mathematical calculations that is inconsistent with general level of intellectual functioning, with onset after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury.

Exclusions: Developmental learning disorder (6A03)

MB4B.Y Other specified symbolic dysfunctions

MB4B.Z Symbolic dysfunctions, unspecified

MB4C Gerstmann syndrome

Gerstmann syndrome is a very rare neurological disorder characterised by the specific association of acalculia, finger agnosia, left-right disorientation, and agraphia, which is supposed to be secondary to a focal subcortical white matter damage in the parietal lobe.

Exclusions: Gerstmann-Straussler-Scheinker syndrome (8E02.1)

MB4D Headache, not elsewhere classified

Headache with characteristic features suggesting that it is a unique diagnostic entity, a finding or complaint, but not fulfilling criteria for any of the headache disorders described above.

Exclusions: Trigeminal neuralgia (8B82.0)

Atypical facial pain (8A85)

Acute headache, not elsewhere classified (MG31.1)

Chronic secondary headache or orofacial pain (MG30.6)

Paralytic symptoms (MB50‑MB5Z)

Coding Note: For primary coding, the following categories are to be used only when the relevant paralytic syndrome (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause.

MB50 Tetraplegia

Coding Note: Code also the causing condition

Inclusions: Quadriplegia

MB50.0 Flaccid tetraplegia

This is a severe or complete loss of motor function in all four limbs with limp and relaxed muscles.

Coding Note: Code also the causing condition

MB50.1 Spastic tetraplegia

This is a severe or complete loss of motor function in all four limbs with involuntary contractions.

Coding Note: Code also the causing condition

MB50.Z Tetraplegia, unspecified

Coding Note: Code also the causing condition

MB51 Diplegia of upper extremities

This is a loss of motor control in both arms.

Coding Note: Code also the causing condition

Inclusions: paralysis of both upper limbs

Paralysis of both arms

MB51.0 Flaccid diplegia of upper extremities

MB51.1 Spastic diplegia of upper extremities

MB51.Z Diplegia of upper extremities, unspecified

Coding Note: Code also the causing condition

MB52 Diplegia of lower extremities

Coding Note: Code also the causing condition

MB53 Hemiplegia

This is a severe or complete loss of motor function on one side of the body.

Coding Note: Code also the causing condition

Exclusions: congenital cerebral palsy (8D20‑8D2Z)

spastic hemiplegic cerebral palsy (8D20.0)

MB53.0 Alternating hemiplegia

Coding Note: Code also the causing condition

MB53.1 Flaccid hemiplegia

This is a severe or complete loss of motor function on one side of the body with limp and relaxed muscles.

Coding Note: Code also the causing condition

MB53.2 Spastic hemiplegia

This is a severe or complete loss of motor function on one side of the body with involuntary contractions.

Coding Note: Code also the causing condition

MB53.Z Hemiplegia, unspecified

Coding Note: Code also the causing condition

MB54 Monoplegia of upper extremity

This is a loss of motor control in one arm.

Coding Note: Code also the causing condition

Inclusions: paralysis of upper limb

Paralysis of arm

MB54.0 Flaccid monoplegia of upper extremity

Coding Note: Code also the causing condition

MB54.1 Spastic monoplegia of upper extremity

Coding Note: Code also the causing condition

MB54.Z Monoplegia of upper extremity, unspecified

Coding Note: Code also the causing condition

MB55 Monoplegia of lower extremity

This is a loss of motor control in one leg.

Coding Note: Code also the causing condition

Inclusions: paralysis of lower limb

Paralysis of leg

MB55.0 Flaccid monoplegia of lower extremity

Coding Note: Code also the causing condition

MB55.1 Spastic monoplegia of lower extremity

Coding Note: Code also the causing condition

MB55.Z Monoplegia of lower extremity, unspecified

Coding Note: Code also the causing condition

MB56 Paraplegia

Coding Note: Code also the causing condition

MB57 Functional level of injury of spinal cord

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.0 Functional level of injury of cervical spinal cord

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.1 Functional level of injury of thoracic spinal cord

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.2 Functional level of injury of lumbar spinal cord

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.3 Functional level of injury of spinal cord, sacrum

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.Y Other specified functional level of injury of spinal cord

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.Z Functional level of injury of spinal cord, unspecified

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB5Y Other specified paralytic symptoms

Coding Note: For primary coding, the following categories are to be used only when the relevant paralytic syndrome (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause.

MB5Z Paralytic symptoms, unspecified

Coding Note: For primary coding, the following categories are to be used only when the relevant paralytic syndrome (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause.

MB60 Sleeptalking

MB6Y Other specified symptoms or signs involving the nervous system

Clinical findings in the nervous system (MB70‑MB7Y)

MB70 Clinical findings in cerebrospinal fluid

MB70.0 Abnormal level of enzymes in cerebrospinal fluid

MB70.1 Abnormal level of hormones in cerebrospinal fluid

MB70.2 Abnormal level of drugs, medicaments and biological substances in cerebrospinal fluid

MB70.3 Abnormal level of substances chiefly nonmedicinal as to source in cerebrospinal fluid

MB70.4 Abnormal immunological findings in cerebrospinal fluid

MB70.5 Abnormal microbiological findings in cerebrospinal fluid

MB70.6 Abnormal cytological findings in cerebrospinal fluid

MB70.7 Abnormal histological findings in cerebrospinal fluid

MB70.8 Other abnormal findings in cerebrospinal fluid

MB70.Y Other specified clinical findings in cerebrospinal fluid

MB70.Z Clinical findings in cerebrospinal fluid, unspecified

MB71 Clinical findings on diagnostic imaging of central nervous system

Clinical findings on diagnostic imaging of central nervous system is findings on diagnostic imaging of the brain or the spinal cord which don't appear in normal status of the body. Diagnostic imaging refers to technologies that doctors use to look inside body for clues about a medical condition. X-rays, CT scans, nuclear medicine scans, MRI scans and ultrasound are all types of diagnostic imaging.

MB71.0 Intracranial space-occupying lesion

MB71.Y Other specified clinical findings on diagnostic imaging of central nervous system

MB71.Z Clinical findings on diagnostic imaging of central nervous system, unspecified

MB72 Results of function studies of the nervous system

MB7Y Other specified clinical findings in the nervous system

MB9Y Other specified symptoms, signs or clinical findings of the nervous system

Symptoms, signs or clinical findings of the visual system (MC10‑MC2Y)

Symptoms or signs involving the visual system (MC10‑MC1Y)

Coded Elsewhere: Fear of eye disease (MG24.4)

Ophthalmoparesis (MB47.A)

MC10 Eye appearance abnormal

MC11 Eye sensation abnormal

MC12 Chronic enlargement of lacrimal gland

MC13 Epiphora

This is overflow of tears onto the face. A clinical sign or condition that constitutes insufficient tear film drainage from the eyes in that tears will drain down the face rather than through the nasolacrimal system.

MC14 Eye discharge

MC15 Red eye

MC16 Pallor conjunctiva

MC17 Icteric sclera

MC18 Ocular pain

Exclusions: Chronic primary headache or orofacial pain (MG30.03)

Chronic secondary headache or orofacial pain (MG30.6)

MC19 Quadrantanopia

MC1A Visual floaters

Floaters are dark spots or shapes that seem to float in front of the retinal image.

MC1B Symptom or complaint of the eyelid

MC1C Symptom or complaint of glasses

MC1D Symptom or complaint of contact lens

MC1Y Other specified symptoms or signs involving the visual system

MC20 Clinical findings of the visual system

MC20.0 Staphyloma

This is an abnormal protrusion of the uveal tissue through a weak point in the eyeball. The protrusion is generally black in colour, due to the inner layers of the eye. It occurs due to weakening of outer layer of eye (cornea or sclera) by an inflammatory or degenerative condition. It may be of 5 types, depending on the location on the eye ball (bulbus oculi).

MC20.1 Small drusen of the macula

MC20.2 Hypopyon

Hypopyon is inflammatory cells in the anterior chamber of eye. It is a leukocytic exudate, seen in the anterior chamber, usually accompanied by redness of the conjunctiva and the underlying episclera. It is a sign of inflammation of the anterior uvea and iris, i.e. iritis, which is a form of anterior uveitis. The exudate settles at the bottom due to gravity.

MC20.Y Other specified clinical findings of the visual system

MC21 Impairment of electrophysiological functions

MC21.0 Profound impairment of electrooculogram

MC21.1 Normal electroretinogram

An Electro-Retinogram records retinal action potentials in response to various visual stimuli.

MC21.Y Other specified impairment of electrophysiological functions

MC21.Z Impairment of electrophysiological functions, unspecified

MC2Y Other specified symptoms, signs or clinical findings of the visual system

Symptoms, signs or clinical findings of ear or mastoid process (MC40‑MC6Y)

Symptoms or signs involving the ear or mastoid process (MC40‑MC4Y)

Coded Elsewhere: Otalgia or effusion of ear (AB70)

MC40 Plugged feeling ear

MC41 Tinnitus

A nonspecific symptom of hearing disorder characterised by the sensation of buzzing, ringing, clicking, pulsations, and other noises in the ear in the absence of appropriate corresponding external stimuli and in the absence of what the examiner can hear with a stethoscope.

MC4Y Other specified symptoms or signs involving the ear or mastoid process

MC6Y Other specified symptoms, signs or clinical findings of ear or mastoid process

Symptoms, signs or clinical findings of the circulatory system (MC80‑MC9Y)

Symptoms or signs involving the circulatory system (MC80‑MC8Y)

Coded Elsewhere: Ankle oedema (MG29.00)

Fear of cardiovascular disease (MG24.7)

Fear of heart disease (MG24.5)

Fear of hypertension (MG24.6)

MC80 Abnormal blood-pressure reading, without diagnosis

Abnormal blood-pressure reading, without diagnosis is a reading of blood pressure which is higher than normal blood pressure or lower than normal blood pressure, without diagnosis.

MC80.0 Elevated blood-pressure reading, without diagnosis of hypertension

Coding Note: This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.

MC80.00 White coat hypertension

Persistently elevated office blood pressure readings with persistently normal out-of-the-office readings.

MC80.01 Combined diastolic and systolic elevated blood pressure reading without diagnosis of hypertension

MC80.02 Diastolic elevated blood pressure reading without diagnosis of hypertension

MC80.03 Systolic elevated blood pressure reading without diagnosis of hypertension

MC80.0Y Other specified elevated blood-pressure reading, without diagnosis of hypertension

Coding Note: This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.

MC80.0Z Elevated blood-pressure reading, without diagnosis of hypertension, unspecified

Coding Note: This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.

MC80.1 Nonspecific low blood-pressure reading

Exclusions: Maternal hypotension syndrome (JA65.6)

Orthostatic hypotension (BA21)

MC80.Y Other specified abnormal blood-pressure reading, without diagnosis

MC80.Z Abnormal blood-pressure reading, without diagnosis, unspecified

MC81 Abnormalities of heart beat

Abnormalities of heart beat is arrhythmia which is any disorder of the heart rate or rhythm. It means that the heart beats too quickly, too slowly or with an irregular pattern.

Exclusions: specified arrhythmias (BC60‑BC9Z)

Cardiovascular disorders present in the perinatal or neonatal period (KB40‑KB4Z)

MC81.0 Tachycardia, unspecified

MC81.1 Bradycardia, unspecified

MC81.2 Palpitations

Inclusions: Awareness of heart beat

MC81.3 Paroxysmal tachycardia

Exclusions: complicating, abortion or ectopic or molar pregnancy (JA05)

Coded Elsewhere: Re-entry ventricular arrhythmia (BC71.2)

MC81.4 Pulseless electrical activity, not elsewhere classified

MC81.Y Other specified abnormalities of heart beat

MC81.Z Abnormalities of heart beat, unspecified

MC82 Cardiac arrest

A sudden, sometimes temporary, cessation of heart function resulting in hemodynamic collapse.

Exclusions: complicating abortion or ectopic or molar pregnancy (JA05)

Cardiogenic shock (MG40.0)

MC82.0 Ventricular tachycardia and fibrillation cardiac arrest

Discoordinated or rapid ventricular depolarization resulting in hemodynamic collapse.

MC82.1 Bradycardic cardiac arrest

Slow escape rhythm associated with hemodynamic collapse.

MC82.2 Asystolic cardiac arrest

Absence of electrical activity of the heart resulting in hemodynamic collapse.

MC82.3 Cardiac arrest with pulseless electrical activity

Electrical activation of the heart without mechanical activation resulting in hemodynamic collapse.

MC82.4 Cardiopulmonary arrest

MC82.Z Cardiac arrest, unspecified

MC83 Cardiac murmurs and other cardiac sounds

Cardiac murmurs are blowing, whooshing, or rasping sounds heard during a heartbeat. Other cardiac sounds are sounds heard from heart other than cardiac murmurs.

Exclusions: Cardiovascular disorders present in the perinatal or neonatal period (KB40‑KB4Z)

MC83.0 Benign and innocent cardiac murmurs

Coded Elsewhere: Benign or innocent cardiac murmurs in newborn (KB47)

MC83.1 Other cardiac sounds

MC83.Z Cardiac murmurs and sounds, unspecified

MC84 Cardiovascular pain

Exclusions: Chronic secondary visceral pain (MG30.4)

MC85 Gangrene

Gangrene, not elsewhere classified is the death of tissues in the body which happens when a part of the body loses its blood supply.

Exclusions: Pyoderma gangrenosum (EB21)

Gas gangrene (1C16)

Polymicrobial necrotising fasciitis (1B71.1)

MC86 Precordial pain

Exclusions: Chronic secondary visceral pain (MG30.4)

MC87 Pressure or tightness of heart

MC88 Prominent veins

MC8Y Other specified symptoms or signs involving the circulatory system

MC90 Clinical findings on diagnostic imaging of heart or coronary circulation

Exclusions: Long QT syndrome (BC65.0)

MC91 Results of function studies of the circulatory system

Exclusions: Long QT syndrome (BC65.0)

MC9Y Other specified symptoms, signs or clinical findings of the circulatory system

Symptoms, signs or clinical findings of the respiratory system (MD10‑MD6Y)

Symptoms or signs involving the respiratory system (MD10‑MD3Y)

Coded Elsewhere: Fear of respiratory disease (MG24.A)

Acute life threatening episode (MG44.Y)

MD10 Abnormal sputum

This category includes the abnormalities of quantity, colour and odor in sputum which may suggest an aetiology. Patients with chronic bronchitis typically expectorate small quantities of mucoid yellow material. A foul or fetid odor should suggest infection from anaerobic organisms, usually in cases of lung abscess. Occasionally, greatly excessive amounts of sputum or "bronchorrhoea" is associated with bronchioloalveolar carcinoma.

Exclusions: blood-stained sputum (MD22)

MD11 Abnormalities of breathing

Abnormalities of breathing includes dyspnoea, stridor, wheezing, periodic breathing, hyperventilation, mouth breathing, hiccough, sneezing, and other abnormalities of breathing.

Exclusions: Respiratory distress of newborn (KB23)

Respiratory failure of newborn (KB2D)

Respiratory arrest (MD33)

Adult acute respiratory distress syndrome (CB00)

MD11.0 Apnoea

Exclusions: Apnoea of newborn (KB2A)

Sleep-related breathing disorders (7A40‑7A4Z)

MD11.1 Asphyxia

Asphyxia is a life-threatening condition in which oxygen is prevented from reaching the tissues by obstruction of or damage to any part of the respiratory system. More generally the term indicates all the conditions generating impaired or impeded breathing.

Exclusions: asphyxia due to foreign body in respiratory tract (ND72)

asphyxia due to carbon monoxide (NE61)

asphyxia due to traumatic (Chapter 22)

Coded Elsewhere: Intrauterine hypoxia (KB20)

Birth asphyxia (KB21)

MD11.2 Ataxic breathing

An irregular breathing pattern that usually progresses to complete apnoea.

MD11.3 Breath holding

MD11.4 Sleep related Cheyne-Stokes respiration

Periodic breathing, a variant of Cheyne-Stokes respiration, is characterised by regular, recurrent cycles of changing tidal volumes in which the lowest tidal volume is less than half the maximal tidal volume in that cycle. It is the most frequent abnormal respiratory pattern directly related to stroke rather than underlying systemic disease, occurring in approximately 25 percent of patients. Periodic breathing may be more common among patients with subarachnoid haemorrhage.

Exclusions: Central sleep apnea with Cheyne-Stokes breathing (7A40.3)

MD11.5 Dyspnoea

Dyspnoea is used to describe perceptions of difficulty or distress related to breathing and is recognised as symptomatic of disease when it occurs under inappropriate circumstances. Dyspnoea is a presenting complaint of patients with a wide variety of medical diseases by multiple mechanisms.

Dyspnoea is considered acute when it lasts from hours up to 3 weeks, subacute from 3 weeks up to 8 weeks, and chronic dyspnoea lasts more than 8 weeks.

Exclusions: Transient tachypnoea of newborn (KB23.1)

MD11.6 Hiccough

Hiccough are repeated involuntary spasms of the diaphragm followed by sudden closure of the glottis, which checks the inflow of air and causes the characteristic sound. Transient episodes are very common. Persistent (> 2 days) and intractable (> 1 mo) Hiccough are uncommon but quite distressing.

MD11.7 Hyperventilation

Hyperventilation refers to an increase in the rate of alveolar ventilation that is excessive for the rate of metabolic carbon dioxide production, resulting in a decrease in arterial PCO2 to below the normal range of 37 to 43 mm Hg. Hyperventilation should be distinguished from tachypnoea, an increase in respiratory frequency, and from hyperpnea, an increase in minute volume of ventilation.

MD11.8 Mouth breathing

Breathing through mouth. Nasal obstruction may also necessitate mouth breathing, which itself can precipitate obstructive apnoea. Breathing through the mouth may also increase risk for OSA by its effect on the tongue. The tongue forms the anterior wall of the oropharynx; both the supine posture and opening of the mouth tend to displace it posteriorly and encourage airway closure.

Exclusions: Dry mouth (DA02.1)

MD11.80 Stertor

Stertor is a heavy snoring or gasping sound on inspiration occurring in coma or deep sleep that may be caused by partial obstruction of airway, choanal stenosis, enlarged tonsils and/or adenoids, and redundant upper airway tissues.

MD11.8Y Other specified mouth breathing

MD11.8Z Mouth breathing, unspecified

MD11.9 Nasal congestion

MD11.A Sneezing

Sneezing is one of the most fundamental airway reflexes, which is characterised by a deep preparatory inspiration followed by an abrupt increase in subglottic pressure reflecting a forceful, active expiration rather similar to coughing. Chemical or physical stimuli to the nasal mucosa may initiate potent respiratory and cardiovascular reflexes via stimulation of trigeminal nerves. Mild stimuli result in sneezing and nasal hypersecretion. These reflex responses protect the lower airways from inhalation of physical and chemical irritants.

MD11.B Stridor

Stridor or a low-pitched, focal inspiratory wheeze usually heard over the neck is a manifestation of upper airway obstruction and should result in an expedited evaluation of the patient as it can precede complete upper airway obstruction and respiratory failure.

Exclusions: laryngismus (stridulus) (CA0H.4)

congenital laryngeal stridor (KB20‑KB2Z)

MD11.C Wheezing

Continuous adventitious sounds that are high-pitched are called wheezes. Wheezes originate in airways narrowed by spasm, thickening of the mucosa, or luminal obstruction.

MD11.D Yawning

MD11.Y Other specified abnormalities of breathing

MD11.Z Abnormalities of breathing, unspecified

MD12 Cough

Cough is an important natural defensive mechanism and protective reflex for clearing the upper and lower airways of excessive secretions such as mucus and inhaled particles. Cough is a common symptom of most respiratory disorders and may be indicative of trivial to very serious airway or lung pathology.

Exclusions: cough with haemorrhage (MD22)

Haemorrhage from respiratory passages (MD20‑MD2Z)

Haemorrhage from respiratory passages is the bleeding from upper respiratory tract or lower respiratory tract. The major passages and structures of the upper respiratory tract include the nose or nostrils, nasal cavity, mouth, pharynx, and larynx. The major passages and structures of the lower respiratory tract include the trachea and within the lungs, the bronchi, bronchioles, and alveoli.

Exclusions: Pulmonary haemorrhage originating in the perinatal period (KB28)

MD20 Epistaxis

Bleeding from the nose

Inclusions: Nosebleed

Haemorrhage from nose

Coded Elsewhere: Neonatal epistaxis (KA83.A)

MD21 Haemorrhage from throat

Haemorrhage from throat is the bleeding from throat. Throat is a tube that carries food to oesophagus and air to windpipe and larynx.

Exclusions: Haemoptysis (MD22)

MD22 Haemoptysis

Expectoration or spitting of blood originating from any part of the respiratory tract, usually from haemorrhage in the lung parenchyma and the bronchial arteries.

Inclusions: Blood-stained sputum

Cough with haemorrhage

MD23 Haemorrhage from other sites in respiratory passages

Exclusions: Pulmonary haemorrhage originating in the perinatal period (KB28)

Coded Elsewhere: Neonatal haemorrhage originating in trachea or pulmonary parenchyma (KA83.7)

MD24 Acute idiopathic pulmonary haemorrhage in infants over 28 days of age

Exclusions: Von Willebrand disease (3B12)

MD2Z Haemorrhage from respiratory passages, unspecified

MD30 Pain in throat or chest

Pain in throat and chest means having pain sensation in throat or chest. Throat is a tube that carries food to oesophagus and air to windpipe and larynx. The technical name for throat is pharynx.

Exclusions: Cervical spine pain (ME84.0)

acute sore throat NOS (CA02)

pain in breast (GB23.5)

Epidemic myalgia (1D83)

Dysphagia (MD93)

Chronic primary chest pain syndrome (MG30.00)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

Coded Elsewhere: Pain in throat (MD36.0)

Precordial pain (MC86)

Musculoskeletal chest pain (ME81)

MD30.0 Chest pain on breathing

Pleuritic chest pain is a type of pain that is caused by problems with the thin layers of tissue that surround the lungs (called the “pleura”). This type of pain feels like a sharp, stabbing chest pain, and it gets worse when you breathe in. Pleuritic chest pain can be caused by the following problems: pneumothorax, pleural effusion, pleuritis, empyema, pericarditis.

Inclusions: Painful respiration

Exclusions: Pleurisy (MD31)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD30.1 Other chest pain

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD30.Z Chest pain, unspecified

MD31 Pleurisy

Pleurisy or Pleuritis is the medical term for inflammation of the pleura. The most common cause of pleuritis is infection, but it can also be caused by lupus, rheumatoid arthritis, and certain medicines. Pleurisy or pleuritis usually accumulates exudative pleural effusions.

Exclusions: pleurisy with effusion (CB27)

MD32 Rales

MD33 Respiratory arrest

Arrest of spontaneous breathing.

Coded Elsewhere: Respiratory arrest of newborn (KB2E)

MD34 Symptom or complaint of the nose

MD35 Symptom or complaint of the sinus

MD36 Symptom or complaint of the throat

MD36.0 Pain in throat

Pain in throat means having pain sensation in throat. Throat is a tube that carries food to oesophagus and air to windpipe and larynx.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD36.Y Other specified symptom or complaint of the throat

MD36.Z Symptom or complaint of the throat, unspecified

MD3Y Other specified symptoms or signs involving the respiratory system

Clinical findings in the respiratory system (MD40‑MD4Y)

MD40 Clinical findings in specimens from respiratory organs and thorax

Exclusions: Haemoptysis (MD22)

MD40.0 Abnormal level of enzymes in specimens from respiratory organs and thorax

MD40.1 Abnormal level of hormones in specimens from respiratory organs and thorax

MD40.2 Abnormal level of drugs, medicaments and biological substances in specimens from respiratory organs and thorax

MD40.3 Abnormal level of substances chiefly nonmedicinal as to source in specimens from respiratory organs and thorax

MD40.4 Abnormal immunological findings in specimens from respiratory organs and thorax

MD40.5 Abnormal microbiological findings in specimens from respiratory organs and thorax

MD40.50 Positive culture from nose

MD40.51 Positive sputum culture

MD40.52 Positive throat culture

MD40.5Y Other specified abnormal microbiological findings in specimens from respiratory organs and thorax

MD40.5Z Abnormal microbiological findings in specimens from respiratory organs and thorax, unspecified

MD40.6 Abnormal cytological findings in specimens from respiratory organs and thorax

MD40.7 Abnormal histological findings in specimens from respiratory organs and thorax

MD40.Y Other specified clinical findings in specimens from respiratory organs and thorax

MD41 Clinical findings on diagnostic imaging of lung

Clinical findings on diagnostic imaging of lung is findings on diagnostic imaging of the lung which don't appear in normal status of the body. Diagnostic imaging refers to technologies that doctors use to look inside body for clues about a medical condition. X-rays, CT scans, nuclear medicine scans, MRI scans and ultrasound are all types of diagnostic imaging.

MD42 Results of function studies of the respiratory system

MD4Y Other specified clinical findings in the respiratory system

MD6Y Other specified symptoms, signs or clinical findings of the respiratory system

Symptoms, signs or clinical findings of the digestive system or abdomen (MD80‑ME4Y)

Symptoms or signs involving the digestive system or abdomen (MD80‑ME1Y)

Exclusions: pylorospasm congenital or infantile (LB13.0)

Intestinal obstruction of newborn (KB87)

gastrointestinal haemorrhage newborn (KA83.1)

Symptoms, signs or clinical findings involving the male genital system (MF40‑MF4Y)

Symptoms, signs or clinical findings involving the urinary system (MF50‑MF5Y)

Symptoms, signs or clinical findings involving the female genital system (MF30‑MF3Y)

Coded Elsewhere: Fear of digestive disease (MG24.3)

MD80 Symptoms or signs of the orofacial complex

MD80.0 Symptom or complaint of the teeth or gum

MD80.1 Symptom or complaint of the mouth, tongue or lip

MD80.Y Other specified symptoms or signs of the orofacial complex

MD81 Abdominal or pelvic pain

Pain, an unpleasant distress sensation occurring in varying degrees of severity, received by nerve ending in the abdominal and pelvic region.

Exclusions: Spinal pain (ME84)

Flatulence and related conditions (ME08)

renal colic (MF56)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD81.0 Abdominal tenderness

MD81.1 Localised abdominal pain

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD81.10 Pain localised to upper abdomen

Pain, an unpleasant distress sensation, which is localised to upper part of abdomen.

Inclusions: Epigastric pain

Exclusions: Functional dyspepsia (DD90.3)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD81.11 Pelvic or perineal pain

Pain, an unpleasant distress sensation, which occurs in the pelvic and perineal region.

Exclusions: Female pelvic pain associated with genital organs or menstrual cycle (GA34)

Chronic primary bladder pain syndrome (MG30.00)

Bladder pain (MF52)

Sexual pain-penetration disorder (HA20)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

Coded Elsewhere: Perineal pain (GA34.01)

Pelvic floor tension myalgia (GA34.0Y)

MD81.12 Pain localised to other parts of lower abdomen

Pain, an unpleasant distress sensation, which is localised to other part of lower abdomen than the pelvic or perineal region.

Exclusions: Pelvic or perineal pain (MD81.11)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD81.1Z Localised abdominal pain, unspecified

MD81.2 Generalised abdominal pain

Pain, an unpleasant distress sensation occurring in varying degrees of severity, or cramps, spasmodic contraction causing severe pain in the abdominal area in general.

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD81.3 Acute abdomen

A clinical syndrome with acute abdominal pain that is severe, and rapid onset. Acute abdomen may be caused by a variety of disorders, injuries, or diseases

MD81.4 Other and unspecified abdominal pain

Exclusions: Infantile colic (DD93.1)

Chronic primary abdominal pain syndrome (MG30.00)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MD82 Intra-abdominal or pelvic swelling, mass or lump

This refers to the presence of abdominal or pelvic wall swelling, mass or tumour in the abdominal and pelvic regions. These mass or tumours can be recognised by visual examination and/or palpation.

Exclusions: Abdominal distension (ME01)

Ascites (ME04)

Symptoms related to the upper gastrointestinal tract (MD90‑MD9Y)

Clinical symptoms presumed to be arising from disorders/diseases of upper GI tract.

Coded Elsewhere: Haematemesis (ME24.A5)

MD90 Nausea or vomiting

Nausea is the feeling of having an urge to vomit. Vomiting is forcing the contents of the stomach up through the oesophagus and out of the mouth.

Exclusions: haematemesis neonatal (KB8A)

Functional nausea or vomiting (DD90.4)

psychogenic vomiting (8A80.4)

MD90.0 Nausea

MD90.1 Vomiting

Coded Elsewhere: Vomiting following gastrointestinal surgery (DE10)

Excessive vomiting in pregnancy (JA60)

Vomiting in newborn (KD3C)

MD91 Belching

The liberation of gas in the upper gastrointestinal tract via the oesophagus through the mouth.

Exclusions: Functional belching disorders (DD90.5)

MD92 Dyspepsia

A condition characterised by upper abdominal symptoms that suggest indigestion (painful, difficult, or disturbed digestion), which may include pain or discomfort of upper abdomen, bloating, feeling of fullness with very little intake of food, nausea and vomiting, heartburn, loss of appetite.

Exclusions: Functional dyspepsia (DD90.3)

MD93 Dysphagia

Difficulty in swallowing which may result from neuromuscular disorder or mechanical obstruction. Dysphagia is classified into two distinct types: oropharyngeal dysphagia due to malfunction of the pharynx and upper oesophageal sphincter; and oesophageal dysphagia due to malfunction of the oesophagus.

Inclusions: Difficulty in swallowing

Exclusions: Functional swallowing disorder (DD90.1)

MD94 Halitosis

Halitosis is an oral health condition in which one's mouth emits a foul odour. There are many causes of halitosis such as poor oral hygiene, tobacco and/or alcohol, and possibly a medical condition such as respiratory and digestive tract disorders.

MD95 Heartburn

Substernal pain or burning sensation, usually associated with regurgitation of gastric juice into the oesophagus.

Exclusions: Functional dyspepsia (DD90.3)

Pain in throat or chest (MD30)

Functional heartburn (DD90.2)

MD9Y Other specified symptoms related to the upper gastrointestinal tract

Symptoms related to the lower gastrointestinal tract or abdomen (ME00‑ME0Y)

Exclusions: Abdominal or pelvic pain (MD81)

Coded Elsewhere: Haematochezia (ME24.A3)

Haemorrhage of anus and rectum (ME24.A1)

Meconium ileus without perforation (KB87.2)

Melaena (ME24.A4)

ME00 Abdominal compartment syndrome

Abdominal compartment syndrome is a condition of organ dysfunction caused by increased intra-abdominal pressure (intra-abdominal hypertension), possibly due to intra-abdominal haemorrhage, retroperitoneal haematoma, or intestinal oedema, often occurred after surgical intervention or trauma, or often associated with septic condition. The importance of this clinical entity was recognised recently in the end of the 20th Century. Usually the abdominal distension due to primary ischaemic bowel injury was excluded from this clinical entity.

ME01 Abdominal distension

This is a condition in which the abdomen feels full and tight because of swelling of the abdomen, usually due to an increased amount of intestinal gas, but occurs sometimes when fluid, substances or mass are accumulating or expanding in the abdomen.

ME02 Abdominal rigidity

Abdominal rigidity is stiffness of the muscles in the belly area, which can be felt when touched or pressed.

Exclusions: that with severe abdominal pain (MD81.3)

ME03 Abnormal bowel sounds

Bowel sounds are caused by the products of digestion as they move through the lower gastrointestinal tract, usually heard on auscultation. Abnormal bowel sounds are reduced or increased bowel sounds which provide valuable information about the disorders of bowel movement.

ME03.0 Hyperactive bowel sounds

ME03.1 Absent bowel sounds

ME03.Z Abnormal bowel sounds, unspecified

ME04 Ascites

Accumulation or retention of free fluid in the abdominal peritoneal cavity between the tissues lining the abdomen and abdominal organs. The fluid may be serous, haemorrhagic, or the result of inflammation or tumour metastasis to the peritoneum.

ME04.0 Fluid in peritoneal cavity

Exclusions: Malignant ascites (2D91)

ME04.Y Other specified ascites

ME04.Z Ascites, unspecified

ME05 Change in bowel habit

Bowel habits are the time, size, amount, consistency and frequency of bowel movements throughout the day. A change in bowel habits is any alteration in regular bowel habits.

Exclusions: Functional diarrhoea (DD91.2)

ME05.0 Constipation

Constipation is an acute or chronic condition in which bowel movements occur less often than usual or consist of hard, dry stools that are often painful or difficult to pass. Here constipation other than specifically described elsewhere, such as in motility disorders of intestine or in functional bowel diseases, is described.

Inclusions: faecal impaction

Exclusions: Functional constipation (DD91.1)

Functional constipation of infants, toddlers or children (DD93)

Atonic constipation (DD91.1)

Slow transit constipation (DB32.1)

Neurogenic constipation (DD91.1)

Spastic constipation (DD91.1)

ME05.1 Diarrhoea

Diarrhoea is an acute or chronic condition in which there is an increased frequency or decreased consistency of bowel movements, usually with excessive and frequent evacuation of watery faeces. Here diarrhoea other than specifically described elsewhere, such as in motility disorders of intestine or in functional bowel diseases, is described.

Inclusions: frequent/loose bowel movements

watery stools

Exclusions: Melaena (ME24.A4)

Change in faeces or bowel movements (ME00‑ME0Y)

Functional diarrhoea (DD91.2)

infectious diarrhoea (1A00‑1A40.Z)

Coded Elsewhere: Noninfectious neonatal diarrhoea (KB8C)

ME05.Z Other and unspecified change in bowel habit

ME06 Chronic enteritis of uncertain aetiology

Exclusions: Gastroenteritis or colitis of infectious origin (1A00‑1A40.Z)

ME07 Faecal incontinence

Failure of voluntary control of the anal sphincters, with involuntary passage of faeces and flatus.

Exclusions: Functional faecal incontinence (DD92.0)

Nonretentive faecal incontinence in children (DD93)

nonorganic encopresis (6C01)

ME07.0 Faecal smearing

ME07.1 Incomplete defaecation

Exclusions: Constipation (ME05.0)

ME07.2 Faecal urgency

ME07.Y Other specified faecal incontinence

ME07.Z Faecal incontinence, unspecified

ME08 Flatulence and related conditions

Production or presence of gas in the gastrointestinal tract which may be expelled through the anus and other conditions associated with the production or presence of gas in the GI tract.

ME09 Rectal tenesmus

A symptom, where there is a feeling of constantly needing to pass stools, despite an empty colon.

ME0A Visible peristalsis

The wavelike increased peristaltic motions of the intestines by which contents are forced onward toward the opening in such a way that they become visible through the abdominal walls by visual examination.

ME0B Problems with defaecation, not otherwise specified

Exclusions: Incomplete defaecation (ME07.1)

Functional constipation (DD91.1)

Functional defaecation disorders (DD92.2)

ME0Y Other specified symptoms related to the lower gastrointestinal tract or abdomen

ME10 Abnormalities related to hepatobiliary system

ME10.0 Hepatomegaly or splenomegaly

Hepatomegaly is swelling of the liver beyond its normal size and splenomegaly is an enlargement of the spleen beyond its normal size.

ME10.00 Hepatomegaly, not elsewhere classified

ME10.01 Splenomegaly, not elsewhere classified

This refers to swelling of the spleen beyond its normal size, not elsewhere described.

Exclusions: Hypersplenism (3B81.B)

ME10.02 Hepatomegaly with splenomegaly

This refers to swelling of the liver and spleen beyond its normal size, not elsewhere described.

ME10.1 Unspecified jaundice

A clinical manifestation of hyperbilirubinemia of unspecified origin, characterised by the yellowish staining of the skin; mucus membranes and sclera.

Exclusions: neonatal jaundice (KA87)

ME1Y Other specified symptoms or signs involving the digestive system or abdomen

Clinical findings in the digestive system (ME20‑ME2Y)

ME20 Clinical findings in specimens from digestive organs or abdominal cavity

Exclusions: Other faecal abnormalities (ME00‑ME0Y)

ME20.0 Abnormal level of enzymes in specimens from digestive organs or abdominal cavity

ME20.1 Abnormal level of hormones in specimens from digestive organs or abdominal cavity

ME20.2 Abnormal level of drugs, medicaments or biological substances in specimens from digestive organs of abdominal cavity

ME20.3 Abnormal level of substances chiefly nonmedicinal as to source in specimens from digestive organs and abdominal cavity

ME20.4 Abnormal immunological findings in specimens from digestive organs and abdominal cavity

ME20.5 Abnormal microbiological findings in specimens from digestive organs and abdominal cavity

ME20.6 Abnormal cytological findings in specimens from digestive organs and abdominal cavity

ME20.7 Abnormal histological findings in specimens from digestive organs and abdominal cavity

ME20.Y Other specified clinical findings in specimens from digestive organs or abdominal cavity

ME20.Z Clinical findings in specimens from digestive organs or abdominal cavity, unspecified

ME21 Clinical findings on diagnostic imaging of liver or biliary tract

ME22 Clinical findings on diagnostic imaging of digestive tract

ME23 Results of function studies of the digestive system

ME24 Clinical manifestations of the digestive system

Coding Note: Code also the causing condition

ME24.0 Digestive system abscess

This is a clinical form of sign indicating the presence of abscess in digestive system. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.1 Digestive system fistula

This is a clinical form of sign indicating the presence of fistula in the digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.2 Digestive system obstruction

This is a clinical form of a sign indicating obstruction of digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.3 Digestive system perforation

This is a clinical form of sign indicating perforation of digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

Coded Elsewhere: Prenatal gastric perforation (KB82)

Postnatal gastric perforation (KB83)

Postnatal intestinal perforation (KB86)

Prenatal intrauterine intestinal perforation (KB85)

ME24.30 Perforation of small intestine

Small intestinal perforation is a complete penetration of the wall of small intestine, often resulting in the leakage of small intestinal contents into the abdominal cavity.

Exclusions: Primary ulcer of small intestine (DA94.0)

Diverticulitis of small intestine (DC70)

perforation due to Crohn disease (DD70.1)

perforation due to obstruction (DA91)

perforation due to malignant neoplasm ()

Coded Elsewhere: Postnatal isolated ileal perforation (KB84)

Injury of small intestine (NB91.7)

Laceration of small intestine (NB91.71)

ME24.31 Perforation of large intestine

Perforation of large intestine is a complete penetration of the colonic wall, often resulting in the leakage of luminal contents into the abdominal cavity. Perforation of large intestine results in the potential for bacterial contamination of the abdominal cavity and peritonitis.

Exclusions: Diverticular disease of large intestine (DC80‑DC82.Z)

Ulcerative colitis (DD71)

Crohn disease (DD70)

Neoplasms of the large intestine ()

Coded Elsewhere: Injury of colon (NB91.8)

ME24.35 Perforation of gallbladder or bile ducts

This is perforation in the small organ that aids mainly in fat digestion and concentrates bile produced by the liver and in any of a number of long tube-like structures that carry bile.

Inclusions: Rupture of cystic duct or gallbladder

Rupture of gallbladder or bile duct

ME24.3Y Digestive system perforation of other specified site

Coding Note: Code also the causing condition

ME24.3Z Digestive system perforation of unspecified site

Coding Note: Code also the causing condition

ME24.4 Digestive system stenosis

This is a clinical form of sign indicating stenosis of digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.5 Digestive system ulcer

Coding Note: Code also the causing condition

ME24.6 Digestive system dilatation

This is a clinical form of sign indicating the excess dilatation of lumen in the digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.7 Digestive system incarceration

This is a clinical form of sign indicating the presence of incarceration in the digestive tract. This category is to be used for postcoordination codes particularly in case of haemorrhoids and hernia as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.8 Digestive system strangulation or gangrene

This is a clinical form of sign indicating the presence of strangulation and/or gangrene in the digestive tract. This category is to be used for postcoordination codes particularly in case of mechanical bowel obstruction and hernia as complications of underlying illness.

Coding Note: Code also the causing condition

ME24.9 Gastrointestinal bleeding

Coding Note: Code also the causing condition

ME24.90 Acute gastrointestinal bleeding, not elsewhere classified

ME24.91 Chronic gastrointestinal bleeding, not elsewhere classified

ME24.9Z Gastrointestinal bleeding, unspecified

Coding Note: Code also the causing condition

ME24.A Other digestive system haemorrhage, not elsewhere classified

Coded Elsewhere: Neonatal bleeding originating in the mouth, nose or pharynx (KA83.0)

Neonatal bleeding originating in the oesophagus, stomach, small or large intestine (KA83.1)

ME24.A0 Obscure gastrointestinal bleeding

Obscure gastrointestinal bleeding (OGIB) is defined as gastrointestinal bleeding with no source identified at upper and lower endoscopy. Despite a thorough endoscopic examination, the origin of the blood loss remains unexplained and observed for further bleeding.

ME24.A1 Haemorrhage of anus and rectum

Bleeding from anus and anal canal. The bleeding due to specific diseases classified elsewhere (haemorrhoid, cancer, infection etc) is excluded from here.

Coded Elsewhere: Neonatal rectal haemorrhage (KA83.2)

ME24.A2 Oesophageal haemorrhage

ME24.A3 Haematochezia

Haematochezia is the passage of fresh blood through the anus, usually in or with stools (contrast with melena). Haematochezia is commonly associated with lower gastrointestinal bleeding.

ME24.A4 Melaena

It is bloody stools that indicate bleeding from vascular system in the digestive tract. It is also described as black, tarry, and foul-smelling stools or red/maroon-coloured stools that contain degraded blood.

Exclusions: occult blood in faeces (ME00‑ME0Y)

ME24.A5 Haematemesis

Vomiting of blood that is either fresh bright red, or older "coffee-ground" in character. Vomiting blood is a regurgitation of blood through the upper gastrointestinal tract and it generally indicates bleeding of the upper gastrointestinal tract.

Coded Elsewhere: Neonatal haematemesis or melaena due to swallowed maternal blood (KB8A)

ME24.A6 Positive occult blood in stool

Positive tests (positive stool) determined by faecal occult blood testing (FOBT), which aims to detect subtle blood loss in the gastrointestinal tract. Positive occult blood in stool may suggest gastrointestinal bleeding and warrant further investigation, especially for malignancy.

ME24.Y Other specified clinical manifestations of the digestive system

Coding Note: Code also the causing condition

ME2Y Other specified clinical findings in the digestive system

ME4Y Other specified symptoms, signs or clinical findings of the digestive system or abdomen

Symptoms, signs or clinical findings involving the skin (ME60‑ME6Y)

Symptoms or signs involving the skin (ME60‑ME6Y)

This category allows the capture of imprecise data where a more specific diagnosis cannot be made or to supplement information about a specific diagnosis.

ME60 Skin lesion of uncertain or unspecified nature

To be used where there is either significant uncertainty or alternatively no information as to the nature of a circumscribed skin lesion. This is of particular importance with regard to whether or not the lesion may be malignant.

ME60.0 Skin lesion of uncertain nature

This denotes the presence of a skin lesion but uncertainty as to its nature. No inference as to whether the lesion might be of serious significance (e.g. suspected skin cancer) is made.

ME60.1 Pigmented skin lesion of uncertain nature

This denotes the presence of a pigmented skin lesion but uncertainty as to its nature. No inference as to whether the lesion might be of serious significance (e.g. suspected skin cancer) is made.

ME60.2 Ulcer of skin of uncertain nature

This denotes the presence of a skin ulcer but uncertainty as to its nature. No inference as to whether the ulcer might be of serious significance (e.g. suspected skin cancer) is made.

ME60.3 Keratosis of skin of uncertain or unspecified nature

ME60.Z Skin lesion of unspecified nature

ME61 Subcutaneous swelling, mass or lump of uncertain or unspecified nature

One or more localised subcutaneous soft tissue masses of undetermined or unspecified nature

Exclusions: localized adiposity (5B80.1)

mass and lump: breast (MF30)

enlarged lymph nodes (MA01)

mass and lump: intra-abdominal or pelvic (MD82)

oedema (MG29)

swelling (of): intra-abdominal or pelvic (MD82)

swelling (of): joint (FA36)

ME62 Acute skin eruption of uncertain or unspecified nature

A provisional diagnosis for an acute skin eruption of less than six weeks' duration of unknown, uncertain or unspecified nature.

Exclusions: Drug eruptions (EH60‑EH6Z)

ME62.0 Acute erythematous skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists predominantly of diffuse cutaneous erythema. A classical cause is scarlet fever but reactions to other bacterial toxins, drugs and certain foods or acute graft-versus-host disease may present with a similar picture.

ME62.1 Acute purpuric skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists predominantly of disseminated purpura. Potential causes are numerous and include thrombocytopenia, coagulopathies, vasculitides and sepsis.

ME62.2 Acute urticarial skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of urticaria-like papules and plaques. Drugs are a common precipitant.

ME62.3 Acute maculopapular skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple macules and papules. Viral infections and drugs are common precipitants.

ME62.4 Acute papular skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple skin papules. A wide variety of infectious and inflammatory skin disorders may present in this way. Examples include guttate psoriasis, lichen planus, pityriasis lichenoides, insect bites, scabies and secondary syphilis.

ME62.5 Acute exudative skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and in which exudation and crusting are prominent features. Common causes are infected eczema, acute allergic contact dermatitis and impetigo.

ME62.6 Acute blistering skin eruption

A provisional diagnosis for an acute blistering skin eruption of unknown or uncertain nature. Examples include vesicular dermatitis of the hands and feet (pompholyx), acute phototoxic reactions, especially to contact with plants (phytophotodermatitis), sunburn and immunobullous disorders such as bullous pemphigoid.

ME62.7 Acute desquamating skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and in which desquamation (shedding of skin scales) is a prominent feature. This is seen characteristically in the later stages of many acute viral exanthemata but may also be seen in drug reactions and in unstable and erythrodermic psoriasis.

ME62.8 Acute discoid or annular skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple circular or ring-shaped patches and plaques. Although infection due to dermatophyte infection (tinea or ringworm) can produce this pattern, many other skin disorders may have a discoid or annular configuration: these are frequently misdiagnosed as tinea. Common examples include atopic eczema, nummular dermatitis and psoriasis.

ME62.9 Acute excoriation of skin

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple excoriations. In the majority of cases the excoriation is secondary to intense pruritus arising either from an underlying systemic disorder such as cholestatic jaundice or from a pruritic skin disease such as eczema. In some cases, however, psychogenic factors may be responsible.

ME62.Y Other specified acute skin eruption of uncertain or unspecified nature

ME63 Chronic skin disorder of uncertain or unspecified nature

A provisional diagnosis for a chronic skin disorder (of at least six weeks' duration) of unknown, uncertain or unspecified nature.

ME63.0 Chronic erythematous skin disorder

A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature in which widespread confluent erythema is the predominant feature. Examples include generalised atopic eczema, erythrodermic psoriasis, pityriasis rubra pilaris and Sézary syndrome.

ME63.1 Chronic urticarial skin disorder

A provisional diagnosis for a rash consisting of persistent urticated papules and plaques for which a more precise diagnosis has not been or cannot be made. Diagnoses which should be considered include immunobullous disorders, urticarial vasculitis and drug reactions.

ME63.2 Chronic papular skin disorder

A provisional diagnosis for a chronic skin disorder of unknown, uncertain or unspecified nature and characterised by the presence of multiple skin papules.

ME63.3 Chronic blistering skin disorder

A provisional diagnosis for a chronic blistering skin disorder of unknown or uncertain nature. Examples include chronic vesicular dermatitis of the hands and feet, epidermolysis bullosa and immunobullous disorders such as bullous pemphigoid.

ME63.4 Chronic scaling or hyperkeratotic skin disorder

A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature in which scaling and hyperkeratosis are prominent features. Examples include psoriasis, ichthyoses, small plaque parapsoriasis and mycosis fungoides.

ME63.5 Chronic lichenified skin disorder

A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature in which lichenification is the prominent feature. Examples include chronic eczema, lichen simplex and lichen planus.

ME63.6 Chronic discoid or annular skin disorder

A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature consisting of multiple circular or ring-shaped patches and plaques. Although infection due to dermatophyte infection (tinea or ringworm) can produce this pattern, many other skin disorders may have a discoid or annular configuration: these are frequently misdiagnosed as tinea. Common examples include atopic eczema, nummular dermatitis and psoriasis.

ME63.7 Chronic excoriation of skin

A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature characterised by the presence of multiple excoriations. In some cases the excoriation is secondary to intense pruritus arising either from an underlying systemic disorder such as uraemia or from a pruritic skin disease such as eczema. In many cases, however, psychogenic factors may be responsible.

ME64 Non-specific cutaneous vascular signs

Changes perceptible in the skin as a result of alterations in blood composition, blood flow or blood vessel integrity. They may be due to local factors or may indicate underlying disorders such as anaemia, hypovolaemia, fever, hypoxia or defective clotting.

ME64.0 Erythema

Redness of skin due to the presence of increased amounts of oxygenated haemoglobin within dilated skin capillaries. It may be due to localised or generalised inflammatory processes but may result from increased cutaneous blood flow following exertion or associated with pyrexia.

ME64.1 Cyanosis

A blue-purple discolouration of the skin due to the presence of increased amounts of deoxygenated blood in skin blood vessels.

Exclusions: acrocyanosis (EG00)

cyanotic attacks of newborn (KB2C)

ME64.2 Pallor

Paleness of the skin such as may ensue from severe anaemia or from hypovolaemic shock.

ME64.3 Petechiae

Petechiae result from focal leakage of blood from dermal capillaries into the adjacent dermal connective tissue. They present as multiple pin-point non-blanching red or purple macules. The many underlying causes range from the innocuous (e.g. coughing or straining) to life-threatening conditions (e.g. meningococcal septicaemia).

Coded Elsewhere: Neonatal cutaneous haemorrhage (KA83.8)

ME64.4 Flushing

Paroxysmal vasodilatation of skin capillaries.

ME65 Disturbances of skin sensation of unspecified aetiology

A group of cutaneous symptoms for which it is frequently impossible to identify a precise cause.

Coded Elsewhere: Anaesthesia of skin (MB40.3)

Tactile hallucinations (MB27.26)

ME65.0 Burning of skin

A burning sensation in the skin which usually arises without obvious explanation.

ME65.1 Itching of skin

The sensation of itch in the skin. For persistent itch of unknown cause the term "Pruritus of unknown cause" should be used.

ME65.2 Pain or tenderness of skin

Exclusions: Chronic pain (MG30)

ME65.3 Stinging of skin

An unpleasant sensation such as may be provoked by stinging nettles but which can be set off in some individuals by a wide variety of topical preparations or stimuli which are otherwise well tolerated by most people.

ME65.4 Tingling of skin

A prickling sensation in the skin which may result from external factors such as rain falling on the skin or may be due to transient or permanent peripheral nerve damage.

ME65.Y Other specified disturbance of skin sensation

ME66 Miscellaneous non-specific skin-related symptoms and signs

Other specified skin changes which cannot be more precisely defined.

Coded Elsewhere: Abnormal skin pigmentation (ED64)

ME66.0 Abnormal sensitivity to light or UV radiation of uncertain or unspecified nature

Inclusions: Photosensitivity

ME66.1 Changes in skin texture

Alterations in skin texture of unspecified cause.

ME66.2 Excess and redundant skin

A condition which typically occurs in formerly grossly obese individuals following massive weight loss, as following bariatric surgery or severe calorie restriction.

ME66.3 Symptom or complaint relating to hair or scalp

A very non-specific term to indicate an actual or perceived problem affecting the hair or the scalp which cannot be more precisely coded elsewhere.

ME66.4 Symptom or complaint relating to nails

A very non-specific term to indicate an actual or perceived problem affecting the finger- or toenails which cannot be more precisely coded elsewhere.

ME66.5 Complaint of abnormal sweating

Complaint that sweating is abnormal (most commonly that it is increased) without sufficient evidence to make a specific diagnosis.

ME66.6 Rash

A non-specific term indicating the presence of an acquired skin disturbance to be used only when no more precise information is available.

Exclusions: Acute skin eruption of uncertain or unspecified nature (ME62)

Chronic skin disorder of uncertain or unspecified nature (ME63)

ME66.60 Rash localised

A very non-specific term to denote a localised acquired visible alteration of the skin from normal in situations where a more precise description or diagnosis cannot be made. If a diagnosis cannot be made then a choice from the classes Acute skin eruption of uncertain or unspecified nature and Chronic skin disorder of uncertain or unspecified nature is preferred.

Exclusions: Drug eruptions (EH60‑EH6Z)

ME66.61 Rash generalised

A very non-specific term to denote a widespread acquired visible alteration of the skin from normal in situations where a more precise description or diagnosis cannot be made. If a diagnosis cannot be made then a choice from the classes Acute skin eruption of uncertain or unspecified nature and Chronic skin disorder of uncertain or unspecified nature is preferred.

Exclusions: Drug eruptions (EH60‑EH6Z)

ME66.6Y Other specified rash

ME66.6Z Rash, unspecified

ME66.Y Other specified skin changes

ME67 Skin disorder of uncertain or unspecified nature

A category to enable the presence of a skin disorder to be recorded without making assumptions as to the precise nature of the disorder in question.

ME6Y Other specified symptoms or signs involving the skin

Symptoms, signs or clinical findings of the musculoskeletal system (ME80‑MF1Y)

Symptoms or signs of the musculoskeletal system (ME80‑ME8Y)

Coded Elsewhere: Abnormality of tonus and reflex (MB47)

Constitutional tall stature (5B12)

Fear of musculoskeletal disease (MG24.8)

Myalgia (FB56.2)

Osteonecrosis (FB81)

Osteophyte (FA37.0)

Short stature, not elsewhere classified (5B11)

ME80 Clicking hip

Exclusions: Structural developmental anomalies of pelvic girdle (LB74)

ME81 Musculoskeletal chest pain

Exclusions: Other chest pain (MD30.1)

Costochondritis (FB82)

Tietze syndrome (FB82)

Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME81.0 Intercostal pain

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME81.Y Other specified musculoskeletal chest pain

ME81.Z Musculoskeletal chest pain, unspecified

ME82 Pain in joint

Arthralgia secondary to inflammation, cartilage degeneration, crystal deposition, infection, and trauma not detailed in or used in conjunction with other condition.

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME83 Rheumatism, unspecified

This is a group of disorders marked by inflammation or pain in the connective tissue structures of the body and is considered unspecified.

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME84 Spinal pain

This is a condition characterised by pain felt in the back that usually originates from the muscles, nerves, bones, joints or other structures in the spine.

Exclusions: Symptom or complaint of the back (ME86.2)

Chronic secondary musculoskeletal pain (MG30.3)

Chronic neuropathic pain (MG30.5)

ME84.0 Cervical spine pain

This is a condition which is usually characterised by pain or discomfort in the neck region and can be caused by numerous spinal problems. It may be a feature of virtually every disorder and disease that occurs above the shoulder blades.

Coding Note: Code also the causing condition

Inclusions: cervicalgia

Exclusions: cervical disc degeneration (FA80)

Chronic primary cervical pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

Chronic neuropathic pain (MG30.5)

ME84.1 Thoracic spine pain

This is a group of conditions characterised by pain perceived anywhere in the region bounded superiorly by a transverse line through the tip of the spinous process of T1, inferiorly by a transverse line through the tip of the spinous process of T12, and laterally by vertical lines tangential to the most lateral margins of the erector spinae muscles.

Coding Note: Code also the causing condition

Exclusions: Chronic primary thoracic pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

Chronic neuropathic pain (MG30.5)

ME84.2 Low back pain

This is a condition which is defined as pain and discomfort, localised below the costal margin and above the inferior gluteal folds, with or without leg pain.

Coding Note: Code also the causing condition

Inclusions: Lumbago NOS

Loin pain

Exclusions: Degenerative condition of spine (FA80‑FA8Z)

Chronic primary low back pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

Chronic neuropathic pain (MG30.5)

ME84.20 Lumbago with sciatica

Exclusions: that due to intervertebral disc disorder (FA80‑FA8Z)

Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

Chronic neuropathic pain (MG30.5)

ME84.2Y Other specified low back pain

Coding Note: Code also the causing condition

ME84.2Z Low back pain, unspecified

Coding Note: Code also the causing condition

ME84.3 Sciatica

Exclusions: Degenerative condition of spine (FA80‑FA8Z)

Lesion of sciatic nerve (8C11.0)

Lumbago with sciatica (ME84.20)

Chronic neuropathic pain (MG30.5)

ME84.Z Spinal pain, unspecified

ME85 Stiffness of joint

Lack of range of motion of a joint secondary to pain, disease process or congenital malformation not detailed in or used in conjunction with other codes.

ME86 Symptom or complaint of a body part

ME86.0 Symptom or complaint of the ankle

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.1 Symptom or complaint of the arm

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.2 Symptom or complaint of the back

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.20 Back syndrome without radiating pain

Exclusions: Spondylolysis (FA81)

Spondylolisthesis (FA84)

Atlanto-axial instability or subluxation (LB73.22)

Subluxation complex (ME93)

Torticollis (FA71)

Spinal enthesitis (FA92.00)

Axial spondyloarthritis (FA92.0)

Myelopathy (8B42)

Spondylopathies (FB00‑FB0Z)

Intervertebral disc degeneration (FA80)

Localised central endplate defect (FA85.10)

Spinal instabilities (FB10)

Strain or sprain of lumbar spine (NB53.5)

Chronic primary musculoskeletal pain (MG30.02)

ME86.21 Back syndrome with radiating pain

Exclusions: Spondylolysis (FA81)

Low back pain (ME84.2)

Sciatica (ME84.3)

Intervertebral disc degeneration (FA80)

Chronic primary musculoskeletal pain (MG30.02)

ME86.22 Symptom or complaint of the low back

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

ME86.2Y Other specified symptom or complaint of the back

ME86.2Z Symptom or complaint of the back, unspecified

ME86.3 Symptom or complaint of the chest

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.4 Symptom or complaint of the elbow

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.5 Symptom or complaint of the flank or axilla

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.6 Symptom or complaint of the foot or toe

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.7 Symptom or complaint of the hand or finger

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.8 Symptom or complaint of the hip

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.9 Symptom or complaint of the jaw

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.A Symptom or complaint of the knee

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.B Symptom or complaint of the leg or thigh

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.C Symptom or complaint of the neck

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.D Symptom or complaint of the shoulder

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.D0 Shoulder syndrome

A shoulder syndrome is defined by shoulder pain with one or more of the following problems: limitations of movement, local tenderness, crepitus or periarticular calcification in imaging.

Exclusions: Arthropathies (FA00‑FA5Z)

Shoulder lesions (FB53)

Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.DY Other specified symptom or complaint of the shoulder

ME86.DZ Symptom or complaint of the shoulder, unspecified

ME86.E Symptom or complaint of the wrist

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.F Symptom or complaint of joint, not otherwise specified

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.G Symptom or complaint of muscle, not otherwise specified

Exclusions: Chronic primary musculoskeletal pain (MG30.02)

Chronic secondary musculoskeletal pain (MG30.3)

ME86.Y Problem of other specified body part

ME86.Z Problem of unspecified body part

ME8Y Other specified symptoms or signs of the musculoskeletal system

Clinical findings in the musculoskeletal system (ME90‑ME9Y)

ME90 Clinical findings on diagnostic imaging of skull and head

Exclusions: Intracranial space-occupying lesion (MB71.0)

ME91 Clinical findings on diagnostic imaging of limbs

ME92 Clinical findings on diagnostic imaging of other parts of musculoskeletal system

Exclusions: Clinical findings on diagnostic imaging of skull and head (ME90)

ME92.0 Wedging of vertebra

ME92.1 Bony erosion

ME92.Y Other specified clinical findings on diagnostic imaging of other parts of musculoskeletal system

ME92.Z Clinical findings on diagnostic imaging of other parts of musculoskeletal system, unspecified

ME93 Biomechanical lesions, not elsewhere classified

Coding Note: This category should not be used if the condition can be classified elsewhere.

ME93.0 Segmental and somatic dysfunction

ME93.1 Subluxation stenosis of neural canal

ME93.2 Osseous stenosis of neural canal

ME93.3 Connective tissue stenosis of neural canal

ME93.4 Intervertebral disc stenosis of neural canal

ME93.40 Intervertebral disc stenosis of neural canal, head region

ME93.41 Intervertebral disc stenosis of neural canal, cervical region

ME93.42 Intervertebral disc stenosis of neural canal, thoracic region

ME93.43 Intervertebral disc stenosis of neural canal, lumbar region

ME93.44 Intervertebral disc stenosis of neural canal, sacral region

ME93.45 Intervertebral disc stenosis of neural canal, pelvic region

ME93.46 Intervertebral disc stenosis of neural canal, lower extremity

ME93.47 Intervertebral disc stenosis of neural canal, upper extremity

ME93.48 Intervertebral disc stenosis of neural canal, rib cage

ME93.4Y Other specified intervertebral disc stenosis of neural canal

ME93.4Z Intervertebral disc stenosis of neural canal, unspecified

ME93.5 Osseous and subluxation stenosis of intervertebral foramina

ME93.6 Connective tissue and disc stenosis of intervertebral foramina

ME93.Y Other specified biomechanical lesions, not elsewhere classified

Coding Note: This category should not be used if the condition can be classified elsewhere.

ME93.Z Biomechanical lesions, unspecified

Coding Note: This category should not be used if the condition can be classified elsewhere.

ME9Y Other specified clinical findings in the musculoskeletal system

MF1Y Other specified symptoms, signs or clinical findings of the musculoskeletal system

Symptoms, signs or clinical findings of the genitourinary system (MF30‑MG0Y)

Symptoms, signs or clinical findings involving the female genital system (MF30‑MF3Y)

Coded Elsewhere: Fear of complications of pregnancy (MG24.D)

Fear of female genital or breast disease (MG24.F)

Fear of sexually transmitted disease female (MG24.E)

Menstrual cycle bleeding disorders (GA20)

Breast engorgement of newborn (KC41.0)

MF30 Breast lump or mass female

MF31 Breast or lactation symptom or complaint

MF32 Menopausal symptom or complaint

Coded Elsewhere: Postmenopausal atrophic vaginitis (GA30.2)

Menopausal hot flush (GA30.4)

MF33 Premenstrual symptom or complaint

A symptom of premenstrual syndrome affecting females that is idiopathic. This symptom is characterised by cyclic emotional, physical, or behavioural symptoms such as mood alterations, psychological changes, fluid retention, neurologic changes, gastrointestinal changes, pelvic heaviness, or dermatological changes affecting women in the luteal phase of the menstrual cycle that interfere with an individual's lifestyle.

MF34 Pregnancy symptom or complaint

MF35 Postpartum symptom or complaint

MF36 Other symptom or complaint of vagina

MF37 Symptom or complaint of female nipple

MF38 Symptom or complaint of female pelvis

MF39 Symptom or complaint of the vulva

MF3A Vaginal discharge

MF3Y Other specified symptoms, signs or clinical findings involving the female genital system

Symptoms, signs or clinical findings involving the male genital system (MF40‑MF4Y)

Coded Elsewhere: Fear of genital disease male (MG24.H)

Fear of sexually transmitted disease male (MG24.G)

Male infertility (GB04)

Fear of sexual dysfunction male (MG24.Y)

MF40 Problems of male genital organs

A group of disorders associated with the male genital organs occurring in diseases more specifically classified elsewhere.

MF40.0 Symptom or complaint of the penis

MF40.00 Pain in penis

Exclusions: Chronic secondary visceral pain (MG30.4)

Chronic primary visceral pain (MG30.00)

MF40.0Y Other specified symptom or complaint of the penis

MF40.0Z Symptom or complaint of the penis, unspecified

MF40.1 Problems of the prostate

A group of disorders associated with the prostate occurring in diseases more specifically classified elsewhere.

MF40.2 Symptom or complaint of the scrotum or testis

Coded Elsewhere: Pain in scrotum (GB0Y)

MF40.20 Acute scrotal pain

Exclusions: Torsion of testis (GB01.0)

Torsion of epididymis (GB01.1)

Torsion of hydatids (GB01.2)

Orchitis (GB02)

MF40.21 Testicular pain

Exclusions: Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MF40.2Y Other specified symptom or complaint of the scrotum or testis

MF40.2Z Symptom or complaint of the scrotum or testis, unspecified

MF40.3 Retrograde ejaculation

Retrograde Ejaculation is a condition in which semen that is normally ejaculated via the urethra is redirected to the urinary bladder. Retrograde Ejaculation is typically accompanied by subjective orgasm, though the man may notice that release of semen is limited or absent. Retrograde Ejaculation most commonly occurs as a complication of transurethral prostatic resection, but may also be caused by other surgery of the pelvic area, nervous system dysfunction, or use of pharmacological agents. Confirmation is by identification of spermatozoa in a urine sample.

MF40.Y Other specified problems of male genital organs

MF40.Z Problems of male genital organs, unspecified

MF41 Symptom or complaint of male sexual function

MF42 Retractile testis migrans

A retractile testicle is one that may move back and forth between the scrotum and the groin. For most boys, the problem resolves sometime before or during puberty.

MF4Y Other specified symptoms, signs or clinical findings involving the male genital system

Symptoms, signs or clinical findings involving the urinary system (MF50‑MF5Y)

Coded Elsewhere: Fear of urinary disease (MG24.C)

MF50 Abnormal micturition

MF50.0 Frequent micturition

Needing to urinate more often than normal.

Exclusions: Pollakiuria (MF50.1)

MF50.1 Pollakiuria

MF50.2 Urinary incontinence

Any condition of the urinary system, caused by determinants arising during the antenatal period or after birth, leading to loss of voluntary control or support of the urethra. These conditions are characterised by involuntary leakage of large amounts of urine, in association with uninhibited contractions of the detrusor muscle and the inability to control urination.

Exclusions: haematuria: recurrent and persistent (GB40‑GB4Z)

haematuria with specified morphological lesion (GB40‑GB4Z)

proteinuria NOS (MF96)

haematuria NOS (MF50.4)

Diurnal enuresis (6C00.1)

Enuresis (6C00)

Nocturnal and diurnal enuresis (6C00.2)

Nocturnal enuresis (6C00.0)

MF50.20 Stress incontinence

Urinary incontinence due to diminished urethral pressure in straining or coughing.

Coding Note: Code also the causing condition

Exclusions: Stress incontinence associated with pelvic organ prolapse (GC40.50)

MF50.21 Urge Incontinence

This is a form of urinary incontinence characterised by the involuntary loss of urine occurring for no apparent reason while feeling urinary urgency, a sudden need or urge to urinate.

Exclusions: Urge incontinence associated with pelvic organ prolapse (GC40.51)

MF50.22 Mixed incontinence

MF50.23 Functional urinary incontinence

Urinary incontinence due to cognitive impairment, or severe physical disability or immobility

Exclusions: Stress incontinence (MF50.20)

MF50.24 Reflex incontinence

Urinary incontinence that accompanies detrusor hyperreflexia

MF50.2Y Other specified urinary incontinence

MF50.2Z Urinary incontinence, unspecified

MF50.3 Retention of urine

Incomplete emptying of the bladder

MF50.4 Haematuria

#DRAFT# The presence of red blood cells (RBCs) in the urine due to unspecified etiology

Exclusions: recurrent or persistent haematuria (GB40‑GB4Z)

MF50.40 Macroscopic haematuria

MF50.41 Microscopic haematuria

MF50.4Z Haematuria, unspecified

MF50.5 Extravasation of urine

MF50.6 Other difficulties with micturition

MF50.60 Hesitancy of micturition

Difficulty in beginning the flow of urine or maintaining a urinary stream

MF50.61 Poor urinary stream

A reduced, slow or weak stream of urine

MF50.62 Splitting of urinary stream

A condition where the urine stream splits into two or more different directions

MF50.63 Urgency of urination

A sudden and strong urge to urinate along with discomfort in the bladder

MF50.64 Feeling of incomplete bladder emptying

A sensation that the bladder is not empty after voiding.

MF50.65 Straining to void

The need to strain or push in order to empty the bladder

MF50.6Y Other specified difficulties with micturition

MF50.6Z Difficulties with micturition, unspecified

MF50.7 Dysuria

painful urination

Inclusions: Strangury

MF50.8 Vesical tenesmus

ineffective and painful straining for urination

MF50.Y Other specified abnormal micturition

MF50.Z Abnormal micturition, unspecified

MF51 Anuria or oliguria

Anuria means nonpassage of urine, in practice is defined as passage of less than 50 millilitres of urine in a day. Oliguria is the low output of urine. It is clinically classified as an output below 300-500ml/day.

Exclusions: Maternal care for other conditions predominantly related to pregnancy (JA65)

MF52 Bladder pain

Complaint of suprapubic or retropubic pain, pressure, or discomfort, related to the bladder, and usually increasing with bladder filling. It may persist or be relieved after voiding.

Exclusions: Chronic primary bladder pain syndrome (MG30.00)

Chronic primary visceral pain (MG30.00)

Chronic secondary visceral pain (MG30.4)

MF53 Extrarenal uraemia

Inclusions: Prerenal uraemia

MF54 Macroscopic changes of size of the kidney

Any condition characterised by alterations in the size of the kidney, observable by the unaided eye.

MF54.0 Smooth contracted kidney

A condition of the kidney, caused by an overgrowth of abnormal fibrous tissue and ischaemic atrophy. This condition is characterised by a small, granular, and smooth kidney.

Exclusions: Small kidney (MF54.2)

diffuse sclerosing glomerulonephritis (GB61)

contracted kidney due to hypertension (BA02)

hypertensive nephrosclerosis (arteriolar)(arteriosclerotic) (BA02)

MF54.1 Irregularly contracted kidney

A kidney with deep cortical indentations or scars large enough to be perceived or examined by the naked eye

MF54.2 Small kidney

A condition characterised by a kidney smaller in size and weight than the average (less than 11 centimetres long, 5-7.5 centimetres wide, 2.5 centimetres thick, and weighing less than 120 grams).

MF54.Y Other specified macroscopic changes of size of the kidney

MF54.Z Macroscopic changes of size of the kidney, unspecified

MF55 Polyuria

Polyuria is a condition defined as excessive or abnormally large production or passage of urine.

MF56 Renal colic

A severe paroxysmal pain in the flank radiating to the groin, scrotum or labia, caused by blockage of the renal pelvis or ureter most commonly by a renal stone. May be associated with nausea and vomiting.

MF57 Symptom or complaint of bladder

MF58 Urethral discharge

Inclusions: Urethrorrhoea

Penile discharge

MF59 Urinary symptom or complaint

MF5Y Other specified symptoms, signs or clinical findings involving the urinary system

Clinical findings in specimens from female genital organs (MF60‑MF6Z)

Exclusions: Low grade squamous intraepithelial lesion of vulva (GA13.1)

Carcinoma in situ of other or unspecified genital organs (2E67)

Low grade squamous intraepithelial lesion of cervix uteri (GA15.7)

MF60 Abnormal level of enzymes in specimens from female genital organs

MF61 Abnormal level of hormones in specimens from female genital organs

MF62 Abnormal level of drugs, medicaments and biological substances in specimens from female genital organs

MF63 Abnormal level of substances chiefly nonmedicinal as to source in specimens from female genital organs

MF64 Abnormal immunological findings in specimens from female genital organs

MF65 Abnormal microbiological findings in specimens from female genital organs

MF66 Abnormal cytological findings in specimens from female genital organs

MF66.0 Abnormal cervix smear

MF66.Y Other specified abnormal cytological findings in specimens from female genital organs

MF66.Z Abnormal cytological findings in specimens from female genital organs, unspecified

MF67 Abnormal histological findings in specimens from female genital organs

MF68 Abnormal chromosomal findings in specimens from female genital organs

MF6Y Other specified clinical findings in specimens from female genital organs

MF6Z Clinical findings in specimens from female genital organs, unspecified

Clinical findings in specimens from male genital organs (MF70‑MF7Z)

Exclusions: Oligospermia (GB04)

Azoospermia (GB04.0)

MF70 Abnormal level of enzymes in specimens from male genital organs

MF71 Abnormal level of hormones in specimens from male genital organs

MF72 Abnormal level of drugs, medicaments and biological substances in specimens from male genital organs

MF73 Abnormal level of substances chiefly nonmedicinal as to source in specimens from male genital organs

MF74 Abnormal immunological findings in specimens from male genital organs

MF75 Abnormal microbiological findings in specimens from male genital organs

Exclusions: Prostate specific antigen positive (MA14.1B)

MF76 Abnormal cytological findings in specimens from male genital organs

MF77 Abnormal histological findings in specimens from male genital organs

MF78 Abnormal chromosomal findings in specimens from male genital organs

MF7Y Other specified clinical findings in specimens from male genital organs

MF7Z Clinical findings in specimens from male genital organs, unspecified

Clinical findings in specimens from the urinary system (MF80‑MF8Z)

MF80 Diffuse mesangial sclerosis

Diffuse mesangial sclerosis is a histological appearance which is characterised by diffuse thickening of basement membrane and massive enlargement of mesangial areas leading to contraction and sclerosis of the glomerular capillary tuft. It may be seen in children with early onset steroid resistant nephrotic syndrome due to a variety of genetic abnormalities, either as an isolated renal disease or as part of a multi-organ syndrome.

MF81 Fibronectin glomerulopathy

Fibronectin glomerulopathy is a rare hereditary kidney disease in which fibronectin (FN1) deposits are seen in the mesangium and subendothelial space. The clinical picture is characterised by proteinuria, type IV renal tubular acidosis, microscopic haematuria and hypertension that may lead to end-stage renal failure in the second to sixth decade of life. This disease may be associated with mutations in the FN1 gene.

MF82 Lipoprotein glomerulopathy

Characteristic lipoprotein thrombi are found in the glomerulus in this genetically determined disease mainly found in East Asia.

MF83 Diabetic glomerular changes

Diabetic glomerulosclerosis involves diffuse thickening of the basement membrane progressing to diffuse mesangial expansion (diffuse diabetic glomerulosclerosis) with in some cases matrix occupying the capillary lumen to form Kimmelstiel Wilson nodules (nodular glomerulosclerosis)

Coding Note: Code also the causing condition

MF84 Pauci-immune proliferative glomerulonephritis

A focal and segmental necrotising glomerulonephritis with no immune deposits (“pauci-immune”). Typical of glomerular involvement in anti-neutrophil cytoplasmic antibody (ANCA) mediated vasculitis – microscopic polyangiitis and Wegener's granulomatosis. Most but not all patients have circulation ANCA when there is active disease.

MF85 Anti-glomerular basement membrane antibody mediated disease

Anti-GBM mediated glomerulonephritis is an aggressive focal and segmental proliferative glomerular disease characterised by linear staining of the glomerular basement membrane for immunoglobulins, particularly IgG and IgM. Crescentic change is often associated and circulating anti-bodies to glomerular basement membrane are found in active disease. The renal syndrome is often acute nephritis with rapid renal functional decline (rapidly progressive nephritis) and if associated with respiratory involvement (haemoptysis, respiratory failure) the couple is termed “Goodpasture's syndrome”.

Inclusions: Goodpasture syndrome

MF8Y Other specified clinical findings in specimens from the urinary system

MF8Z Clinical findings in specimens from the urinary system, unspecified

Clinical findings on examination of urine, without diagnosis (MF90‑MF9Y)

Coding Note: This category is to be assigned when no underlying or determining condition is identified.

Exclusions: Specific findings indicating disorder of amino-acid metabolism (5C50)

Specific findings indicating disorder of carbohydrate metabolism (5C51)

Clinical findings on antenatal screening of mother (JA66)

MF90 Acetonuria

Acetonuria is a medical condition in which acetone is present in the urine.

Inclusions: Ketonuria

MF91 Bilirubinuria

Bilirubinuria means the presence of any bile pigment in the urine.

MF92 Chyluria

Chyluria, also called chylous urine, is a medical condition involving the presence of chyle in the urine stream, which results in urine appearing milky white.

Exclusions: Filarial chyluria (1F66)

MF93 Glycosuria

Coded Elsewhere: Renal glycosuria (GB90.45)

MF94 Haemoglobinuria

The presence of free haemoglobin in the urine, indicating haemolysis of erythrocytes within the vascular system. After saturating the haemoglobin-binding proteins (haptoglobins), free haemoglobin begins to appear in the urine.

Exclusions: Marchiafava-Micheli syndrome (3A21.0)

MF95 Myoglobinuria

Myoglobinuria is the presence of myoglobin in the urine usually as result of rhabdomyolysis. Any process that interferes with the storage or use of energy by muscle cells can lead to myoglobinuria. When excreted into the urine, myoglobin can precipitate, causing tubular obstruction and acute kidney injury. The most common causes of myoglobinuria in adults are trauma, alcohol and drug abuse, usually in relation to muscle necrosis from prolonged immobilization and pressure by the body weight. Prolonged ethanol consumption and seizure activity, similar to excessive physical activity, can produce an imbalance between muscle energy consumption and production, resulting in muscle destruction.

MF96 Proteinuria

Excessive serum proteins in the urine, such as in renal disease when albumin is the main protein, but also may be due to other proteins such as immunoglobulin light chains in plasma cell dyscrasia such as multiple myeloma.

Exclusions: Persistent proteinuria or albuminuria (GB42)

Coded Elsewhere: Gestational proteinuria without hypertension (JA22.0)

Gestational oedema with proteinuria without hypertension (JA22.2)

MF96.0 Orthostatic proteinuria

A condition characterised by an elevated protein excretion while in the upright position and normal protein excretion in a supine or recumbent position.

MF96.1 Bence Jones proteinuria

A condition characterised by the presence of a monoclonal globulin protein or immunoglobulin light chain (Bence Jones protein) in the urine. Originally detected by precipitating at 56 and dissolving again at 100 degrees centigrade (Henry Bence Jones 1813-1873) they are now detected by urinary electrophoresis or light chain assay.

MF96.Y Other specified proteinuria

MF96.Z Proteinuria, unspecified

MF97 Pyuria

Pyuria is a urinary condition that is characterized by an elevated number of white blood cells in the urine. Doctors define a high number as at least 10 white blood cells per cubic millimeter (mm³) of centrifuged urine. Pyuria can cause the urine to look cloudy or as if it contains pus.

MF98 Abnormal levels of serum electrolytes in the urine

Coded Elsewhere: Hyperphosphaturia (GB90.48)

MF98.0 Hypercalciuria

MF98.1 Hyperkaluria

MF98.2 Hypermagnesuria

MF98.3 Hypocalciuria

MF98.4 Hypokaluria

MF98.5 Hypomagnesuria

MF98.6 Hypophosphaturia

MF98.Y Other specified abnormal levels of serum electrolytes in the urine

MF98.Z Abnormal levels of serum electrolytes in the urine, unspecified

MF99 Elevated urine levels of drugs, medicaments and biological substances

Elevated urine levels of drugs, medicaments and biological substances mean that the levels of drugs, medicaments, and biological substances have elevated on the urine examination.

MF9A Abnormal urine levels of substances chiefly nonmedicinal as to source

MF9B Abnormal findings on microbiological examination of urine

MF9C Abnormal findings on cytological and histological examination of urine

MF9Y Other specified clinical findings on examination of urine, without diagnosis

Coding Note: This category is to be assigned when no underlying or determining condition is identified.

MG00 Clinical findings on diagnostic imaging of breast

Clinical findings on diagnostic imaging of breast is findings on diagnostic imaging of the breast which don't appear in normal status of the body. Diagnostic imaging refers to technologies that doctors use to look inside body for clues about a medical condition. X-rays, CT scans, nuclear medicine scans, MRI scans and ultrasound are all types of diagnostic imaging.

MG01 Clinical findings on diagnostic imaging of urinary organs

Exclusions: hypertrophy of kidney (GB90)

MG02 Results of kidney function studies

Inclusions: Abnormal renal function test

MG0Y Other specified symptoms, signs or clinical findings of the genitourinary system

General symptoms, signs or clinical findings (MG20‑MG9Y)

General symptoms (MG20‑MG4Y)

Coded Elsewhere: Enlarged lymph nodes (MA01)

Symptom or complaint of a body part (ME86)

MG20 Cachexia

Cachexia is a pathological generalised loss of body mass with reduction of the storage fat deposits, structural fat and musculature that can be accompanied by gradual loss of function of organs.

Exclusions: Human immunodeficiency virus disease associated with wasting syndrome (1C62.3)

Malignant neoplasms of ill-defined or unspecified primary sites (2D40‑2D4Z)

nutritional marasmus (5B51)

MG20.0 Malignant cachexia

MG20.Z Cachexia, unspecified

MG21 Chills

MG22 Fatigue

A feeling of exhaustion, lethargy, or decreased energy, usually experienced as a weakening or depletion of one's physical or mental resource and characterised by a decreased capacity for work and reduced efficiency in responding to stimuli. Fatigue is normal following a period of exertion, mental or physical, but sometimes may occur in the absence of such exertion as a symptom of health conditions.

Inclusions: General physical deterioration

Lethargy

Exclusions: Combat fatigue (QE84)

Exhaustion due to exposure (NF07.2)

heat exhaustion (NF01)

Bodily distress disorder (6C20)

Depressive disorders (6A70‑6A7Z)

Sleep-wake disorders (Chapter 07)

Bipolar or related disorders (6A60‑6A6Z)

senile fatigue (MG2A)

Chronic fatigue syndrome (8E49)

Myalgic encephalomyelitis (8E49)

Postviral fatigue syndrome (8E49)

pregnancy-related exhaustion and fatigue (JA65)

MG23 Fear of death or dying

MG24 Fear of disease

Exclusions: Bodily distress disorder (6C20)

Hypochondriasis (6B23)

Coded Elsewhere: Fear of ear disease (MC4Y)

Fear of skin disease (ME66.Y)

Fear of sexual dysfunction female (MF3Y)

MG24.0 Fear of cancer

MG24.00 Fear of cancer of digestive system

This refers to worrying about having a cancer of the digestive system.

MG24.01 Fear of breast cancer female

MG24.02 Fear of genital cancer male

MG24.0Y Other specified fear of cancer

MG24.0Z Fear of cancer, unspecified

MG24.1 Fear of human immunodeficiency virus

MG24.2 Fear of haematological disease

Coded Elsewhere: Fear of haematological cancer (MG24.0Y)

MG24.3 Fear of digestive disease

This is a health anxiety and refers to worrying about having a digestive disease.

Coded Elsewhere: Fear of cancer of digestive system (MG24.00)

MG24.4 Fear of eye disease

MG24.5 Fear of heart disease

MG24.6 Fear of hypertension

MG24.7 Fear of cardiovascular disease

MG24.8 Fear of musculoskeletal disease

Coded Elsewhere: Fear of cancer musculoskeletal (MG24.0Y)

MG24.9 Fear of neurological disease

Coded Elsewhere: Fear of cancer of neurological system (MG24.0Y)

MG24.A Fear of respiratory disease

Coded Elsewhere: Fear of cancer of respiratory system (MG24.0Y)

MG24.B Fear of endocrine, metabolic or nutritional disease

Coded Elsewhere: Fear of cancer of endocrine system (MG24.0Y)

MG24.C Fear of urinary disease

Coded Elsewhere: Fear of cancer of urinary system (MG24.0Y)

MG24.D Fear of complications of pregnancy

MG24.E Fear of sexually transmitted disease female

MG24.F Fear of female genital or breast disease

Coded Elsewhere: Fear of breast cancer female (MG24.01)

Fear of genital cancer female (MG24.0Y)

MG24.G Fear of sexually transmitted disease male

MG24.H Fear of genital disease male

Coded Elsewhere: Fear of genital cancer male (MG24.02)

MG24.J Fear of mental disorder

MG24.Y Fear of other specified disease

MG24.Z Fear of disease, unspecified

MG25 Feeling ill

Inclusions: malaise

MG26 Fever of other or unknown origin

An abnormal elevation of body temperature of unknown origin, often as a result of a pathologic process.

Exclusions: fever of unknown origin in newborn (KD10‑KD1Z)

Malignant hyperthermia due to anaesthesia (NE86)

Coded Elsewhere: Pyrexia of unknown origin following delivery (JB40.4)

Pyrexia during labour, not elsewhere classified (JB0D.2)

Fever of newborn (KD11)

MG27 Haemorrhage, not elsewhere classified

Bleeding or escape of blood from a vessel.

Exclusions: Obstetric haemorrhage (JA40‑JA4Z)

Haemorrhage or haematoma complicating a procedure, not elsewhere classified (NE81.0)

Fetal blood loss (KA80)

Certain specified neonatal haemorrhages (KA83)

MG28 Hypothermia, not associated with low environmental temperature

Exclusions: hypothermia NOS (NF02)

hypothermia low environmental temperature (NF02)

Coded Elsewhere: Hypothermia of newborn (KD12)

MG29 Oedema

Abnormal fluid accumulation in tissues or body cavities not coded elsewhere.

Exclusions: oedema of pharynx (CA00‑CA0Z)

oedema of nasopharynx (CA00‑CA0Z)

Pulmonary oedema (CB01)

Ascites (ME04)

hydrops fetalis NOS (KC41.1)

angioneurotic oedema (EB04)

Cerebral oedema due to birth injury (KA40.1)

hereditary oedema (4A00.14)

Oedema of larynx (CA0H.3)

malnutrition (5B50‑5B7Z)

hydrothorax (CB27)

Coded Elsewhere: Gestational oedema without hypertension (JA22.1)

Gestational oedema with proteinuria without hypertension (JA22.2)

MG29.0 Localised oedema

Coded Elsewhere: Swollen tongue (MD80.1)

MG29.00 Ankle oedema

MG29.01 Oedema of legs

MG29.02 Pitting of lip

MG29.0Y Other specified localised oedema

MG29.1 Generalised oedema

MG29.10 Oedema due to increased capillary pressure

Increased capillary pressure increases the leakage of fluid from the vascular compartment to the interstitial tissues, resulting in oedema. Causes include impaired or obstructed venous return (fluid overload, venous thrombosis, right heart failure, venous compression from tumour tissue), increased blood flow (physiological response to heat exposure, arteriovenous malformations, disturbed cutaneous vasomotor control due to drug or autonomic neuropathy), or reduced plasma oncotic pressure due to hypoproteinaemia.

Coded Elsewhere: Fluid overload with oedema (5C78)

MG29.1Y Other specified generalised oedema

MG29.2 Infectious oedema

MG29.3 Pitting oedema

MG29.Z Oedema, unspecified

MG2A Ageing associated decline in intrinsic capacity

Inclusions: senescence without mention of psychosis

Exclusions: Senile dementia (6D80‑6D8Z)

Pain (MG30‑MG3Z)

Inclusions: pain not referable to any one organ or body region

Exclusions: Headache disorders (8A80‑8A8Z)

Abdominal or pelvic pain (MD81)

Breast pain (GB23.5)

Pain in joint (ME82)

Pain in eye (MC18)

Ear pain (AB70.2)

Pain in chest (MD30)

Pelvic or perineal pain (MD81.11)

Pain in shoulder (ME82)

Spinal pain (ME84)

Pain in tooth, toothache (DA0A)

Renal colic (MF56)

Pain in throat (MD36.0)

Low back pain (ME84.2)

Pain in limb (FB56.4)

Pain disorders (8E43)

MG30 Chronic pain

Pain is an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. Chronic pain is pain that persists or recurs for longer than 3 months. Chronic pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome.

Coding Note: This code should be used if a pain condition persists or recurs for longer than 3 months.

Exclusions: Acute pain (MG31)

MG30.0 Chronic primary pain

Chronic primary pain is chronic pain in one or more anatomical regions that is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). Chronic primary pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms.

Coding Note: Other chronic pain diagnoses to be considered are chronic cancer-related pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic secondary headache or orofacial pain, chronic secondary visceral pain and chronic secondary musculoskeletal pain.

Exclusions: Acute pain (MG31)

Coded Elsewhere: Painful bruising syndrome (ED02)

MG30.00 Chronic primary visceral pain

Chronic primary visceral pain is chronic pain localized in the thoracic, abdominal or pelvic region, and is associated with significant emotional distress or functional disability. The distinct anatomical location is compatible with typical referral pain patterns from specific internal organs. The symptoms are not better explained by a diagnosis of chronic secondary visceral pain. Chronic primary visceral pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms.

Exclusions: Chronic abdominal pain NOS (MD81.4)

Coded Elsewhere: Penoscrotodynia (EC92.0)

Vulvodynia (GA34.02)

Irritable bowel syndrome (DD91.0)

Functional gallbladder disorder (DD94)

Functional sphincter of Oddi disorder (DD95)

Functional abdominal pain in children (DD93.Y)

Functional biliary sphincter of Oddi disorder (DD95)

Functional pancreatic sphincter of Oddi disorder (DD95)

Abdominal pain-related functional GI disorders in children (DD93.Y)

Vulval dysaesthesia syndrome (GA34.02)

MG30.01 Chronic widespread pain

Chronic widespread pain (CWP) is diffuse pain in at least 4 of 5 body regions and is associated with significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). CWP is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate when the pain is not directly attributable to a nociceptive process in these regions and there are features consistent with nociplastic pain and identified psychological and social contributors.

Exclusions: Acute pain (MG31)

MG30.02 Chronic primary musculoskeletal pain

Chronic primary musculoskeletal pain is chronic pain in the muscles, bones, joints or tendons that is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). Chronic primary musculoskeletal pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms. Other chronic musculoskeletal pain diagnoses to be considered are those listed under chronic secondary musculoskeletal pain.

Exclusions: Acute pain (MG31)

MG30.03 Chronic primary headache or orofacial pain

Chronic primary headache or orofacial pain is defined as headache or orofacial pain that occurs on at least 50% of the days during at least 3 months. It is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities, reduced participation in social roles). Chronic primary headache or orofacial pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms. The duration of pain per day is at least 2 hours.

Exclusions: Headache disorders (8A80‑8A8Z)

Coded Elsewhere: Chronic migraine (8A80.2)

Burning mouth syndrome (DA0F.0)

Chronic tension-type headache (8A81.2)

Chronic cluster headache (8A82)

Hemicrania continua (8A82)

MG30.04 Complex regional pain syndrome

Complex regional pain syndrome (CRPS) is a chronic pain condition in an extremity with a variable course over time. It is characterized by continuing regional pain (not in a specific nerve territory or dermatome), usually with distal predominance or distal-to-proximal gradient. It typically arises after tissue trauma and is seemingly disproportionate in magnitude or duration to the usual course of pain after such tissue trauma.

CRPS is characterized by signs indicating autonomic and neuro-inflammatory changes in the affected body region varying between patients and over time. Often, CRPS is accompanied by significant emotional distress or functional disability. CRPS is multifactorial.

MG30.0Y Other specified chronic primary pain

Coding Note: Other chronic pain diagnoses to be considered are chronic cancer-related pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic secondary headache or orofacial pain, chronic secondary visceral pain and chronic secondary musculoskeletal pain.

MG30.0Z Chronic primary pain, unspecified

Coding Note: Other chronic pain diagnoses to be considered are chronic cancer-related pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic secondary headache or orofacial pain, chronic secondary visceral pain and chronic secondary musculoskeletal pain.

MG30.1 Chronic cancer related pain

Chronic cancer-related pain is pain caused by the primary cancer itself or metastases (chronic cancer pain) or its treatment (chronic post-cancer treatment pain). It is distinct from pain caused by co-morbid disease [1-3]. It should be highly probable that the pain is due to cancer or its treatment; if its genesis is vague, consider using codes in the section of Primary pain.

Coding Note: Code also the causing condition

MG30.10 Chronic cancer pain

Chronic cancer pain is chronic pain caused by the primary cancer or metastases. It should be highly probable that the pain is due to cancer; if its genesis is vague, consider using codes in the section of chronic primary pain.

Coding Note: Code also the causing condition

MG30.11 Chronic post cancer treatment pain

Chronic post-cancer treatment pain is pain caused by any treatment given to treat the primary tumour or metastases. The most common forms are:

(i) Chronic painful chemotherapy-induced polyneuropathy (CIPN): chronic peripheral neuropathic pain caused by oral or intravenous chemotherapy.

(ii) Chronic post-radiotherapy pain: chronic pain caused by delayed local damage to the nervous system in the field of radiotherapy. It is distinct from pain caused by tumour recurrence or co-morbid disease.

Other treatments include surgery and hormonal therapy.

Diagnostic Criteria

Conditions A to C are fulfilled:

A. Chronic pain (persistent or recurrent for longer than 3 months) is present and characterised by all of the following:

A1 History of treatment with neurotoxic chemotherapy or radiotherapy or any treatment given to treat the primary tumour or metastases

A2 It is likely that the pain is caused by the cancer treatment.

B. One of the following applies:

B1 An active or recurrent tumour or metastases have been specifically excluded on radiological investigation.

B2 If an active or a recurrent tumor or metastases are present, the pain is not better accounted for by them.

C. The pain is not better accounted for by another diagnosis of chronic pain.

Coding Note: Code also the causing condition

MG30.1Y Other specified chronic cancer related pain

Coding Note: Code also the causing condition

MG30.1Z Chronic cancer related pain, unspecified

Coding Note: Code also the causing condition

MG30.2 Chronic postsurgical or post traumatic pain

Chronic postsurgical or post traumatic pain is pain developing or increasing in intensity after a surgical procedure or a tissue injury (involving any trauma including burns) and persisting beyond the healing process, i.e. at least 3 months after surgery or tissue trauma. The pain is either localized to the surgical field or area of injury, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem.

Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

Coded Elsewhere: Complex regional pain syndrome (MG30.04)

MG30.20 Chronic post traumatic pain

Chronic post traumatic pain is pain developing or increasing in intensity after a tissue injury (involving any trauma including burns) and persisting beyond the healing process, i.e. at least 3 months after the tissue trauma. The pain is either localized to the area of injury, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem.

Coding Note: The posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

Coded Elsewhere: Chronic central neuropathic pain associated with spinal cord injury (MG30.50)

Chronic central neuropathic pain associated with brain injury (MG30.50)

Chronic neuropathic pain after peripheral nerve injury (MG30.51)

Complex regional pain syndrome type II (MG30.04)

MG30.21 Chronic postsurgical pain

Chronic postsurgical pain is chronic pain developing or increasing in intensity after a surgical procedure and persisting beyond the healing process, i.e. at least 3 months after surgery. The pain is either localised to the surgical field, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem. Dependent on type of surgery, chronic postsurgical pain often may be neuropathic pain.

Coding Note: The postsurgical aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

MG30.2Y Other specified chronic postsurgical or post traumatic pain

Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

MG30.2Z Chronic postsurgical or post traumatic pain, unspecified

Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

MG30.3 Chronic secondary musculoskeletal pain

Chronic secondary musculoskeletal pain is chronic pain arising from bone(s), joint(s), muscle(s), vertebral column, tendon(s) or related soft tissue(s). It is a heterogeneous group of chronic pain conditions originating in persistent nociception in joint, bone, muscle, vertebral column, tendons and related soft tissues, with local and systemic aetiologies, but also related to deep somatic lesions. The pain may be spontaneous or movement-induced.

Coding Note: If the pain is related to visceral lesions, it should be considered whether a diagnosis of chronic visceral pain is appropriate;

if it is related to neuropathic mechanisms, it should be coded under chronic neuropathic pain;

and if the pain mechanisms are non-specific, chronic musculoskeletal pain should be coded under chronic primary pain.

Exclusions: Acute pain (MG31)

Chronic neuropathic pain (MG30.5)

Chronic primary pain (MG30.0)

Chronic secondary visceral pain (MG30.4)

MG30.30 Chronic secondary musculoskeletal pain from persistent inflammation

Chronic secondary musculoskeletal pain from persistent inflammation is chronic pain due to inflammatory mechanisms in joint(s), bone(s), tendon(s), muscle(s), soft tissue(s) or vertebral column. The pain may be spontaneous or movement-induced. It is characterised by clinical features of inflammation, including increased sensitivity of the part to stimuli.

Coding Note: Code also the causing condition

MG30.31 Chronic secondary musculoskeletal pain associated with structural changes

Chronic secondary musculoskeletal pain associated with structural changes is chronic pain of unknown mechanism(s) that is attributable to anatomical changes in joint(s), bone(s) or tendon(s). The structural change needs to be inferred from clinical examination and/or demonstrable on imaging. The pain may be spontaneous or movement-induced. It is characterised by clinical features such as swelling, allodynia or restricted movement.

Diagnostic Criteria:

Conditions A to D are fulfilled:

A) Chronic pain (persistent or recurrent for longer than 3 months) in joint(s), bone(s), or tendon(s) is present. The pain may be spontaneous or movement induced.

B) At least one of the following fulfilled:

B1) Swelling is present.

B2) Allodynia over the part is present.

C) The structural change is inferred from clinical examination or imaging.

D) The pain is not better accounted for by another diagnosis of chronic pain.

Coding Note: Code also the causing condition

Coded Elsewhere: Chronic pain after musculoskeletal injury (MG30.20)

MG30.32 Chronic secondary musculoskeletal pain due to disease of the nervous system

Chronic secondary musculoskeletal pain due to diseases of the nervous system is chronic pain localized in joint(s), bone(s), tendon(s) or muscle(s) that is related to peripheral or central neurological disorders classified elsewhere. It includes pain due to altered motor function and altered sensory function. Altered biomechanical function due to the neurological disease is responsible for the activation of nociceptors in musculoskeletal tissue. The pain may be spontaneous or movement-induced.

Coding Note: Code also the causing condition

MG30.3Y Other specified chronic secondary musculoskeletal pain

Coding Note: If the pain is related to visceral lesions, it should be considered whether a diagnosis of chronic visceral pain is appropriate;

if it is related to neuropathic mechanisms, it should be coded under chronic neuropathic pain;

and if the pain mechanisms are non-specific, chronic musculoskeletal pain should be coded under chronic primary pain.

MG30.3Z Chronic secondary musculoskeletal pain, unspecified

Coding Note: If the pain is related to visceral lesions, it should be considered whether a diagnosis of chronic visceral pain is appropriate;

if it is related to neuropathic mechanisms, it should be coded under chronic neuropathic pain;

and if the pain mechanisms are non-specific, chronic musculoskeletal pain should be coded under chronic primary pain.

MG30.4 Chronic secondary visceral pain

Chronic visceral pain is persistent or recurrent pain originating from internal organs of the head/neck region and of the thoracic, abdominal and pelvic cavities. The visceral etiology of the pain should be highly probable; if it is vague, consider using codes in the section of Chronic Primary Pain.

Coding Note: Code also the causing condition

Exclusions: Neuropathic pain (8E43.0)

Coded Elsewhere: Chronic visceral cancer pain (MG30.10)

MG30.40 Chronic visceral pain from mechanical factors

Chronic visceral pain from mechanical factors is chronic pain deriving from a) the obstruction of hollow viscera as a consequence of internal migrating obstacles (e.g., stones) or stenosis, with dilation above the obstacle/stenosis or b) from the traction of ligaments and vessels of internal organs or the external compression of internal organs.

Coding Note: Code also the causing condition

MG30.41 Chronic visceral pain from vascular mechanisms

Chronic visceral pain from vascular mechanisms is chronic visceral pain due to alterations of arterial and/or venous blood vessels to/from viscera of the head/neck region, thoracic, abdominal and pelvic cavities or pain conditions of the vascular system producing pain in other locations.

Coding Note: Code also the causing condition

MG30.42 Chronic visceral pain from persistent inflammation

Chronic visceral pain from persistent inflammation is chronic pain due to longlasting inflammation of internal organs of the head/neck region and of the thoracic, abdominal, or pelvic cavities.

Coding Note: Code also the causing condition

MG30.4Y Other specified chronic secondary visceral pain

Coding Note: Code also the causing condition

MG30.4Z Chronic secondary visceral pain, unspecified

Coding Note: Code also the causing condition

MG30.5 Chronic neuropathic pain

Chronic neuropathic pain is chronic pain caused by a lesion or disease of the somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of chronic neuropathic pain requires a history of nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (for example, decreased or loss of sensation) and positive sensory symptoms or signs (for example, allodynia or hyperalgesia) indicating the involvement of the somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure.

Coding Note: Code also the causing condition

Coded Elsewhere: Chronic neuropathic orofacial pain (MG30.62)

Chronic neuropathic cancer pain (MG30.10)

MG30.50 Chronic central neuropathic pain

Chronic central neuropathic pain is chronic pain caused by a lesion or disease of the central somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of central neuropathic pain requires a history of central nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (e.g., decreased or loss of sensation) and positive sensory symptoms or signs (e.g., allodynia or hyperalgesia) indicating the involvement of the central somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure.

Coding Note: Code also the causing condition

MG30.51 Chronic peripheral neuropathic pain

Chronic peripheral neuropathic pain is chronic pain caused by a lesion or disease of the peripheral somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of peripheral neuropathic pain requires a history of peripheral nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (e.g., decreased or loss of sensation) and positive sensory symptoms or signs (e.g., allodynia or hyperalgesia) indicating the involvement of the peripheral somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure.

Coding Note: Code also the causing condition

Coded Elsewhere: Postherpetic neuralgia (1E91.5)

Chronic painful radiation-induced neuropathy (MG30.11)

Postzoster glossopharyngeal neuralgia (1E91.5)

Postzoster trigeminal neuralgia (1E91.5)

MG30.5Y Other specified chronic neuropathic pain

Coding Note: Code also the causing condition

MG30.5Z Chronic neuropathic pain, unspecified

Coding Note: Code also the causing condition

MG30.6 Chronic secondary headache or orofacial pain

Chronic secondary headache and orofacial pain comprises all headache and orofacial pain disorders that have underlying causes and occur on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours.

Coding Note: If the aetiology is vague, consider using codes in the section of chronic primary pain.

Exclusions: Acute pain in the face, not elsewhere classified (MG31.0)

Acute headache, not elsewhere classified (MG31.1)

MG30.61 Chronic dental pain

Chronic dental pain is chronic pain that is caused by a disorder involving the teeth or associated tissues (pulpal, periodontal or gingival pain) and that occurs for two hours or more per day on at least 50% of the days during at least three months. The typical causative factor will be caries or trauma to a tooth or teeth or associated tissues. In addition to clinical examination, imaging (intraoral x-rays, CT scans etc.) may facilitate the correct diagnosis. If the aetiology is vague, consider using codes in the section of chronic primary pain.

Coding Note: Code also the causing condition

MG30.62 Chronic neuropathic orofacial pain

Chronic neuropathic orofacial pain is chronic pain in the orofacial region that is caused by a lesion or disease of the peripheral somatosensory nervous system. It occurs for two hours or more per day (or several shorter attacks per day occur) on at least 50% of the days during at least three months. The diagnosis of chronic neuropathic orofacial pain requires a history of peripheral nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative and positive sensory symptoms or signs must be compatible with the innervation territory of the affected nervous structure.

Coding Note: Code also the causing condition

Coded Elsewhere: Tolosa-Hunt syndrome (8A85)

Other cranial neuralgia or other centrally mediated facial pain (8A85)

Combined hyperactive dysfunction syndrome of the cranial nerves (8A85)

Supraorbital neuralgia (8A85)

Occipital neuralgia (8A85)

Postzoster glossopharyngeal neuralgia (1E91.5)

Postzoster trigeminal neuralgia (1E91.5)

MG30.63 Headache or orofacial pain associated with chronic secondary temporomandibular disorders

Chronic secondary temporomandibular disorder pain is chronic pain in the temporomandibular joint(s) or masseter or temporalis muscle(s) associated with persistent inflammation (due to e.g. infection, crystal deposition or autoimmune disorders), structural changes (such as osteoarthritis or spondylosis), injury, or diseases of the nervous system. It occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours. If the etiology is vague, consider using codes in the section of chronic primary pain.

Coding Note: Code also the causing condition

MG30.64 Chronic headache or orofacial pain associated with disorders of homoeostasis or their nonpharmacological treatment

Chronic headache or orofacial pain associated with disorders of homeostasis or their nonpharmacological treatment is caused by disorders of homoeostasis or the nonpharmacological treatment thereof, and has a duration of more than three months. The pain occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours.

MG30.65 Chronic headache or orofacial pain associated with cranial or cervical vascular disorder

Chronic headache or orofacial pain associated with cranial or cervical vascular disorder is caused by vascular cervical or cranial disorders, and has a duration of more than three months. The pain occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours.

MG30.66 Chronic headache or orofacial pain associated with non-vascular intracranial disorder

Chronic headache or orofacial pain associated with non-vascular intracranial disorder is caused by non-vascular intracranial disorders, and has a duration of more than three months. The pain occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours.

MG30.67 Chronic headache associated with a substance or its withdrawal

Chronic headache associated with a substance or its withdrawal is caused by use of, exposure to or withdrawal from a substance, and has a duration of more than three months. The pain occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours.

Exclusions: Medication-overuse headache (8A84)

MG30.6Y Other specified chronic secondary headache or orofacial pain

Coding Note: If the aetiology is vague, consider using codes in the section of chronic primary pain.

MG30.6Z Chronic secondary headache or orofacial pain, unspecified

Coding Note: If the aetiology is vague, consider using codes in the section of chronic primary pain.

MG30.Y Other specified chronic pain

Coding Note: This code should be used if a pain condition persists or recurs for longer than 3 months.

MG30.Z Chronic pain, unspecified

Coding Note: This code should be used if a pain condition persists or recurs for longer than 3 months.

MG31 Acute pain

Pain with a duration of less than 3 months.

This code should be used only when there is no further specification of site.

MG31.0 Acute pain in the face, not elsewhere classified

MG31.1 Acute headache, not elsewhere classified

MG31.2 Acute postoperative pain, not elsewhere classified

Pain at the intervention site or caused by an intervention.

MG31.Y Other specified acute pain

MG31.Z Acute pain, unspecified

MG3Z Pain, unspecified

MG40 Shock

Shock is a life-threatening medical condition that occurs due to inadequate substrate for aerobic cellular respiration. In the early stages this is generally an inadequate tissue level of oxygen. Shock, not elsewhere classified is a shock that isn't classified elsewhere.

Exclusions: Traumatic shock, not elsewhere classified (NF0A.4)

Toxic shock syndrome (1C45)

lightening shock (NF08.0)

electric shock (NF08.4)

Psychic shock (QE84)

Anaphylactic shock NOS (4A84)

Anaphylaxis due to allergic reaction to food (4A84.0)

anaphylactic shock due to serum (NE80.3)

Coded Elsewhere: Sepsis with septic shock (1G41)

Shock following abortion, ectopic or molar pregnancy (JA05.3)

Shock during or following labour or delivery (JB0D.1)

MG40.0 Cardiogenic shock

Exclusions: Cardiogenic shock, unrelated to mechanical complications, as current complication following acute myocardial infarction (BA60.9)

MG40.1 Hypovolaemic shock

Exclusions: traumatic hypovolemic shock (NF0A.4)

MG40.Y Other specified shock

MG40.Z Shock, unspecified

MG41 Sleep disturbance, not elsewhere classified

Exclusions: Sleep-wake disorders (Chapter 07)

MG42 Somnolence, not elsewhere classified

Inclusions: Drowsiness

Exclusions: Sleep-wake disorders (Chapter 07)

MG43 Symptoms and signs concerning food and fluid intake

Symptoms and signs concerning food and fluid intake include anorexia, polydipsia, polyphagia, feeding difficulties and mismanagement, abnormal weight loss, abnormal weight gain, insufficient intake of food and water due to self neglect and other symptoms and signs concerning food and fluid intake.

Exclusions: Feeding or eating disorders (6B80‑6B8Z)

malnutrition (5B50‑5B7Z)

MG43.0 Polydipsia

Inclusions: Excessive thirst

MG43.1 Overeating

The consumption of excess food in relation to energy and nutritional requirements.

Inclusions: Excessive eating

Exclusions: Bipolar or related disorders (6A60‑6A6Z)

Depressive disorders (6A70‑6A7Z)

Feeding or eating disorders (6B80‑6B8Z)

MG43.2 Abulia

Abulia is state of poverty of behaviour and speech output, lack of initiative, loss of emotional responses, psychomotor slowing, and prolonged speech latency.

MG43.3 Feeding difficulties

Exclusions: Feeding problems of newborn (KD32)

Feeding or eating disorders (6B80‑6B8Z)

Anorexia Nervosa (6B80)

Bulimia Nervosa (6B81)

Binge eating disorder (6B82)

Avoidant-restrictive food intake disorder (6B83)

Pica (6B84)

Rumination-regurgitation disorder (6B85)

Cyclic vomiting syndrome (8A80.4)

MG43.30 Feeding problem of infant

Exclusions: Feeding problems of newborn (KD32)

Avoidant-restrictive food intake disorder (6B83)

MG43.31 Feeding problem of child

Exclusions: Feeding or eating disorders (6B80‑6B8Z)

Anorexia Nervosa (6B80)

Avoidant-restrictive food intake disorder (6B83)

Pica (6B84)

Rumination-regurgitation disorder (6B85)

Binge eating disorder (6B82)

Bulimia Nervosa (6B81)

Cyclic vomiting syndrome in children (DD93)

MG43.32 Feeding problem of adult

Exclusions: Anorexia Nervosa (6B80)

Bulimia Nervosa (6B81)

Binge eating disorder (6B82)

Avoidant-restrictive food intake disorder (6B83)

Pica (6B84)

Rumination-regurgitation disorder (6B85)

Feeding or eating disorders (6B80‑6B8Z)

Cyclic vomiting syndrome (8A80.4)

MG43.3Z Feeding difficulties, unspecified

MG43.4 Insufficient intake of food and water due to self neglect

Exclusions: starvation due to privation of food (PD27)

thirst due to privation of water (PD28)

Anorexia Nervosa (6B80)

Avoidant-restrictive food intake disorder (6B83)

Bulimia Nervosa (6B81)

Feeding or eating disorders (6B80‑6B8Z)

MG43.40 Refusal of food, not elsewhere classified

Exclusions: Intentional self-harm by lack of food (PD27)

Anorexia (MG43.7)

MG43.41 Refusal of fluid, not elsewhere classified

Exclusions: Intentional self-harm by lack of water (PD28)

Dehydration (5C70.0)

MG43.4Y Other specified insufficient intake of food and water due to self neglect

MG43.4Z Insufficient intake of food and water due to self neglect, unspecified

MG43.5 Excessive weight loss

A reduction of total body mass, due to loss of fluid, body fat or adipose tissue, or lean (muscle) mass that is sufficient in quantity or rate to create risk to the individual’s health.

MG43.6 Excessive weight gain

An increase in total body mass, due to increase in fluid, fat or adipose tissue, or lean (muscle) mass that is outside the expected range for normal growth and development and is sufficient in quantity or rate to create risk to the individual’s health.

Exclusions: Obesity (5B81)

Coded Elsewhere: Excessive weight gain in pregnancy (JA65.2)

MG43.7 Anorexia

Anorexia is a pathological lack or loss of appetite.

Inclusions: Loss of appetite

Exclusions: loss of appetite of nonorganic origin (6B80‑6B8Z)

anorexia nervosa (6B80)

Decreased appetite (MG43.8)

MG43.8 Decreased appetite

Intermittent or persistent decreased motivation or desire to eat food as compared to what is typical for the individual.

MG43.9 Increased appetite

Intermittent or persistent increased motivation or desire to eat food as compared to what is typical for the individual.

MG43.Y Other specified symptoms and signs concerning food and fluid intake

MG44 Symptoms peculiar to infancy

MG44.0 Excessive crying of infant

Inclusions: Irritable infant

Exclusions: neonatal cerebral irritability (KB03)

MG44.1 Lack of expected normal physiological development

Lack of expected normal physiological development includes delayed milestone of development and other lack of expected normal physiological development including gross and fine motor development, language, social milestones.

Exclusions: Delayed puberty (5A91)

Disorders of intellectual development (6A00)

MG44.10 Delayed milestone

Inclusions: Delayed attainment of expected physiological developmental stage

MG44.11 Failure to thrive in infant or child

When an infant or child's current weight or rate of weight gain is significantly below that of other children of similar age and gender.

Exclusions: Failure to thrive in newborn (KD32.4)

Anorexia Nervosa (6B80)

Avoidant-restrictive food intake disorder (6B83)

Cachexia (MG20)

MG44.12 Short stature of child

Short stature is when a child is significantly shorter than children of the same age and gender

Exclusions: Short stature due to growth hormone resistance (5A61.0)

Short stature, not elsewhere classified (5B11)

MG44.13 Constitutional delay of growth and puberty

Delayed development concerning maturation of bones and their growth at prepubertal and pubertal ages of children. Occurs with or without short stature below the third percentile of body height. Height velocity is usually temporarily below the mean. Bone age is always delayed. Puberty starts late, but spontaneously. Other causes of delayed growth (with or without short stature below the third percentile of body height) or of delayed puberty must be excluded.

Exclusions: Short stature, not elsewhere classified (5B11)

Short stature due to growth hormone resistance (5A61.0)

MG44.14 Familial short stature

Short stature of a child or adolescent (below 3rd percentile) with one or both parents with an adult height below 3rd percentile. Combination with constitutional delay of growth and puberty may occur.

Exclusions: Short stature, not elsewhere classified (5B11)

Short stature due to growth hormone resistance (5A61.0)

MG44.1Y Other specified lack of expected normal physiological development

MG44.1Z Lack of expected normal physiological development, unspecified

MG44.Y Other specified symptoms peculiar to infancy

MG44.Z Symptoms peculiar to infancy, unspecified

MG45 Syncope and collapse

Syncope is also called fainting, temporary loss of consciousness. Syncope and collapse is temporary loss of consciousness with a fall down.

Inclusions: Fainting

Blackout

Exclusions: Heat syncope (NF01.1)

carotid sinus syncope (8D88)

Shock during or following labour or delivery (JB0D.1)

unconsciousness NOS (MB20.1)

Cardiogenic shock (MG40.0)

Shock following abortion, ectopic or molar pregnancy (JA05.3)

shock: NOS (MG40)

Orthostatic hypotension (BA21)

neurogenic orthostatic hypotension (8D87.0)

Coded Elsewhere: Reflex syncope (8D89.0)

Syncope due to autonomic failure (8D89.1)

MG45.0 Cardiac syncope

MG45.Y Other specified syncope and collapse

MG45.Z Syncope and collapse, unspecified

MG46 Systemic inflammatory response syndrome of noninfectious origin

Coding Note: Code also the underlying condition.

Exclusions: Systemic inflammatory response syndrome of infectious origin (Chapter 01)

MG47 Toxicosis not further specified

Exclusions: Harmful effects of substances (NE60‑NE6Z)

MG48 Unknown and unspecified causes of morbidity

Inclusions: Undiagnosed disease, not specified as to the site or system involved

MG49 Hangover

Exclusions: Alcohol withdrawal (6C40.4)

MG4A Multi organ failure

Failure of function of more than one organ or organ system, not otherwise specified

Coding Note: Code also the causing condition

MG4Y Other specified general symptoms

Finding of microorganism resistant to antimicrobial drugs (MG50‑MG5Z)

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50 Finding of gram negative bacteria resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.0 Antibiotic resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.00 Tetracycline resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.01 Aminoglycoside resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.02 Carbapenem resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.03 Polymyxin resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.0Y Acinetobacter resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.0Z Acinetobacter resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.1 Antibiotic resistant Campylobacter

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.10 Fluoroquinolone resistant Campylobacter

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.1Y Other specified antibiotic resistant Campylobacter

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.1Z Campylobacter resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.2 Antibiotic resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.20 Sulfonamide or trimethoprim resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.21 Fluoroquinolone resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.22 Third generation cephalosporin resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.23 Fourth-generation cephalosporins resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.24 Carbapenem resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.25 Polymyxin resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.26 Penicillin resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.27 Extended spectrum beta-lactamase producing Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.2Y Escherichia coli resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.2Z Escherichia coli resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.3 Antibiotic resistant Haemophilus influenzae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.30 Ampicillin resistant Haemophilus influenzae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.3Y Other specified antibiotic resistant Haemophilus influenzae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.3Z Antibiotic resistant Haemophilus influenzae, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.4 Antibiotic resistant Helicobacter pylori

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.40 Clarithromycin resistant Helicobacter pylori

MG50.4Y Other specified antibiotic resistant Helicobacter pylori

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.4Z Antibiotic resistant Helicobacter pylori, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.5 Antibiotic resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.50 Sulfonamide or trimethoprim resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.51 Fluoroquinolone resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.52 Third-generation cephalosporin resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.53 Fourth-generation cephalosporin resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.54 Carbapenem resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.55 Polymyxin resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.56 Extended-spectrum beta-lactamase producing Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.5Y Klebsiella pneumoniae resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.5Z Klebsiella pneumoniae resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.6 Antibiotic resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.60 Third generation cephalosporin resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.61 Macrolide resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.62 Aminocyclitol resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.63 Fluoroquinolone resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.64 Aminoglycoside resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.6Y Neisseria gonorrhoeae resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.6Z Neisseria gonorrhoeae resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.7 Antibiotic resistant Neisseria meningitidis

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.70 Penicillin resistant Neisseria meningitidis

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.7Y Other specified antibiotic resistant Neisseria meningitidis

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.7Z Antibiotic resistant Neisseria meningitidis, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.8 Antibiotic resistant Pseudomonas aeruginosa

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.80 Carbapenem-resistant Pseudomonas aeruginosa

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.81 Polymyxin-resistant Pseudomonas aeruginosa

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.8Y Pseudomonas aeruginosa resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.8Z Pseudomonas aeruginosa resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.9 Antibiotic resistant Salmonella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.90 Fluoroquinolone resistant Salmonella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.91 Third generation cephalosporin resistant Salmonella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.92 Carbapenem resistant Salmonella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.9Y Salmonella resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.9Z Salmonella resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.A Antibiotic resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.A0 Carbapenem resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.A1 Fluoroquinolone resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.A2 Third-generation cephalosporins resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.A3 Macrolides resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.AY Shigella resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.AZ Shigella resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.B Antibiotic resistant Vibrio

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.B0 Fluoroquinolone resistant Vibrio

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.BY Vibrio resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.BZ Vibrio resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.C Other antibiotic resistant Enterobacterales

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.C0 Other carbapenem resistant Enterobacterales

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.C1 Other third-generation cephalosporin resistant Enterobacterales

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.CY Other specified other antibiotic resistant Enterobacterales

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.CZ Other antibiotic resistant Enterobacterales, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.Y Other specified finding of gram negative bacteria resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.Z Finding of gram negative bacteria resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51 Finding of gram positive bacteria resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.0 Antibiotic resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.00 Methicillin resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.01 Vancomycin resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.02 Penicillinase-stable beta lactams resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.0Y Other specified antibiotic resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.0Z Antibiotic resistant Staphylococcus aureus, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.1 Antibiotic resistant Streptococcus pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.10 Penicillin resistant Streptococcus pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.11 Sulfonamide and trimethoprim resistant Streptococcus pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.12 Third-generation cephalosporins resistant Streptococcus pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.1Y Streptococcus pneumoniae resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.1Z Streptococcus pneumoniae resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.2 Antibiotic resistant Enterococcus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.20 Vancomycin resistant Enterococcus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.2Y Enterococcus resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.2Z Enteroccus resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.Y Other specified finding of gram positive bacteria resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.Z Finding of gram positive bacteria resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52 Finding of bacteria, neither gram negative nor positive, resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.0 Antibiotic resistant Mycobacterium

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG52.00 Multi-drug resistant Mycobacterium tuberculosis

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.01 Antibiotic resistant non-tuberculous Mycobacterium

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.02 Extensively drug-resistant mycobacterium tuberculosis

Extensively drug-resistant tuberculous mycobacteria are resistant to at least four of the core anti-TB drugs. XDR-TB mycobacteria are resistant to the two most powerful anti-TB drugs, isoniazid and rifampicin, also known as multidrug-resistance, in addition to resistance to any of the fluoroquinolones (such as levofloxacin or moxifloxacin) and to at least one of the three injectable second-line drugs (amikacin, capreomycin or kanamycin).

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.0Y Other specified antibiotic resistant Mycobacterium

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG52.0Z Antibiotic resistant Mycobacterium, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG52.Y Other specified finding of bacteria, neither gram negative nor positive, resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.Z Finding of bacteria, neither gram negative nor positive, resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53 Finding of virus resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53.0 Antiretroviral therapy resistant Human immunodeficiency virus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53.Y Other specified finding of virus resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53.Z Finding of virus resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG54 Finding of fungus resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55 Finding of parasite resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55.0 Artemisinin resistant Plasmodium falciparum

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55.Y Other specified finding of parasite resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55.Z Finding of parasite resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG56 Finding of microorganism resistant to other multiple antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG5Y Finding of other microorganism resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG5Z Finding of microorganism resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

Clinical findings in specimens from other specified organs, systems and tissues (MG60‑MG6Y)

Coded Elsewhere: Meconium staining (KD38)

MG60 Abnormal level of enzymes in specimens from other organs, systems and tissues

MG61 Abnormal level of hormones in specimens from other organs, systems and tissues

MG62 Abnormal level of drugs, medicaments and biological substances in specimens from other organs, systems and tissues

MG63 Abnormal level of substances chiefly nonmedicinal as to source in specimens from other organs, systems and tissues

MG64 Abnormal immunological findings in specimens from other organs, systems and tissues

MG65 Abnormal microbiological findings in specimens from other organs, systems and tissues

MG66 Abnormal cytological findings in specimens from other organs, systems and tissues

MG67 Abnormal histological findings in specimens from other organs, systems and tissues

MG6Y Other specified clinical findings in specimens from other specified organs, systems and tissues

Abnormal results, not elsewhere classified (MG70‑MG7Z)

MG70 Abnormal diagnostic imaging results not elsewhere classified

MG71 Abnormal laboratory results, not elsewhere classified

MG71.0 Abnormal findings on neonatal screening

MG71.Y Other specified abnormal laboratory results, not elsewhere classified

MG71.Z Abnormal laboratory results, not elsewhere classified, unspecified

MG72 Abnormal results of function studies of other organs and systems

MG7Y Other specified abnormal results, not elsewhere classified

MG7Z Abnormal results, not elsewhere classified, unspecified

MG9Y Other specified general symptoms, signs or clinical findings

Ill-defined and unknown causes of mortality (MH10‑MH15)

Exclusions: Fetal death, cause not specified (KD3B)

Obstetric death of unspecified cause (JB60)

MH10 Brain death

Persistent apnoeic coma due to irreversible cessation brainstem, cerebellar and cortical activity as seen clinically by no eye opening or eye movement to noxious stimuli, no motor and verbal response, no brain stem and spinal reflexes corneal, cough, vestibuloocular and respiratory, and no cerebral electrical activity as seen by EEG, no cerebral blood flow as seen by cerebral angiogram (conventional, MR, CT, Doppler) and no metabolic activity evidenced by SPECT or PET lasting for more than 24 hours due to irreversible diffuse lesion of the brain not due to hypothermia, sedative drug, neuromuscular blocker overdose or metabolic abnormality without evidence of peripheral circulatory shock.

MH11 Sudden infant death syndrome

Sudden infant death syndrome is the abrupt and unexplained death of an apparently healthy infant under one year of age, remaining unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.

Exclusions: Fetal death, cause not specified (KD3B)

MH11.0 Sudden infant death syndrome with mention of autopsy

MH11.1 Sudden infant death syndrome without autopsy

MH11.Z Sudden infant death syndrome, unspecified

MH12 Other sudden death, cause unknown

Exclusions: Sudden infant death syndrome (MH11)

MH12.0 Instantaneous death

Inclusions: Sudden unexplained death in adult

MH12.1 Death occurring less than 24 hours from onset of symptoms, not otherwise explained

Inclusions: Death known not to be violent or instantaneous for which no cause can be discovered

Death without sign of disease

MH12.Y Other specified sudden death, cause unknown

MH13 Unattended death

Inclusions: Found dead

MH14 Other ill-defined and unspecified causes of mortality

Inclusions: Unknown cause of mortality

MH15 Sudden unexpected death in epilepsy

Sudden unexpected death in epilepsy (SUDEP) is a category of death in people with epilepsy that occurs under benign circumstances and in the absence of known structural causes of death (i.e. not due to drowning, injury, intoxication and other internal or external factors). Evidence of a preceding seizure may be present or not. A “definite SUDEP” is confirmed if a postmortem examination does not reveal an alternative cause of death. If such examination lacks, but potentially lethal alternative causes are excluded and all other criteria are met, the death is labelled as “probable SUDEP”. The term “possible SUDEP” is used in cases with competing causes of death or when data are insufficient to reasonably allow their classification. The term “SUDEP plus” applies when a patient also suffered from other diseases that may have contributed to the death, but there are no clues that the alternative condition has truly caused it. Cases in which cardiopulmonary resuscitation prevented the death are called “near-SUDEP”.

MH2Y Other specified symptoms, signs or clinical findings, not elsewhere classified

CHAPTER 22

Injury, poisoning or certain other consequences of external causes

This chapter has 236 four-character categories.

Code range starts with NA00

In the ICD, injury means physical or physiological bodily harm resulting from interaction of the body with energy (mechanical, thermal, electrical, chemical or radiant, or due to extreme pressure) in an amount, or at a rate of transfer, that exceeds physical or physiological tolerance. Injury can also result from lack of vital elements, such as oxygen. Poisoning by and toxic effects of substances are included, as is damage of or due to implanted devices.

Injury usually has rapid onset in response to a well-defined event (e.g. a car crash, striking the ground after falling, drinking a strongly alkaline liquid, an overdose of a medication, a burn sustained during a surgical procedure). These events are often referred to as external causes of injury. The injurious energy can, however, originate from the injured person and/or from his or her immediate environment (e.g. a person running on a hot day sustains heat exhaustion), and injury can be caused by the injured person (i.e. intentional self-harm).

Injury includes manifestations that are evident immediately after onset, which may persist or not, and manifestations that first become evident at a later date.

Exclusions: Stress fracture, not elsewhere classified (FB80.A)

Pathological fracture (FB80.B)

Certain specified obstetric trauma (JB0A)

Malunion of fracture (FB80.7)

Birth injury (KA40‑KA4Z)

Nonunion of fracture (FB80.8)

This chapter contains the following top level blocks:

* Injuries to the head
* Injuries to the neck
* Injuries to the thorax
* Injuries to the abdomen, lower back, lumbar spine or pelvis
* Injuries to the shoulder or upper arm
* Injuries to the elbow or forearm
* Injuries to the wrist or hand
* Injuries to the hip or thigh
* Injuries to the knee or lower leg
* Injuries to the ankle or foot
* Injuries involving multiple body regions
* Injuries to unspecified part of trunk, limb or body region
* Effects of foreign body entering through natural orifice
* Burns
* Frostbite
* Harmful effects of substances
* Injury or harm arising from surgical or medical care, not elsewhere classified
* Other or unspecified effects of external causes

Injuries to the head (NA00‑NA0Z)

Coding Note: This Block includes the following:

• injuries of face [any part]

• injuries of gum

• injuries of jaw

• injuries of oral cavity

• injuries of palate

• injuries of periocular area

• injuries of scalp

• injuries of temporomandibular joint area

• injuries of tongue

• injuries of tooth

Exclusions: Foreign body in ear (ND71)

Foreign body in mouth (ND73.0)

Foreign body in larynx (ND72.3)

Foreign body in pharynx (ND72.2)

Foreign body in nostril (ND72.1)

Burns (ND90‑NE2Z)

Frostbite (NE40‑NE4Z)

Foreign body on external eye (ND70)

Coded Elsewhere: Epilepsy due to injuries to the head (8A60.5)

Birth injury to face (KA43.3)

NA00 Superficial injury of head

Damage inflicted on the surface or shallow tissues of the head as the direct or indirect result of an external force, with or without disruption of structural continuity.

Exclusions: Injury of eye or orbit (NA06)

cerebral contusion (diffuse) focal (NA07.4)

NA00.0 Superficial injury of scalp

Coded Elsewhere: Birth injury to scalp (KA42)

NA00.00 Abrasion of scalp

NA00.01 Contusion of scalp

Coded Elsewhere: Bruising of scalp due to birth injury (KA42.0)

NA00.02 Superficial foreign body in scalp

NA00.0Y Other specified superficial injury of scalp

NA00.0Z Superficial injury of scalp, type unspecified

NA00.1 Superficial injury of eyelid or periocular area

NA00.10 Abrasion of eyelid or periocular area

NA00.11 Contusion of eyelid or periocular area

Inclusions: black eye

Exclusions: Contusion of eyeball or orbital tissues (NA06.9)

NA00.1Y Other specified superficial injury of eyelid or periocular area

NA00.1Z Superficial injury of eyelid or periocular area, unspecified

NA00.2 Superficial injury of ear

Damage inflicted on the surface or shallow tissues of the ear as the direct or indirect result of an external force, with or without disruption of structural continuity.

NA00.3 Superficial injury of nose

NA00.4 Superficial injury of lip or oral cavity

NA00.5 Multiple superficial injuries of head

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NA00.6 Abrasion of other or unspecified sites of head

NA00.7 Contusion of other or unspecified sites of head

NA00.Y Superficial injury of other specified part of head

NA00.Z Superficial injury of unspecified part of head

NA01 Open wound of head

Exclusions: Decapitation (NA63)

Traumatic amputation of part of head (NA09)

Injury of eye or orbit (NA06)

Coded Elsewhere: Open wound of eyelid or periocular area (NA06.04)

NA01.2 Laceration without foreign body of head

Inclusions: laceration of skin of head

NA01.3 Laceration with foreign body of head

NA01.4 Puncture wound without foreign body of head

NA01.5 Puncture wound with foreign body of head

NA01.6 Open bite of head

NA01.7 Multiple open wounds of head

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA01.Y Other specified open wound of head

NA01.Z Open wound of head, unspecified

NA02 Fracture of skull or facial bones

Coded Elsewhere: Fracture of skull due to birth injury (KA45.0)

Birth injury to facial bones (KA45.2)

NA02.0 Fracture of vault of skull

NA02.00 Fracture of squama of frontal bone of skull

NA02.01 Fracture of parietal bone of skull

NA02.02 Fracture of squama of temporal bone of skull

NA02.03 Fracture of squama of occipital bone of skull

NA02.0Z Fracture of vault of skull, unspecified

NA02.1 Fracture of base of skull

Fractures which extend through the base of the skull, usually involving the petrous bone.

Exclusions: Fracture of orbital floor (NA02.21)

fracture of orbit NOS (NA02.2)

NA02.10 Fracture of anterior fossa of base of skull

NA02.11 Fracture of middle fossa of base of skull

NA02.12 Fracture of posterior fossa of base of skull

NA02.13 Fracture of sinus of ethmoid bone of skull

NA02.14 Fracture of frontal sinus of skull

NA02.15 Fracture of sphenoid bone of skull

NA02.16 Fracture of occipital condyle of skull, type I

NA02.17 Fracture of occipital condyle of skull, type II

NA02.18 Fracture of occipital condyle of skull, type III

NA02.19 Fracture of other part of occipital bone of skull

NA02.1A Other fractures of base of skull

NA02.1Z Fracture of base of skull, unspecified

NA02.2 Orbital fracture

NA02.20 Fracture of orbital roof

NA02.21 Fracture of orbital floor

Exclusions: Fracture of orbital roof (NA02.20)

NA02.2Y Other specified orbital fracture

NA02.2Z Orbital fracture, unspecified

NA02.3 Fracture of nasal bones

Coded Elsewhere: Nasal bone fracture due to birth injury (KA45.21)

NA02.4 Fracture of maxilla

NA02.40 Le Fort fracture type I

NA02.41 Le Fort fracture type II

NA02.42 Le Fort fracture type III

NA02.4Y Other specified fracture of maxilla

NA02.4Z Fracture of maxilla, unspecified

NA02.5 Fracture of zygoma

Inclusions: Fracture of malar

NA02.7 Fracture of mandible

Fracture of the largest and strongest bone of the face constituting the lower jaw.

Coded Elsewhere: Mandibular bone fracture due to birth injury (KA45.20)

NA02.70 Fracture of condylar process of mandible

Condylar process fractures are defined as fractures running above or posterior to a line confined by the sigmoid notch line and the masseteric notch line. The mandibular condylar process comprises three fracture levels and is subdivided into the head region, the condylar neck, and the condylar base. Fractures of the condylar head show typical fracture lines either within the lateral pole zone, which may lead to loss of vertical height, or medially to the pole zone, with the latter ones usually not compromising the vertical condyle to disc and fossa relation. Fractures of the condylar neck and base can be differentiated according to radiologically based rules with regard to the proportion of the fracture line above and below the level of the sigmoid notch, and are basically subdivided according to the presence or absence of displacement or dislocation. Further parameters for definition are presence or absence of fragmentation, sideward displacement (medially or laterally), angulation of the superior main fragment and fracture-site geometry (e.g. straight or oblique, interfragmentary interdigitation)

Exclusions: Fracture of ramus of mandible (NA02.73)

Fracture of subcondylar process of mandible (NA02.71)

NA02.71 Fracture of subcondylar process of mandible

NA02.72 Fracture of coronoid process of mandible

NA02.73 Fracture of ramus of mandible

NA02.74 Fracture of angle of mandible

NA02.75 Fracture of alveolar margin of mandible

NA02.76 Fracture of symphysis of mandible

NA02.7Y Other specified fracture of mandible

NA02.7Z Fracture of mandible, unspecified

NA02.8 Multiple fractures involving skull or facial bones

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA02.Y Fracture of other specified skull or facial bones

NA02.Z Fracture of skull and facial bones, part unspecified

NA03 Dislocation or strain or sprain of joints or ligaments of head

NA03.0 Dislocation of jaw

Displacement of the mandible, the largest and strongest bone of the face constituting the lower jaw. Dislocation of the temporomandibular joint is a painful condition that occurs when the mandibular condyle becomes fixed in the anterosuperior aspect of the articular eminence.

TMJ dislocation is due to either trauma or, more commonly, excessive opening of the mandible. Spasm of the masseter, temporalis, and internal pterygoid muscles results in trismus, preventing return of the condyle to the temporal fossa.

Exclusions: disc displacement (internal derangement of the TMJ) (DA0E.8)

NA03.1 Dislocation of septal cartilage of nose

NA03.3 Strain or sprain of jaw

A collective term for muscle and ligament injuries of the tissues associated with the mandible without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NA03.Y Dislocation or sprain of other specified joints or ligaments of head

NA03.Z Dislocation or strain or sprain of joints or ligaments of head, unspecified

NA04 Injury of cranial nerves

Coded Elsewhere: Birth injury to cranial nerves (KA44.0)

NA04.0 Injury of olfactory nerve

NA04.1 Injury of optic nerve or pathways

NA04.10 Injury of optic nerve, unilateral

Coded Elsewhere: Traumatic optic neuropathy (9C40.7)

NA04.11 Injury of optic nerve, bilateral

Coded Elsewhere: Traumatic optic neuropathy (9C40.7)

NA04.12 Injury of optic chiasm

NA04.13 Injury of optic tract or pathways, unilateral

NA04.14 Injury of optic tract or pathways, bilateral

NA04.15 Injury of visual cortex, unilateral

NA04.16 Injury of visual cortex, bilateral

NA04.1Y Other specified injury of optic nerve or pathways

NA04.1Z Injury of optic nerve or pathways, unspecified

NA04.2 Injury of oculomotor nerve

NA04.3 Injury of trochlear nerve

NA04.4 Injury of trigeminal nerve

NA04.5 Injury of abducent nerve

NA04.6 Injury of facial nerve

Coded Elsewhere: Birth injury to facial nerve (KA44.00)

NA04.7 Injury of acoustic nerve

NA04.8 Injury of glossopharyngeal nerve

NA04.9 Injury of vagus nerve

NA04.A Injury of accessory nerve

NA04.B Injury of hypoglossal nerve

NA04.Z Injury of cranial nerves, unspecified

NA05 Injury of blood vessels of head

NA05.0 Injury of intracranial vessels of head

NA05.1 Injury of extracranial vessels of head

NA05.Z Injury of blood vessels of head, unspecified

NA06 Injury of eye or orbit

Exclusions: Orbital fracture (NA02.2)

Injury of optic nerve, unilateral (NA04.10)

Injury of oculomotor nerve (NA04.2)

superficial injury of eyelid (NA00.1)

Coded Elsewhere: Birth injury to eye (KA41)

NA06.0 Eyelid trauma

Coded Elsewhere: Contusion of eyelid or periocular area (NA00.11)

Chemical burn of eyelid and periocular area (NE00)

NA06.00 Eyelid avulsion

This is an injury in which a body structure is forcibly detached from its normal point of insertion by either trauma or surgery. The term most commonly refers to a surface trauma where all layers of the skin have been torn away, exposing the underlying structures (i.e. subcutaneous tissue, muscle, tendons, or bone). This is similar to an abrasion but more severe, where the eyelid can be partially or fully detached from the body.

NA06.01 Haematoma of eyelid

NA06.02 Oedema of eyelid

NA06.03 Retained foreign body in eyelid

NA06.04 Open wound of eyelid or periocular area

NA06.0Y Other specified eyelid trauma

NA06.0Z Eyelid trauma, unspecified

NA06.1 Penetrating wound of orbit with or without foreign body

Exclusions: Retained foreign body following penetrating wound of orbit (NA06.2)

NA06.2 Retained foreign body following penetrating wound of orbit

Exclusions: Penetrating wound of orbit with or without foreign body (NA06.1)

Traumatic injury to eyeball (NA06.8)

NA06.3 Traumatic orbital haemorrhage

This is the loss of blood or blood escaping from the circulatory system, of the cavity or socket of the skull in which the eye and its appendages are situated.

NA06.4 Injury of conjunctiva or corneal abrasion without mention of foreign body

Exclusions: Foreign body in cornea (ND70.0)

Foreign body in conjunctival sac (ND70.1)

NA06.5 Trauma to the iris sphincter

This refers to trauma to the muscle in the part of the eye called the iris. It encircles the pupil of the iris, appropriate to its function as a constrictor of the pupil.

NA06.6 Traumatic injuries of the retina

This refers to traumatic injuries of the light-sensitive layer of tissue, lining the inner surface of the eye. The optics of the eye create an image of the visual world on the retina, which serves much the same function as the film in a camera.

NA06.60 Traumatic macular hole

Exclusions: Non-traumatic macular hole (9B75.1)

NA06.61 Choroidal rupture

NA06.62 Commotio retinae

NA06.63 Optic nerve avulsion

NA06.6Y Other specified traumatic injuries of the retina

NA06.6Z Traumatic injuries of the retina, unspecified

NA06.7 Traumatic retinal haemorrhage

NA06.8 Traumatic injury to eyeball

Coded Elsewhere: Chemical burn with resulting rupture or destruction of eyeball (NE00)

NA06.80 Retained intraocular magnetic foreign body, unilateral

Inclusions: old magnetic foreign body in eyeball

NA06.81 Retained intraocular nonmagnetic foreign body, unilateral

NA06.82 Closed eyeball trauma, unilateral

NA06.83 Closed eyeball trauma, bilateral

NA06.84 Penetrating wound of eyeball without foreign body, unilateral

NA06.85 Avulsion of eye, unilateral

Inclusions: Traumatic enucleation

NA06.86 Avulsion of eye, bilateral

NA06.87 Ocular laceration or rupture with prolapse or loss of intraocular tissue, unilateral

Forcible or traumatic tearing or breaking of the eyeball with protrusion or loss of the tissues and fluids located within the eyeball.

NA06.88 Ocular laceration or rupture with prolapse or loss of intraocular tissue, bilateral

NA06.89 Penetrating injury of eyeball, bilateral

NA06.8A Perforating injury of eyeball, bilateral

NA06.8B Retained intraocular magnetic foreign body, bilateral

NA06.8C Retained intraocular nonmagnetic foreign body, bilateral

NA06.8D Ocular laceration without prolapse or loss of intraocular tissue, unilateral

NA06.8E Ocular laceration without prolapse or loss of intraocular tissue, bilateral

NA06.8Y Other specified traumatic injury to eyeball

NA06.8Z Traumatic injury to eyeball, unspecified

NA06.9 Contusion of eyeball or orbital tissues

Injuries to the eyeball and surrounding tissue resulting in haemorrhage, usually manifested in the skin.

Exclusions: black eye (NA00.11)

Contusion of eyelid or periocular area (NA00.11)

NA06.A Injury of lens

Coded Elsewhere: Contusion of lens (NA06.9)

Retained magnetic foreign body in lens, unilateral (NA06.80)

Retained nonmagnetic foreign body in lens, unilateral (NA06.81)

Ocular laceration or rupture with hernia of lens, unilateral (NA06.87)

Penetrating injury of lens without foreign body, unilateral (NA06.84)

Penetrating wound of lens with foreign body, unilateral (NA06.8Y)

NA06.Y Other specified injury of eye or orbit

NA06.Z Injury of eye or orbit, unspecified

NA07 Intracranial injury

Damage inflicted on the tissues of the brain as the direct or indirect result of an external force, with or without disruption of structural continuity.

Coded Elsewhere: Intracranial laceration or haemorrhage due to birth injury (KA40.0)

Epilepsy due to injuries to the head (8A60.5)

NA07.0 Concussion

Loss or diminution of consciousness due to injury.

Coding Note: Code also the causing condition

Inclusions: Commotio cerebri

NA07.00 Concussion with incomplete loss of consciousness with amnesia

NA07.01 Concussion with incomplete loss of consciousness without amnesia

NA07.02 Concussion with loss of consciousness, short duration of less than 30 minutes

NA07.03 Concussion with loss of consciousness, short duration of 30 minutes to less than one hour

NA07.04 Concussion with loss of consciousness, short duration of one hour to less than 6 hours

NA07.05 Concussion with loss of consciousness, intermediate duration of 6 hours to less than 24 hours

NA07.06 Concussion with loss of consciousness, persisting longer than 24 hours or until discharge or latest assessment

NA07.07 Concussion with loss of consciousness, persisting until death

NA07.08 Concussion with loss of consciousness, duration unspecified or unknown due to effects of therapy

NA07.09 Concussion with loss of consciousness, duration unspecified or unknown due to lack of information

NA07.0Y Other specified concussion

Coding Note: Code also the causing condition

NA07.0Z Concussion, unspecified

Coding Note: Code also the causing condition

NA07.1 Traumatic intracerebral haemorrhage

Inclusions: traumatic intracerebral haematoma

NA07.2 Traumatic cerebral oedema

Coded Elsewhere: Cerebral oedema due to birth injury (KA40.1)

NA07.20 Diffuse traumatic cerebral oedema

NA07.21 Focal traumatic cerebral oedema

NA07.2Y Other specified traumatic cerebral oedema

NA07.2Z Traumatic cerebral oedema, unspecified

NA07.3 Diffuse brain injury

Coded Elsewhere: Cerebral contusion due to birth injury (KA40.07)

NA07.30 Diffuse injury of cerebrum

NA07.31 Diffuse injury of cerebellum

Coded Elsewhere: Cerebellar contusion due to birth injury (KA40.06)

NA07.32 Diffuse injury of brainstem

Coded Elsewhere: Birth injury to brainstem (KA40.3)

NA07.33 Diffuse injury of multiple parts of brain

NA07.3Y Other specified diffuse brain injury

NA07.3Z Unspecified diffuse traumatic brain injury

NA07.4 Focal brain injury

NA07.40 Focal non-haemorrhagic contusion of cerebrum

NA07.41 Focal haemorrhagic contusion of cerebrum

NA07.42 Focal laceration of cerebrum

NA07.43 Multiple focal injuries of cerebrum

NA07.44 Focal non-haemorrhagic contusion of cerebellum

NA07.45 Focal haematoma or haemorrhage of cerebellum

NA07.46 Focal laceration of cerebellum

NA07.47 Multiple focal injuries of cerebellum

NA07.48 Focal non-haemorrhagic contusion of brainstem

NA07.49 Focal haematoma or haemorrhage of brainstem

NA07.4A Contusion of temporal lobe

NA07.4B Focal laceration of brainstem

NA07.4C Focal brain contusion

NA07.4D Focal brain laceration

NA07.4E Contusion of parietal lobe

NA07.4F Contusion of occipital lobe

NA07.4Z Unspecified focal traumatic brain injury

NA07.5 Traumatic epidural haemorrhage

Coded Elsewhere: Extradural or epidural haemorrhage due to birth injury (KA40.08)

NA07.6 Traumatic subdural haemorrhage

Exclusions: Nontraumatic subdural haemorrhage (8B02)

Coded Elsewhere: Subdural haemorrhage due to birth injury (KA40.00)

NA07.60 Acute traumatic subdural haemorrhage

NA07.61 Chronic traumatic subdural haemorrhage

Inclusions: chronic subdural haematoma

NA07.6Z Traumatic subdural haemorrhage, unspecified whether acute or chronic

NA07.7 Traumatic subarachnoid haemorrhage

Coded Elsewhere: Subarachnoid haemorrhage due to birth injury (KA40.04)

NA07.8 Traumatic haemorrhage in brain tissue

NA07.80 Traumatic haemorrhage in cerebrum white matter

NA07.81 Traumatic haemorrhage in thalamus or basal ganglia

NA07.82 Traumatic haemorrhage in cerebellum

NA07.83 Traumatic haemorrhage in brainstem without specification whether primary or secondary

NA07.84 Traumatic haemorrhage in brainstem, primary

NA07.85 Traumatic haemorrhage in brainstem, secondary

NA07.86 Multiple traumatic haemorrhages

NA07.8Y Other specified traumatic haemorrhage in brain tissue

NA07.8Z Traumatic haemorrhage in brain tissue, unspecified

NA07.Y Other specified intracranial injury

NA07.Z Intracranial injury, unspecified

NA08 Crushing injury of head

Damage inflicted on the tissues of the head as the direct or indirect result of a crushing external force.

NA08.0 Crushing injury of brain

NA08.1 Crushing injury of face

NA08.2 Crushing injury of skull

Exclusions: with crushing injury of brain (NA08.0)

NA08.3 Crushed scalp

NA08.Y Other specified crushing injury of head

NA08.Z Crushing injury of head, unspecified

NA09 Traumatic amputation of part of head

Exclusions: Decapitation (NA63)

NA09.0 Avulsion of scalp

NA09.1 Traumatic amputation of ear

NA09.10 Traumatic amputation of ear, complete

NA09.11 Traumatic amputation of ear, partial

NA09.1Z Traumatic amputation of ear, unspecified

NA09.2 Traumatic amputation of nose

NA09.20 Traumatic amputation of nose, complete

NA09.21 Traumatic amputation of nose, partial

NA09.2Z Traumatic amputation of nose, unspecified

NA09.3 Traumatic amputation of lip

NA09.Y Other specified traumatic amputation of part of head

NA09.Z Traumatic amputation of part of head, unspecified

NA0A Certain specified injuries of head

Coded Elsewhere: Cephalohaematoma due to birth injury (KA42.1)

Decapitation (NA63)

NA0A.0 Complex wounds to the head

Exclusions: Decapitation (NA63)

NA0A.00 Complex wounds to the head with retained external material

NA0A.01 Complex wounds to the head with intracranial haemorrhage

NA0A.02 Complex wounds to the head with through and through perforation

NA0A.03 Complex wounds to the head with avulsive loss of part of skull and cranial contents

NA0A.0Y Other specified complex wounds to the head

NA0A.0Z Complex wounds to the head, unspecified

NA0A.1 Injury of muscle, fascia or tendon of head

NA0A.10 Strain or sprain of muscle, fascia or tendon of head

NA0A.11 Laceration of muscle, fascia or tendon of head

NA0A.1Y Other specified injury of muscle, fascia or tendon of head

NA0A.1Z Injury of muscle, fascia or tendon of head, unspecified

NA0A.2 Traumatic rupture of ear drum

NA0A.3 Multiple injuries of head

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NA0A.Y Other specified injuries of head

NA0B Injury of the auricle

Exclusions: Haematoma of auricle (NA00.2)

Superficial injury of ear auricle (NA00.2)

NA0C Injury of middle or inner ear

NA0D Injury of teeth or supporting structures

Damage inflicted on the surface of the tooth as the direct or indirect result of an external force, with disruption of continuity of the tooth substance, and/or impairment of the tooth-supporting structures (periodontium).

Exclusions: Abfraction (DA08.13)

Dental caries (DA08.0)

Excessive attrition of teeth (DA08.10)

Abrasion of teeth (DA08.11)

Erosion of teeth (DA08.12)

Chronic dental injuries (DA08.2)

Nontraumatic fracture of tooth (DA08.3)

Certain specified disorders of teeth or supporting structures (DA0A)

NA0D.0 Injury of hard dental tissues and pulp

NA0D.00 Enamel infraction

An incomplete fracture (crack) of the enamel without loss of tooth substance.

NA0D.01 Enamel fracture

Uncomplicated crown fracture. A fracture with loss of tooth substance confined to the enamel.

NA0D.02 Enamel-dentin fracture

Uncomplicated crown fracture. A fracture with loss of tooth substance confined to enamel and dentin, but not involving the pulp.

NA0D.03 Complicated crown fracture

A fracture involving enamel and dentin, and exposing the pulp.

NA0D.04 Uncomplicated crown-root fracture

A fracture involving enamel, dentin and cementum, but not exposing the pulp.

NA0D.05 Complicated crown-root fracture

A fracture involving enamel, dentin and cementum, and exposing the pulp.

NA0D.06 Root fracture

A fracture involving dentin, cementum and the pulp.

NA0D.0Y Other specified injury of hard dental tissues and pulp

NA0D.0Z Injury of hard dental tissues and pulp, unspecified

NA0D.1 Injury of periodontal tissues

NA0D.10 Concussion of periodontal tissue

An injury to the tooth-supporting structures without abnormal loosening or displacement of the tooth. There is marked reaction to percussion.

NA0D.11 Subluxation of tooth

An injury to the tooth-supporting structures with abnormal loosening, but without displacement of the tooth.

NA0D.12 Extrusive luxation of tooth

Peripheral dislocation, partial avulsion. Partial displacement of the tooth out of its socket.

NA0D.13 Lateral luxation of tooth

Displacement of the tooth in a direction other than axially. This is accompanied by comminution or fracture of the alveolar socket.

NA0D.14 Intrusive luxation of tooth

Central dislocation. Displacement of the tooth into the alveolar bone. This injury is accompanied by comminution or fracture of the alveolar socket.

NA0D.15 Avulsion of tooth

Exarticulation. Complete displacement of the tooth out of its socket.

NA0D.1Y Other specified injury of periodontal tissues

NA0D.1Z Injury of periodontal tissues, unspecified

NA0D.Y Other specified injury of teeth or supporting structures

NA0D.Z Injury of teeth or supporting structures, unspecified

NA0Z Injuries to the head, unspecified

Coding Note: This Block includes the following:

• injuries of face [any part]

• injuries of gum

• injuries of jaw

• injuries of oral cavity

• injuries of palate

• injuries of periocular area

• injuries of scalp

• injuries of temporomandibular joint area

• injuries of tongue

• injuries of tooth

Injuries to the neck (NA20‑NA6Z)

Coding Note: This Block includes the following:

• injuries of nape

• injuries of supraclavicular region

• injuries of throat

Exclusions: injury of spinal cord NOS (ND51)

Frostbite (NE40‑NE4Z)

injury of trunk NOS (ND50‑ND5Z)

fracture of spine NOS (ND50)

effects of foreign body in: larynx (ND72.3)

effects of foreign body in: oesophagus (ND73.1)

effects of foreign body in: pharynx (ND72.2)

effects of foreign body in: trachea (ND72.4)

burns and corrosions (ND90)

NA20 Superficial injury of neck

Coded Elsewhere: Sequelae of superficial injury or open wound of neck or trunk (NF2Y)

NA20.0 Abrasion of throat

NA20.1 Contusion of throat

NA20.2 Other or unspecified superficial injuries of throat

NA20.3 Multiple superficial injuries of neck

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NA20.Y Other specified superficial injury of neck

NA20.Z Superficial injury of neck, unspecified

NA21 Open wound of neck

Exclusions: Decapitation (NA63)

NA21.0 Laceration without foreign body of neck

Inclusions: laceration of skin of neck

NA21.1 Laceration with foreign body of neck

NA21.2 Puncture wound without foreign body of neck

NA21.3 Puncture wound with foreign body of neck

NA21.4 Open bite of neck

NA21.5 Multiple open wounds of neck

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA21.Y Other specified open wound of neck

NA21.Z Open wound of neck, unspecified

NA22 Fracture of neck

Inclusions: fracture of cervical neural arch

fracture of cervical spine

fracture of cervical spinous process

fracture of cervical transverse process

fracture of cervical vertebra

fracture of cervical vertebral arch

NA22.0 Fracture of first cervical vertebra

NA22.00 Fracture of first cervical vertebra, burst fracture

NA22.01 Fracture of posterior arch of first cervical vertebra

NA22.02 Fracture of lateral mass of first cervical vertebra

NA22.03 Other fracture of first cervical vertebra

NA22.0Z Fracture of first cervical vertebra, unspecified

NA22.1 Fracture of second cervical vertebra

NA22.10 Traumatic spondylolisthesis of second cervical vertebra, type III

NA22.11 Other traumatic spondylolisthesis of second cervical vertebra

NA22.12 Fracture of odontoid process

NA22.13 Other fracture of second cervical vertebra

NA22.1Z Fracture of second cervical vertebra, unspecified

NA22.2 Fracture of other specified cervical vertebra

NA22.3 Multiple fractures of cervical spine

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA22.Z Fracture of neck, unspecified

NA23 Dislocation or strain or sprain of joints or ligaments at neck level

NA23.0 Traumatic rupture of cervical intervertebral disc

NA23.1 Dislocation of cervical vertebra

Displacement of one or more bones of the cervical spine

NA23.10 Cranio-cervical dissociation

NA23.11 Atlanto-axial dislocation

NA23.12 Dislocation of other specified cervical vertebra

NA23.1Z Dislocation of cervical vertebra, unspecified

NA23.2 Dislocation of other or unspecified parts of neck

NA23.3 Multiple dislocations of neck

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA23.4 Strain or sprain of cervical spine

A collective term for muscle and ligament injuries of the tissues associated with the cervical spine without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

Inclusions: Whiplash injury

NA23.40 Acute whiplash associated disorder with complaint of neck pain, stiffness or tenderness only

Exclusions: Chronic whiplash injury associated pain (MG30.20)

NA23.41 Acute whiplash associated disorder with complaint of neck pain with musculoskeletal signs

Exclusions: Chronic whiplash injury associated pain (MG30.20)

NA23.42 Acute whiplash associated disorder with complaint of neck pain with neurological signs

Exclusions: Chronic whiplash injury associated pain (MG30.20)

NA23.4Y Other specified strain or sprain of cervical spine

NA23.4Z Strain or sprain of cervical spine, unspecified

NA23.5 Strain or sprain of thyroid region

NA23.Y Other specified dislocation or strain or sprain of joints or ligaments at neck level

NA23.Z Dislocation or strain or sprain of joints or ligaments at neck level, unspecified

Injury of nerves or spinal cord at neck level (NA30‑NA4Z)

Injury of spinal cord at neck level (NA30‑NA3Z)

NA30 Concussion or oedema of cervical spinal cord

NA31 Certain specified injuries of cervical spinal cord

NA31.0 Complete lesion of cervical spinal cord

NA31.1 Central cord syndrome of cervical spinal cord

NA31.2 Anterior cord syndrome of cervical spinal cord

NA31.3 Posterior cord syndrome of cervical spinal cord

NA31.4 Brown-Sequard syndrome of cervical spinal cord

NA31.5 Other incomplete cord syndrome of cervical spinal cord

NA3Z Injury of cervical spinal cord, unspecified

Injury of nerves at neck level (NA40‑NA4Z)

NA40 Injury of nerve root of cervical spine

NA41 Injury of brachial plexus

Coded Elsewhere: Brachial plexus palsy in newborn (KA44.1)

NA41.0 Injury of brachial plexus cord

NA41.1 Injury of brachial plexus division

NA41.2 Injury of brachial plexus trunk

NA41.Y Other specified injury of brachial plexus

NA41.Z Injury of brachial plexus, unspecified

NA42 Injury of peripheral nerves of neck

NA42.0 Injury of supraclavicular nerve

NA42.1 Injury to anterior cutaneous nerve of neck

NA42.Y Injury of other specified peripheral nerves of neck

NA42.Z Injury of peripheral nerves of neck, unspecified

NA43 Injury of cervical sympathetic nerves

NA44 Injury of phrenic nerve

Coded Elsewhere: Phrenic nerve paralysis due to birth injury (KA44.2)

NA4Y Injury of other specified nerves at neck level

NA4Z Injury of nerves at neck level, unspecified

NA60 Injury of blood vessels at neck level

NA60.0 Injury of carotid artery

NA60.00 Laceration of carotid artery, minor

Inclusions: incomplete transection of carotid artery

laceration of carotid artery NOS

superficial laceration of carotid artery

NA60.01 Laceration of carotid artery, major

Inclusions: complete transection of carotid artery

traumatic rupture of carotid artery

NA60.0Y Other specified injury of carotid artery

NA60.0Z Injury of carotid artery, unspecified

NA60.1 Injury of vertebral artery

NA60.10 Laceration of vertebral artery, minor

Inclusions: incomplete transection of vertebral artery

laceration of vertebral artery NOS

superficial laceration of vertebral artery

NA60.11 Laceration of vertebral artery, major

Inclusions: complete transection of vertebral artery

traumatic rupture of vertebral artery

NA60.1Y Other specified injury of vertebral artery

NA60.1Z Injury of vertebral artery, unspecified

NA60.2 Injury of external jugular vein

NA60.20 Laceration of external jugular vein, minor

Inclusions: incomplete transection of external jugular vein

laceration of external jugular vein NOS

superficial laceration of external jugular vein

NA60.21 Laceration of external jugular vein, major

Inclusions: complete transection of external jugular vein

traumatic rupture of external jugular vein

NA60.2Y Other specified injury of external jugular vein

NA60.2Z Injury of external jugular vein, unspecified

NA60.3 Injury of internal jugular vein

NA60.30 Laceration of internal jugular vein, minor

Inclusions: incomplete transection of internal jugular vein

laceration of internal jugular vein NOS

superficial laceration of internal jugular vein

NA60.31 Laceration of internal jugular vein, major

Inclusions: complete transection of internal jugular vein

traumatic rupture of internal jugular vein

NA60.3Y Other specified injury of internal jugular vein

NA60.3Z Injury of internal jugular vein, unspecified

NA60.4 Injury of multiple blood vessels at neck level

Coding Note: Assign additional codes for the specific injuries.

NA60.Y Injury of other specified blood vessels at neck level

NA60.Z Injury of blood vessels at neck level, unspecified

NA61 Injury of muscle, fascia or tendon at neck level

NA61.0 Strain or sprain of muscle, fascia or tendon at neck level

NA61.1 Laceration of muscle, fascia or tendon at neck level

NA61.Y Other specified injury of muscle, fascia or tendon at neck level

NA61.Z Injury of muscle, fascia or tendon at neck level, unspecified

NA62 Crushing injury of neck

NA62.0 Crushing injury of larynx or trachea

NA62.Y Crushing injury of other specified site of neck

NA62.Z Crushing injury of neck, unspecified

NA63 Traumatic amputation at neck level

NA64 Multiple injuries of neck

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NA6Y Other specified injuries to the neck

Coding Note: This Block includes the following:

• injuries of nape

• injuries of supraclavicular region

• injuries of throat

NA6Z Injuries to the neck, unspecified

Coding Note: This Block includes the following:

• injuries of nape

• injuries of supraclavicular region

• injuries of throat

Injuries to the thorax (NA80‑NB3Z)

Exclusions: injuries of spinal cord NOS (ND51)

injuries of shoulder (NC10‑NC1Z)

Injuries of trunk NOS (ND51)

insect bite or sting, venomous (NE61)

fracture of spine NOS (ND50)

injuries of clavicle (NC10‑NC1Z)

injuries of scapular region (NC10‑NC1Z)

Frostbite (NE40‑NE4Z)

injuries of axilla (NC10‑NC1Z)

effects of foreign body in lung (ND72)

effects of foreign body in bronchus (ND72.5)

Foreign body in trachea (ND72.4)

Foreign body in oesophagus (ND73.1)

Burns (ND90‑NE2Z)

Coded Elsewhere: Birth injury of thorax (KA45.3)

NA80 Superficial injury of thorax

Damage inflicted on the surface or shallow tissues of the thorax as the direct or indirect result of an external force, with or without disruption of structural continuity.

Coded Elsewhere: Sequelae of superficial injury or open wound of neck or trunk (NF2Y)

NA80.0 Abrasion of breast

NA80.1 Contusion of breast

NA80.2 Other or unspecified superficial injuries of breast

NA80.3 Other superficial injuries of front wall of thorax

NA80.4 Other superficial injuries of back wall of thorax

NA80.5 Abrasion of thorax

NA80.6 Contusion of thorax

NA80.7 Multiple superficial injuries of thorax

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NA80.Y Other specified superficial injury of thorax

NA80.Z Superficial injury of thorax, unspecified

NA81 Open wound of thorax

Inclusions: open wound thoracic wall NOS

Exclusions: Traumatic pneumothorax (NB32.0)

Traumatic haemothorax (NB32.1)

Traumatic haemopneumothorax (NB32.2)

NA81.0 Laceration without foreign body of thorax

Inclusions: laceration of skin of thorax

NA81.1 Laceration with foreign body of thorax

NA81.2 Puncture wound without foreign body of thorax

NA81.3 Puncture wound with foreign body of thorax

NA81.4 Open bite of thorax

NA81.5 Multiple open wounds of thoracic wall

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA81.Y Other specified open wound of thorax

NA81.Z Open wound of thorax, unspecified

NA82 Fracture of rib, sternum or thoracic spine

Exclusions: Fracture of scapula (NC12.1)

Fracture of clavicle (NC12.0)

NA82.0 Fracture of thoracic vertebra

NA82.1 Multiple fractures of thoracic spine

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA82.2 Fracture of sternum

NA82.3 Fracture of rib

NA82.30 Fracture of rib, posterior or posterior and lateral

NA82.3Y Other specified fracture of rib

NA82.3Z Fracture of rib, unspecified

NA82.4 Multiple fractures of ribs

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NA82.5 Flail chest

NA82.Y Other specified fracture of rib, sternum or thoracic spine

NA82.Z Fracture of rib, sternum or thoracic spine, unspecified

NA83 Dislocation or strain or sprain of joints or ligaments of thorax

Exclusions: Intervertebral disc degeneration of thoracic spine with prolapsed disc (FA80.5)

NA83.0 Traumatic rupture of thoracic intervertebral disc

NA83.1 Dislocation of thoracic vertebra

NA83.2 Dislocation of other or unspecified parts of thorax

NA83.3 Strain or sprain of ligaments of thoracic spine

NA83.4 Strain or sprain of ribs or sternum

NA83.40 Strain or sprain of sternum

NA83.41 Strain or sprain of sterno-clavicular joint or ligament

NA83.42 Strain or sprain of chondro-sternal joint

Aberrant biomechanical functions of the joints between the ribs and the sternum, which may be as a result of local disease, systemic disease, postural strain or trauma.

NA83.4Y Strain or sprain of other specified site of ribs or sternum

NA83.4Z Strain or sprain of ribs or sternum, unspecified

NA83.Y Other specified dislocation or strain or sprain of joints or ligaments of thorax

NA83.Z Dislocation or strain or sprain of joints or ligaments of thorax, unspecified

Injury of nerves or spinal cord at thorax level (NA90‑NB2Z)

Exclusions: Injury of brachial plexus (NA41)

Injury of spinal cord at thorax level (NA90‑NA9Z)

NA90 Concussion or oedema of thoracic spinal cord

NA91 Certain specified injuries of thoracic spinal cord

NA91.0 Complete lesion of thoracic spinal cord

NA91.1 Central cord syndrome of thoracic spinal cord

NA91.2 Anterior cord syndrome of thoracic spinal cord

NA91.3 Posterior cord syndrome of thoracic spinal cord

NA91.4 Brown-Sequard syndrome of thoracic spinal cord

NA91.5 Other incomplete cord syndrome of thoracic spinal cord

NA9Z Injury of thoracic spinal cord, unspecified

Injury of nerves at thorax level (NB00‑NB0Y)

NB00 Injury of nerve root of thoracic spine

NB01 Injury of peripheral nerves of thorax

NB02 Injury of thoracic sympathetic nerves

NB0Y Injury of other specified nerves at thorax level

NB2Y Other specified injury of nerves or spinal cord at thorax level

NB2Z Injury of nerves or spinal cord at thorax level, unspecified

NB30 Injury of blood vessels of thorax

NB30.0 Injury of thoracic aorta

NB30.00 Minor laceration of thoracic aorta

Inclusions: incomplete transection of thoracic aorta

laceration of thoracic aorta NOS

superficial laceration of thoracic aorta

NB30.01 Major laceration of thoracic aorta

Inclusions: complete transection of thoracic aorta

traumatic rupture of thoracic aorta

NB30.0Y Other specified injury of thoracic aorta

NB30.0Z Injury of thoracic aorta, unspecified

NB30.1 Injury of innominate or subclavian artery

NB30.10 Minor laceration of innominate or subclavian artery

Inclusions: incomplete transection of innominate or subclavian artery

laceration of innominate or subclavian artery NOS

superficial laceration of innominate or subclavian artery

NB30.11 Major laceration of innominate or subclavian artery

Inclusions: complete transection of innominate or subclavian artery

traumatic rupture of innominate or subclavian artery

NB30.1Y Other specified injury of innominate or subclavian artery

NB30.1Z Injury of innominate or subclavian artery, unspecified

NB30.2 Injury of superior vena cava

NB30.20 Minor laceration of superior vena cava

Inclusions: incomplete transection of superior vena cava

laceration of superior vena cava NOS

superficial laceration of superior vena cava

NB30.21 Major laceration of superior vena cava

Inclusions: complete transection of superior vena cava

traumatic rupture of superior vena cava

NB30.2Y Other specified injury of superior vena cava

NB30.2Z Injury of superior vena cava, unspecified

NB30.3 Injury of innominate or subclavian vein

NB30.30 Minor laceration of innominate or subclavian vein

Inclusions: incomplete transection of innominate or subclavian vein

laceration of innominate or subclavian vein NOS

superficial laceration of innominate or subclavian vein

NB30.31 Major laceration of innominate or subclavian vein

Inclusions: complete transection of innominate or subclavian vein

traumatic rupture of innominate or subclavian vein

NB30.3Y Other specified injury of innominate or subclavian vein

NB30.3Z Injury of innominate or subclavian vein, unspecified

NB30.4 Injury of pulmonary blood vessels

NB30.40 Minor laceration of pulmonary blood vessels

Inclusions: incomplete transection of pulmonary blood vessels

laceration of pulmonary blood vessels NOS

superficial laceration of pulmonary blood vessels

NB30.41 Major laceration of pulmonary blood vessels

Inclusions: complete transection of pulmonary blood vessels

traumatic rupture of pulmonary blood vessels

NB30.4Y Other specified injury of pulmonary blood vessels

NB30.4Z Injury of pulmonary blood vessels, unspecified

NB30.5 Injury of intercostal blood vessels

NB30.50 Laceration of intercostal blood vessels

NB30.5Y Other specified injury of intercostal blood vessels

NB30.5Z Injury of intercostal blood vessels, unspecified

NB30.6 Injury of multiple blood vessels of thorax

Coding Note: Assign additional codes for the specific injuries.

NB30.Y Injury of other specified blood vessels of thorax

NB30.Z Injury of unspecified blood vessels of thorax

NB31 Injury of heart

NB31.0 Injury of heart with haemopericardium

NB31.00 Contusion of heart with haemopericardium

NB31.01 Minor laceration of heart with haemopericardium

Inclusions: laceration of heart without penetration of heart chamber

NB31.02 Moderate laceration of heart with haemopericardium

Inclusions: laceration of heart with penetration of heart chamber

NB31.03 Major laceration of heart with haemopericardium

Inclusions: laceration of heart with penetration of multiple heart chambers

NB31.0Y Other specified injury of heart with haemopericardium

NB31.0Z Injury of heart with haemopericardium, unspecified

NB31.1 Injury of heart without haemopericardium

NB31.10 Contusion of heart without haemopericardium

NB31.11 Laceration of heart without haemopericardium

NB31.1Y Other specified injury of heart without haemopericardium

NB31.1Z Injury of heart without haemopericardium, unspecified

NB31.2 Injury of heart, unspecified without open wound into thoracic cavity

NB31.3 Injury of heart, unspecified with open wound into thoracic cavity

NB31.4 Injury of heart valve

NB31.40 Injury to mitral valve

NB31.4Y Injury of other specified heart valve

NB31.4Z Injury of heart valve, unspecified

NB31.Y Other specified injury of heart

NB31.Z Injury of heart, unspecified

NB32 Injury of other or unspecified intrathoracic organs

Exclusions: injury of cervical oesophagus (NA20‑NA6Z)

injury of trachea (cervical) (NA20‑NA6Z)

Coded Elsewhere: Oesophagitis due to external causes (DA24.2)

Injury of oesophagus (DA20.3Y)

NB32.0 Traumatic pneumothorax

NB32.1 Traumatic haemothorax

NB32.2 Traumatic haemopneumothorax

NB32.3 Certain injuries of lung

NB32.30 Contusion of lung

NB32.31 Laceration of lung

NB32.32 Inhalation injury of lung

NB32.33 Primary blast injury of lung

NB32.3Y Other injury of lung

NB32.3Z Injury of lung, unspecified

NB32.4 Injury of bronchus

NB32.40 Contusion of bronchus

NB32.41 Minor laceration of bronchus

Inclusions: laceration of bronchus less than 1 cm

laceration of bronchus NOS

NB32.42 Moderate laceration of bronchus

Inclusions: laceration of bronchus 1 to 3 cm

Exclusions: Multiple moderate lacerations of bronchus (NB32.43)

NB32.43 Major laceration of bronchus

Inclusions: laceration of bronchus greater than 3 cm

massive laceration of bronchus

multiple moderate lacerations of bronchus

stellate laceration of bronchus

NB32.4Y Other specified injury of bronchus

NB32.4Z Injury of bronchus, unspecified

NB32.5 Injury of thoracic trachea

Coded Elsewhere: Tracheal haemorrhage of newborn due to airway trauma (KB2G)

NB32.50 Contusion of thoracic trachea

NB32.51 Minor laceration of thoracic trachea

Inclusions: laceration of thoracic trachea less than 1 cm

laceration of thoracic trachea NOS

NB32.52 Moderate laceration of thoracic trachea

Inclusions: laceration of thoracic trachea 1 to 3 cm

Exclusions: Multiple moderate lacerations of thoracic trachea (NB32.53)

NB32.53 Major laceration of thoracic trachea

Inclusions: laceration of thoracic trachea greater than 3 cm

massive laceration of thoracic trachea

multiple moderate lacerations of thoracic trachea

stellate laceration of thoracic trachea

NB32.5Y Other specified injury of thoracic trachea

NB32.5Z Injury of thoracic trachea, unspecified

NB32.6 Injury of pleura

NB32.60 Laceration of pleura

NB32.6Y Other specified injury of pleura

NB32.6Z Injury of pleura, unspecified

NB32.7 Multiple injuries of intrathoracic organs

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NB32.Y Other specified injury of other or unspecified intrathoracic organs

NB32.Z Unspecified injury of unspecified intrathoracic organs

NB33 Crushing injury of thorax or traumatic amputation of part of thorax

NB33.0 Crushed chest

Exclusions: Flail chest (NA82.5)

NB33.1 Traumatic amputation of breast

NB33.10 Traumatic amputation of part of breast

NB33.11 Traumatic amputation of entire breast

NB33.1Z Traumatic amputation of breast, unspecified

NB33.2 Traumatic amputation of other or unspecified part of thorax

Exclusions: transection of thorax (ND35)

NB34 Injury of muscle, fascia or tendon at thorax level

NB34.0 Strain or sprain of muscle, fascia or tendon at thorax level

NB34.1 Laceration of muscle, fascia or tendon at thorax level

NB34.Y Other specified injury of muscle, fascia or tendon at thorax level

NB34.Z Injury of muscle, fascia or tendon at thorax level, unspecified

NB35 Multiple injuries of thorax

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NB3Y Other specified injuries to the thorax

NB3Z Injuries to the thorax, unspecified

Injuries to the abdomen, lower back, lumbar spine or pelvis (NB50‑NB9Z)

Exclusions: insect bite or sting, venomous (NE61)

Foreign body in anus or rectum (ND73.5)

Foreign body in genitourinary tract (ND74)

Burns (ND90‑NE2Z)

Foreign body in colon (ND73.4)

Fracture of spine, level unspecified (ND50)

injuries of trunk NOS (ND51)

injuries of spinal cord NOS (ND51)

Frostbite (NE40‑NE4Z)

Foreign body in stomach (ND73.2)

Foreign body in small intestine (ND73.3)

NB50 Superficial injury of abdomen, lower back or pelvis

Damage inflicted on the surface or shallow tissues of the abdomen, lower back and pelvis as the direct or indirect result of an external force, with or without disruption of structural continuity.

Exclusions: superficial injury of hip (NC70)

Coded Elsewhere: Sequelae of superficial injury or open wound of neck or trunk (NF2Y)

NB50.0 Abrasion of lower back or pelvis

NB50.1 Contusion of lower back or pelvis

NB50.2 Abrasion of abdominal wall

NB50.3 Contusion of abdominal wall

NB50.4 Abrasion of external genital organs

Coded Elsewhere: Birth injury to external genitalia (KA43.1)

NB50.5 Contusion of external genital organs

Coded Elsewhere: Birth injury to external genitalia (KA43.1)

NB50.6 Multiple superficial injuries of abdomen, lower back or pelvis

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NB50.Y Other specified superficial injury of abdomen, lower back or pelvis

NB50.Z Superficial injury of abdomen, lower back or pelvis, unspecified

NB51 Open wound of abdomen, lower back or pelvis

Exclusions: open wound of hip (NC71)

traumatic amputation of part of abdomen, lower back and pelvis (NB93)

NB51.0 Laceration without foreign body of abdomen, lower back or pelvis

Inclusions: laceration of skin of abdomen, lower back or pelvis

NB51.1 Laceration with foreign body of abdomen, lower back or pelvis

NB51.2 Puncture wound without foreign body of abdomen, lower back or pelvis

NB51.3 Puncture wound with foreign body of abdomen, lower back or pelvis

NB51.4 Open bite of abdomen, lower back or pelvis

NB51.5 Multiple open wounds of abdomen, lower back or pelvis

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NB51.Y Other specified open wound of abdomen, lower back or pelvis

NB51.Z Open wound of abdomen, lower back or pelvis, unspecified

NB52 Fracture of lumbar spine or pelvis

Broken bone in the lumbar spine or pelvis.

Exclusions: fracture of hip NOS (NC72.2)

NB52.0 Fracture of lumbar vertebra

NB52.1 Fracture of pelvic bone without disruption of posterior arch of pelvic ring

NB52.10 Fracture of sacrum without disruption of pelvic ring

NB52.11 Fracture of coccyx

NB52.12 Fracture of ilium without disruption of pelvic ring

NB52.13 Fracture of acetabulum without disruption of pelvic ring

NB52.14 Fracture of pubis without disruption of pelvic ring

NB52.15 Fracture of ischium without disruption of pelvic ring

NB52.1Y Fracture of other specified pelvic bone without disruption of posterior arch of pelvic ring

NB52.1Z Fracture of unspecified pelvic bone without disruption of posterior arch of pelvic ring

NB52.2 Fracture of the pelvic ring with incomplete disruption of posterior arch

NB52.3 Fracture of pelvic ring with complete disruption of posterior arch

NB52.4 Multiple fractures of lumbar spine or pelvis

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NB52.Y Other specified fracture of lumbar spine or pelvis

NB52.Z Fracture of lumbar spine or pelvis, unspecified

NB53 Dislocation or strain or sprain of joints or ligaments of lumbar spine or pelvis

Exclusions: Dislocation or strain or sprain of joint or ligaments of hip (NC73)

Obstetric damage to pelvic joints or ligaments (JB0A.7)

NB53.0 Traumatic rupture of lumbar intervertebral disc

NB53.1 Dislocation of lumbar vertebra

NB53.2 Dislocation of sacroiliac or sacrococcygeal joint without disruption of pelvic ring

NB53.3 Dislocation of other or unspecified parts of lumbar spine or pelvis without disruption of pelvic ring

NB53.4 Traumatic rupture of symphysis pubis without disruption of pelvic ring

NB53.5 Strain or sprain of lumbar spine

A collective term for muscle and ligament injuries of the tissues associated with the lumbar spine without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NB53.6 Strain or sprain of sacroiliac joint

Aberrant biomechanical functions of the joints between the ilia and the sacrum, which may be as a result of local disease, systemic disease, postural strain or trauma.

NB53.Y Other specified dislocation or strain or sprain of joints or ligaments of lumbar spine or pelvis

NB53.Z Dislocation or strain or sprain of joints or ligaments of lumbar spine or pelvis, unspecified

Injury of nerves or lumbar spinal cord at abdomen, lower back or pelvis level (NB60‑NB7Z)

Injury of spinal cord at abdomen, lower back or pelvis level (NB60‑NB6Z)

NB60 Concussion or oedema of lumbar spinal cord

NB61 Concussion or oedema of sacral spinal cord

NB62 Certain specified injuries of lumbar spinal cord

NB62.0 Complete lesion of lumbar spinal cord

NB62.1 Central cord syndrome of lumbar spinal cord

NB62.2 Anterior cord syndrome of lumbar spinal cord

NB62.3 Posterior cord syndrome of lumbar spinal cord

NB62.4 Brown-Sequard syndrome of lumbar spinal cord

NB62.5 Other incomplete cord syndrome of lumbar spinal cord

NB62.6 Puncture wound or laceration of dura mater of lumbar spinal cord

NB63 Certain specified injuries of sacral spinal cord

NB63.0 Complete injury of sacral spinal cord

NB63.1 Incomplete injury of sacral spinal cord

NB63.Z Injury of sacral spinal cord, unspecified

NB6Z Injury of spinal cord at abdomen, lower back or pelvis level, unspecified

Injury of nerves at abdomen, lower back or pelvis level (NB70‑NB7Z)

NB70 Injury of nerve root of lumbar spine

NB71 Injury of nerve root of sacral spine

NB72 Injury of cauda equina

NB73 Injury of lumbosacral plexus

NB74 Injury of lumbar, sacral or pelvic sympathetic nerves

NB75 Injury of peripheral nerve of abdomen, lower back or pelvis

NB7Y Other specified injury of nerves at abdomen, lower back or pelvis level

NB7Z Injury of nerves at abdomen, lower back or pelvis level, unspecified

NB90 Injury of blood vessels at abdomen, lower back or pelvis level

NB90.0 Injury of abdominal aorta

Exclusions: injury aorta NOS (NB30.0)

NB90.00 Minor laceration of abdominal aorta

Inclusions: incomplete transection of abdominal aorta

laceration of abdominal aorta NOS

superficial laceration of abdominal aorta

NB90.01 Major laceration of abdominal aorta

Inclusions: complete transection of abdominal aorta

traumatic rupture of abdominal aorta

NB90.0Y Other specified injury of abdominal aorta

NB90.0Z Injury of abdominal aorta, unspecified

NB90.1 Injury of inferior vena cava

Exclusions: injury vena cava NOS (NB30.2)

NB90.10 Minor laceration of inferior vena cava

Inclusions: incomplete transection of inferior vena cava

laceration of inferior vena cava NOS

superficial laceration of inferior vena cava

NB90.11 Major laceration of inferior vena cava

Inclusions: complete transection of inferior vena cava

traumatic rupture of inferior vena cava

NB90.1Y Other specified injury of inferior vena cava

NB90.1Z Injury of inferior vena cava, unspecified

NB90.2 Injury of coeliac artery

NB90.20 Minor laceration of coeliac artery

Inclusions: incomplete transection of coeliac artery

laceration of coeliac artery NOS

superficial laceration of celiac artery

NB90.21 Major laceration of coeliac artery

Inclusions: complete transection of coeliac artery

traumatic rupture of coeliac artery

NB90.2Y Other specified injury of coeliac artery

NB90.2Z Injury of coeliac artery, unspecified

NB90.3 Injury of mesenteric artery

NB90.30 Minor laceration mesenteric artery

Inclusions: incomplete transection of mesenteric artery

laceration of mesenteric artery NOS

superficial laceration of mesenteric artery

NB90.31 Major laceration of mesenteric artery

Inclusions: complete transection of mesenteric artery

traumatic rupture of mesenteric artery

NB90.3Y Other specified injury of mesenteric artery

NB90.3Z Injury of mesenteric artery, unspecified

NB90.4 Injury of portal or splenic vein

NB90.40 Minor laceration of portal or splenic vein

Inclusions: incomplete transection of portal or splenic vein

laceration of portal or splenic vein NOS

superficial laceration of portal or splenic vein

NB90.41 Major laceration of portal or splenic vein

Inclusions: complete transection of portal or splenic vein

traumatic rupture of portal or splenic vein

NB90.4Y Other specified injury of portal or splenic vein

NB90.4Z Injury of portal or splenic vein, unspecified

NB90.5 Injury of renal blood vessels

NB90.50 Minor laceration of renal blood vessels

Inclusions: incomplete transection of renal blood vessels

superficial laceration of renal blood vessels

laceration of renal blood vessels NOS

NB90.51 Major laceration of renal blood vessels

Inclusions: complete transection of renal blood vessels

traumatic rupture of renal blood vessels

NB90.5Y Other specified injury of renal blood vessels

NB90.5Z Injury of renal blood vessels, unspecified

NB90.6 Injury of iliac blood vessels

NB90.60 Minor laceration of iliac blood vessels

Inclusions: incomplete transection of iliac blood vessels

laceration of iliac blood vessels NOS

superficial laceration of iliac blood vessels

NB90.61 Major laceration of iliac blood vessels

Inclusions: complete transection of iliac blood vessels

traumatic rupture of iliac blood vessels

NB90.6Y Other specified injury of iliac blood vessels

NB90.6Z Injury of iliac blood vessels, unspecified

NB90.7 Injury of multiple blood vessels at abdomen, lower back or pelvis level

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NB90.Y Injury of other specified blood vessels at abdomen, lower back or pelvis level

NB90.Z Injury of unspecified blood vessel at abdomen, lower back or pelvis level

NB91 Injury of intra-abdominal organs

Coded Elsewhere: Adrenal haemorrhage due to birth injury (KA46.2)

NB91.0 Injury of spleen

Coded Elsewhere: Birth injury to spleen (KA46.1)

NB91.00 Contusion of spleen, minor

Inclusions: contusion of spleen less than 2 cm

NB91.01 Contusion of spleen, major

Inclusions: contusion of spleen greater than 2 cm

NB91.02 Laceration of spleen, minor

Inclusions: laceration of spleen less than 1 cm

NB91.03 Laceration of spleen, moderate

Inclusions: laceration of spleen 1 to 3 cm

Exclusions: Multiple moderate lacerations of spleen (NB91.04)

NB91.04 Laceration of spleen, major

Inclusions: laceration of spleen greater than 3 cm

massive laceration of spleen

multiple moderate lacerations of spleen

stellate laceration of spleen

Exclusions: Avulsion of spleen (NB91.05)

NB91.05 Avulsion of spleen

NB91.0Y Other specified injury of spleen

NB91.0Z Injury of spleen, unspecified

NB91.1 Injury of liver

Damage inflicted on the liver as the direct or indirect result of an external force, with or without disruption of structural continuity.

Coded Elsewhere: Birth injury to liver (KA46.0)

NB91.10 Contusion of liver

NB91.11 Laceration of liver, minor

Inclusions: laceration of liver involving capsule only, or, without significant involvement of hepatic parenchyma [i.e., less than 1 cm deep]

NB91.12 Laceration of liver, moderate

Inclusions: laceration of liver involving parenchyma but without major disruption of parenchyma [i.e., less than 10 cm long and less than 3 cm deep]

Exclusions: Multiple moderate lacerations of liver, with or without haematoma (NB91.13)

NB91.13 Laceration of liver, major

Inclusions: laceration of liver with significant disruption of hepatic parenchyma [i.e., greater than 10 cm long and 3 cm deep]

multiple moderate lacerations of liver, with or without haematoma

stellate laceration of liver

NB91.14 Injury of hepatic duct

NB91.1Y Other specified injury of liver

NB91.1Z Injury of liver, unspecified

NB91.2 Injury of gallbladder

Coded Elsewhere: Common bile duct trauma (NB91.3)

NB91.3 Injury of bile duct

NB91.4 Injury of pancreas

NB91.40 Contusion of pancreas

NB91.41 Laceration of pancreas, minor

Inclusions: laceration of pancreas less than 1 cm

laceration of pancreas NOS

superficial capsular laceration of pancreas

NB91.42 Laceration of pancreas, moderate

Inclusions: laceration of pancreas 1 to 3 cm

Exclusions: Multiple moderate lacerations of pancreas (NB91.43)

NB91.43 Laceration of pancreas, major

Inclusions: laceration of pancreas greater than 3 cm

multiple moderate lacerations of pancreas

massive laceration of pancreas

stellate laceration of pancreas

NB91.4Y Other specified injury of pancreas

NB91.4Z Injury of pancreas, unspecified

NB91.5 Injury of stomach

NB91.50 Contusion of stomach

NB91.51 Laceration of stomach without perforation

NB91.52 Laceration of stomach with perforation, avulsion or massive damage

NB91.53 Ingestion injury of stomach without perforation

Exclusions: Chemical burn or corrosion of stomach (NE02)

NB91.54 Ingestion injury of stomach with perforation

Exclusions: Chemical burn or corrosion of stomach (NE02)

NB91.5Y Other specified injury of stomach

NB91.5Z Injury of stomach, unspecified

NB91.6 Injury of duodenum

NB91.60 Contusion of duodenum

NB91.61 Laceration of duodenum

NB91.62 Primary blast injury of duodenum

NB91.63 Perforation of duodenum

Perforation of duodenum is a penetration of the wall of the duodenum, resulting in luminal contents in duodenum flowing into the abdominal cavity or retroperitoneal wall.

Inclusions: Perforation of duodenum due to injury

NB91.6Y Other specified injury of duodenum

NB91.6Z Injury of duodenum, unspecified

NB91.7 Injury of small intestine

Inclusions: Iatrogenic injury of small intestine

Exclusions: Injury of duodenum (NB91.6)

NB91.70 Contusion of small intestine

An injury to small intestine resulting from a blow in which the subsurface tissue is injured and often internally bled but the skin is not broken.

Exclusions: Contusion of duodenum (NB91.60)

NB91.71 Laceration of small intestine

A tear or wound of small intestine.

Exclusions: Laceration of duodenum (NB91.61)

NB91.72 Primary blast injury of small intestine

An injury to small intestine resulting from direct or indirect exposure to explosion. Primary injuries are caused by high-order explosives or shock waves

Exclusions: Primary blast injury of duodenum (NB91.62)

NB91.7Y Other specified injury of small intestine

NB91.7Z Injury of small intestine, unspecified

NB91.8 Injury of colon

NB91.80 Contusion of colon

An injury to large intestine resulting from a blow in which the subsurface tissue is injured and often internally bled but the skin is not broken.

NB91.81 Laceration of colon

A tear or wound of large intestine.

NB91.82 Primary blast injury of colon

An injury to large intestine resulting from direct or indirect exposure to explosion. Primary injuries are caused by high-order explosives or shock waves.

NB91.8Y Other specified injury of colon

NB91.8Z Injury of colon, unspecified

NB91.9 Injury of rectum

NB91.90 Contusion of rectum

NB91.91 Laceration of rectum

NB91.92 Primary blast injury of rectum

NB91.9Y Other specified injury of rectum

NB91.9Z Injury of rectum, unspecified

NB91.A Injury of mesentery

NB91.B Injury of multiple intra-abdominal organs

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NB91.Y Injury of other specified intra-abdominal organs

NB91.Z Injury of intra-abdominal organs, unspecified

NB92 Injury of urinary or pelvic organs

Exclusions: peritoneum and retroperitoneum (NB91)

Coded Elsewhere: Female Genital Mutilation (GC51)

Sequelae of injury of intra-abdominal or pelvic organs (NB91.Y)

NB92.0 Injury of kidney

NB92.00 Contusion of kidney, minor

Inclusions: contusion of kidney less than 2 cm

contusion of kidney NOS

NB92.01 Contusion of kidney, major

Inclusions: contusion of kidney greater than 2 cm

NB92.02 Laceration of kidney, minor

Inclusions: laceration of kidney less than 1 cm

laceration of kidney NOS

NB92.03 Laceration of kidney, moderate

Inclusions: laceration of kidney 1 to 3 cm

Exclusions: Multiple moderate lacerations of kidney (NB92.04)

NB92.04 Laceration of kidney, major

Inclusions: avulsion of kidney

laceration of kidney greater than 3 cm

massive laceration of kidney

stellate laceration of kidney

multiple moderate lacerations of kidney

NB92.0Y Other specified injury of kidney

NB92.0Z Injury of kidney, unspecified

NB92.1 Injury of ureter

NB92.10 Contusion of ureter

NB92.11 Laceration of ureter

NB92.1Y Other specified injury of ureter

NB92.1Z Injury of ureter, unspecified

NB92.2 Injury of bladder

Exclusions: Obstetric injury to bladder (JB0A.6)

NB92.20 Contusion of bladder

NB92.21 Laceration of bladder

NB92.2Y Other specified injury of bladder

NB92.2Z Injury of bladder, unspecified

NB92.3 Injury of urethra

NB92.30 Contusion of urethra

NB92.31 Laceration of urethra

NB92.3Y Other specified injury of urethra

NB92.3Z Injury of urethra, unspecified

NB92.4 Injury of ovary

NB92.40 Contusion of ovary

NB92.41 Laceration of ovary

NB92.4Y Other specified injury of ovary

NB92.4Z Injury of ovary, unspecified

NB92.5 Injury of fallopian tube

NB92.6 Injury of uterus

NB92.7 Injury of urinary tract

NB92.8 Injury of multiple pelvic organs

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NB92.Y Injury of other specified pelvic organs

NB92.Z Injury of urinary or pelvic organs, unspecified

NB93 Crushing injury or traumatic amputation of part of abdomen, lower back or pelvis

NB93.0 Crushing injury of external genital organs

Coded Elsewhere: Birth injury to external genitalia (KA43.1)

NB93.00 Crushing injury of penis

NB93.01 Crushing injury of testes or scrotum

NB93.02 Crushing injury of vulva

NB93.0Z Crushing injury of external genital organs, unspecified

NB93.1 Crushing injury of other or unspecified parts of abdomen, lower back or pelvis

NB93.2 Traumatic amputation of external genital organs

NB93.20 Traumatic amputation of entire penis

Inclusions: Traumatic amputation of penis

NB93.21 Traumatic amputation of part of penis

NB93.22 Traumatic amputation of entire testes or scrotum

NB93.23 Traumatic amputation of part of testes or scrotum

NB93.24 Traumatic amputation of entire vulva

Inclusions: Traumatic amputation of vulva

Exclusions: Female Genital Mutilation (GC51)

NB93.25 Traumatic amputation of part of vulva

Exclusions: Female Genital Mutilation (GC51)

NB93.2Z Traumatic amputation of external genital organs, unspecified

NB93.3 Traumatic amputation of other or unspecified parts of abdomen, lower back or pelvis

Exclusions: transection of abdomen (ND35)

NB94 Injury of muscle, fascia or tendon of abdomen, lower back or pelvis

NB94.0 Strain or sprain of muscle, fascia or tendon of abdomen

NB94.1 Strain or sprain of muscle, fascia or tendon of lower back

NB94.2 Strain or sprain of muscle, fascia or tendon of pelvis

NB94.3 Laceration of muscle, fascia or tendon of abdomen

NB94.4 Laceration of muscle, fascia or tendon of lower back

NB94.5 Laceration of muscle, fascia or tendon of pelvis

NB94.Y Other specified injury of muscle, fascia or tendon of abdomen, lower back or pelvis

NB94.Z Injury of muscle, fascia or tendon of abdomen, lower back or pelvis, unspecified

NB95 Injury of intra-abdominal organ with pelvic organ

Coded Elsewhere: Sequelae of injury of intra-abdominal or pelvic organs (NB91.Y)

NB96 Other multiple injuries of abdomen, lower back or pelvis

Coding Note: Assign additional codes for the specific injuries.

NB97 Certain specified injuries of abdomen, lower back or pelvis

NB97.0 Retroperitoneal haemorrhage or haematoma

NB97.1 Fractured penis

NB98 Injury to female genital organ without further specification

Exclusions: Crushing injury of external genital organs (NB93.0)

NB99 Injury to male genital organ without further specification

Exclusions: Crushing injury of external genital organs (NB93.0)

NB9Y Other specified injuries to the abdomen, lower back, lumbar spine or pelvis

NB9Z Injuries to the abdomen, lower back, lumbar spine or pelvis, unspecified

Injuries to the shoulder or upper arm (NC10‑NC1Z)

Exclusions: Burns (ND90‑NE2Z)

Other injuries of arm, level unspecified (ND53)

Frostbite (NE40‑NE4Z)

Insect bite or sting, venomous (NE61)

Injuries to the elbow or forearm (NC30‑NC3Z)

NC10 Superficial injury of shoulder or upper arm

NC10.0 Abrasion of shoulder or upper arm

NC10.1 Contusion of shoulder or upper arm

NC10.2 Multiple superficial injuries of shoulder or upper arm

Coding Note: Assign additional codes for the specific injuries.

NC10.Y Other specified superficial injury of shoulder or upper arm

NC10.Z Superficial injury of shoulder or upper arm, unspecified

NC11 Open wound of shoulder or upper arm

Exclusions: Traumatic amputation of shoulder or upper arm (NC18)

NC11.0 Laceration without foreign body of shoulder or upper arm

Inclusions: laceration of skin of shoulder or upper arm

NC11.1 Laceration with foreign body of shoulder or upper arm

NC11.2 Puncture wound without foreign body of shoulder or upper arm

NC11.3 Puncture wound with foreign body of shoulder or upper arm

NC11.4 Open bite of shoulder or upper arm

NC11.5 Multiple open wounds of shoulder or upper arm

Coding Note: Assign additional codes for the specific injuries.

NC11.Y Other specified open wound of shoulder or upper arm

NC11.Z Open wound of shoulder or upper arm, unspecified

NC12 Fracture of shoulder or upper arm

NC12.0 Fracture of clavicle

A break in one or both of the clavicles.

Coded Elsewhere: Fracture of clavicle due to birth injury (KA45.5)

NC12.00 Fracture of sternal end of clavicle

NC12.01 Fracture of shaft of clavicle

NC12.02 Fracture of acromial end of clavicle

NC12.03 Multiple fractures of clavicle, alone

NC12.0Y Other specified fracture of clavicle

NC12.0Z Fracture of clavicle, unspecified

NC12.1 Fracture of scapula

A break in one or both of the scapulae.

NC12.10 Multiple fractures of scapula

NC12.1Y Other specified fracture of scapula

NC12.1Z Fracture of scapula, unspecified

NC12.2 Fracture of upper end of humerus

NC12.20 Fracture of upper end of humerus, head

NC12.21 Fracture of surgical neck of humerus

NC12.22 Fracture of anatomical neck of humerus

NC12.23 Fracture of greater tuberosity of humerus

NC12.24 Fracture of lesser tuberosity of humerus

NC12.2Z Fracture of upper end of humerus, unspecified site

NC12.3 Fracture of shaft of humerus

NC12.4 Fracture of lower end of humerus

Inclusions: fracture of articular process of humerus

Exclusions: fracture of elbow NOS (NC32.0)

NC12.40 Supracondylar fracture of humerus

NC12.41 Fracture of lateral epicondyle of humerus

NC12.42 Fracture of medial epicondyle of humerus

NC12.43 Fracture of lateral condyle of humerus

NC12.44 Fracture of medial condyle of humerus

NC12.4Y Other specified fracture of lower end of humerus

NC12.4Z Fracture of lower end of humerus, unspecified

NC12.5 Multiple fractures of clavicle, scapula or humerus

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC12.7 Fracture of shoulder girdle, part unspecified

NC12.Z Fracture of shoulder or upper arm, unspecified

NC13 Dislocation or strain or sprain of joints or ligaments of shoulder girdle

NC13.0 Dislocation of shoulder joint

Displacement of the humerus from the scapula.

NC13.1 Dislocation of acromioclavicular joint

NC13.2 Dislocation of sternoclavicular joint

NC13.3 Dislocation of scapula

NC13.4 Dislocation of other or unspecified parts of shoulder girdle

NC13.5 Strain or sprain of shoulder joint

A collective term for muscle and ligament injuries of the tissues associated with the shoulder joint without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NC13.6 Strain or sprain of acromioclavicular joint

NC13.7 Strain or sprain of sternoclavicular joint

Aberrant biomechanical functions of the joints between the clavicle and the sternum, which may be as a result of local disease, systemic disease or trauma.

NC13.8 Strain or sprain of other or unspecified parts of shoulder girdle

NC13.Y Dislocation or sprain of other specified joints and ligaments of shoulder girdle

NC13.Z Dislocation or strain or sprain of joints or ligaments of shoulder girdle, unspecified

NC14 Injury of nerves at shoulder or upper arm level

Exclusions: Injury of brachial plexus (NA41)

NC14.0 Injury of ulnar nerve at upper arm level

Exclusions: ulnar nerve NOS (NC34.0)

NC14.1 Injury of median nerve at upper arm level

Exclusions: median nerve NOS (NC34.1)

NC14.2 Injury of radial nerve at upper arm level

Exclusions: radial nerve NOS (NC34.2)

NC14.3 Injury of axillary nerve

NC14.4 Injury of musculocutaneous nerve

NC14.5 Injury of cutaneous sensory nerve at shoulder or upper arm level

NC14.6 Injury of multiple nerves at shoulder or upper arm level

Coding Note: Assign additional codes for the specific injuries.

NC14.Y Injury of other specified nerves at shoulder or upper arm level

NC14.Z Injury of unspecified nerve at shoulder or upper arm level

NC15 Injury of blood vessels at shoulder or upper arm level

Exclusions: injury of subclavian artery (NB30.1)

injury of subclavian vein (NB30.3)

NC15.0 Injury of axillary artery

NC15.00 Laceration of axillary artery

NC15.0Y Other specified injury of axillary artery

NC15.0Z Injury of axillary artery, unspecified

NC15.1 Injury of brachial artery

NC15.10 Laceration of brachial artery

NC15.1Y Other specified injury of brachial artery

NC15.1Z Injury of brachial artery, unspecified

NC15.2 Injury of axillary or brachial vein

NC15.20 Laceration of axillary or brachial vein

NC15.2Y Other specified injury of axillary or brachial vein

NC15.2Z Injury of axillary or brachial vein, unspecified

NC15.3 Injury of superficial vein at shoulder or upper arm level

NC15.30 Laceration of superficial vein at shoulder or upper arm level

NC15.3Y Other specified injury of superficial vein at shoulder or upper arm level

NC15.3Z Injury of superficial vein at shoulder or upper arm level, unspecified

NC15.4 Injury of multiple blood vessels at shoulder or upper arm level

Coding Note: Assign additional codes for the specific injuries.

NC15.Y Injury of other specified blood vessels at shoulder or upper arm level

NC15.Z Injury of unspecified blood vessel at shoulder or upper arm level

NC16 Injury of muscle, fascia, tendon or bursa at shoulder or upper arm level

Exclusions: injury of muscle and tendon at or below elbow (NC36)

NC16.0 Injury of muscle or tendon of the rotator cuff of shoulder

Exclusions: Rotator cuff tear or rupture, nontraumatic or unspecified as traumatic (FB53.1)

NC16.00 Strain or sprain of muscle or tendon of the rotator cuff of shoulder

NC16.01 Laceration of muscle or tendon of the rotator cuff of shoulder

NC16.0Y Other specified injury of muscle or tendon of the rotator cuff of shoulder

NC16.0Z Injury of muscle or tendon of the rotator cuff of shoulder, unspecified

NC16.1 Injury of muscle, fascia or tendon of long head of biceps

NC16.10 Strain or sprain of muscle, fascia or tendon of long head of biceps

NC16.11 Laceration of muscle, fascia or tendon of long head of biceps

NC16.1Y Other specified injury of muscle, fascia or tendon of long head of biceps

NC16.1Z Injury of muscle, fascia or tendon of long head of biceps, unspecified

NC16.2 Injury of muscle, fascia or tendon of other parts of biceps

NC16.20 Strain or sprain of muscle, fascia or tendon of other parts of biceps

NC16.21 Laceration of muscle, fascia or tendon of other parts of biceps

NC16.2Y Other specified injury of muscle, fascia or tendon of other parts of biceps

NC16.2Z Injury of muscle, fascia or tendon of other parts of biceps, unspecified

NC16.3 Injury of muscle, fascia or tendon of triceps

NC16.30 Strain or sprain of muscle, fascia or tendon of triceps

NC16.31 Laceration of muscle, fascia or tendon of triceps

NC16.3Y Other specified injury of muscle, fascia or tendon of triceps

NC16.3Z Injury of muscle, fascia or tendon of triceps, unspecified

NC16.4 Injury of multiple muscles or tendons at shoulder or upper arm level

Coding Note: Assign additional codes for the specific injuries.

NC16.40 Strain or sprain of multiple muscles or tendons at shoulder or upper arm level

NC16.41 Laceration of multiple muscles or tendons at shoulder or upper arm level

NC16.4Y Other specified injury of multiple muscles or tendons at shoulder or upper arm level

Coding Note: Assign additional codes for the specific injuries.

NC16.4Z Injury of multiple muscles or tendons at shoulder or upper arm level, unspecified

Coding Note: Assign additional codes for the specific injuries.

NC16.5 Injury of bursa of shoulder

NC16.Y Injury of other specified muscle, fascia, tendon or bursa at shoulder or upper arm level

NC16.Z Injury of unspecified muscle, fascia or tendon at shoulder or upper arm level

NC17 Crushing injury of shoulder or upper arm

Exclusions: Crushing injury of elbow (NC37.0)

NC18 Traumatic amputation of shoulder or upper arm

Exclusions: traumatic amputation of arm, level unspecified (ND53)

traumatic amputation at elbow level (NC38)

NC18.0 Traumatic amputation at right shoulder joint

NC18.1 Traumatic amputation at left shoulder joint

NC18.2 Traumatic amputation at shoulder joint, bilateral

NC18.3 Traumatic amputation at level between right shoulder and elbow

NC18.4 Traumatic amputation at level between left shoulder and elbow

NC18.5 Traumatic amputation at level between shoulder and elbow, bilateral

NC18.Z Traumatic amputation of shoulder or upper arm, unspecified

NC19 Multiple injuries of shoulder or upper arm

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC1Y Other specified injuries to the shoulder or upper arm

NC1Z Injuries to the shoulder or upper arm, unspecified

Injuries to the elbow or forearm (NC30‑NC3Z)

Exclusions: Injuries to the wrist or hand (NC50‑NC5Z)

Insect bite or sting, venomous (NE61)

Burns (ND90‑NE2Z)

Frostbite (NE40‑NE4Z)

Other injuries of arm, level unspecified (ND53)

NC30 Superficial injury of forearm

Exclusions: Superficial injury of wrist or hand (NC51)

NC30.0 Abrasion of elbow

NC30.1 Contusion of elbow

NC30.2 Abrasion of other or unspecified parts of forearm

NC30.3 Contusion of other or unspecified parts of forearm

NC30.4 Multiple superficial injuries of forearm

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC30.Y Other specified superficial injury of forearm

NC30.Z Superficial injury of forearm, unspecified

NC31 Open wound of forearm

Exclusions: Open wound of wrist or hand (NC52)

Traumatic amputation of forearm (NC38)

NC31.0 Laceration without foreign body of forearm

Inclusions: laceration of skin of forearm

NC31.1 Laceration with foreign body of forearm

NC31.2 Puncture wound without foreign body of forearm

NC31.3 Puncture wound with foreign body of forearm

NC31.4 Open bite of forearm

NC31.5 Multiple open wounds of forearm

Coding Note: Assign additional codes for the specific injuries.

NC31.Y Other specified open wound of forearm

NC31.Z Open wound of forearm, unspecified

NC32 Fracture of forearm

A break in one or both of the radius and/or ulna.

Exclusions: Fracture at wrist or hand level (NC53)

NC32.0 Fracture of upper end of ulna

Exclusions: supracondylar elbow fracture (NC12.4)

NC32.1 Fracture of upper end of radius

NC32.2 Fracture of shaft of ulna

NC32.3 Fracture of shaft of radius

NC32.4 Fracture of shafts of both ulna and radius

NC32.5 Fracture of lower end of radius

NC32.50 Fracture of lower end of radius, dorsal tilt

NC32.51 Fracture of lower end of radius, volar tilt

NC32.5Y Other specified fracture of lower end of radius

NC32.5Z Fracture of lower end of radius, unspecified

NC32.6 Fracture of lower end of both ulna and radius

NC32.7 Multiple fractures of forearm

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions: Fracture of shafts of both ulna and radius (NC32.4)

Fracture of lower end of both ulna and radius (NC32.6)

NC32.Y Fracture of other specified parts of forearm

NC32.Z Fracture of forearm, unspecified

NC33 Dislocation or strain or sprain of joints or ligaments of elbow

A collective term for muscle and ligament injuries of the tissues associated with, or displacement of the bones of, the elbow.

NC33.0 Dislocation of radial head

Inclusions: Radiohumeral joint

Exclusions: Monteggia fracture-dislocation (NC32.0)

NC33.1 Dislocation of elbow

NC33.2 Traumatic rupture of radial collateral ligament

NC33.3 Traumatic rupture of ulnar collateral ligament

NC33.4 Strain or sprain of elbow

A collective term for muscle and ligament injuries of the tissues associated with the elbow without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NC33.Y Dislocation or sprain of other specified joints or ligaments of elbow

NC33.Z Dislocation or strain or sprain of joints or ligaments of elbow, unspecified

NC34 Injury of nerves at forearm level

Exclusions: Injury of nerves at wrist or hand level (NC55)

NC34.0 Injury of ulnar nerve at forearm level

NC34.1 Injury of median nerve at forearm level

NC34.2 Injury of radial nerve at forearm level

NC34.3 Injury of cutaneous sensory nerve at forearm level

NC34.4 Injury of multiple nerves at forearm level

Coding Note: Assign additional codes for the specific injuries.

NC34.Y Injury of other specified nerves at forearm level

NC34.Z Injury of unspecified nerve at forearm level

NC35 Injury of blood vessels at forearm level

Exclusions: Injury of blood vessels at wrist or hand level (NC56)

injury of brachial vessels (NC15.2)

NC35.0 Injury of ulnar artery at forearm level

NC35.00 Laceration of ulnar artery at forearm level

NC35.0Y Other specified injury of ulnar artery at forearm level

NC35.0Z Injury of ulnar artery at forearm level, unspecified

NC35.1 Injury of radial artery at forearm level

NC35.10 Laceration of radial artery at forearm level

NC35.1Y Other specified injury of radial artery at forearm level

NC35.1Z Injury of radial artery at forearm level, unspecified

NC35.2 Injury of vein at forearm level

NC35.20 Laceration of vein at forearm level

NC35.2Y Other specified injury of vein at forearm level

NC35.2Z Injury of vein at forearm level, unspecified

NC35.3 Injury of multiple blood vessels at forearm level

Coding Note: Assign additional codes for the specific injuries.

NC35.Y Injury of other specified blood vessels at forearm level

NC35.Z Injury of unspecified blood vessel at forearm level

NC36 Injury of muscle, fascia, tendon or bursa at forearm level

Exclusions: injury of muscle and tendon at or below wrist (NC57)

NC36.0 Injury of flexor muscle, fascia or tendon of thumb at forearm level

NC36.00 Strain or sprain of flexor muscle, fascia or tendon of thumb at forearm level

NC36.01 Laceration of flexor muscle, fascia or tendon of thumb at forearm level

NC36.0Y Other specified injury of flexor muscle, fascia or tendon of thumb at forearm level

NC36.0Z Injury of flexor muscle, fascia or tendon of thumb at forearm level, unspecified

NC36.1 Injury of long flexor muscle, fascia or tendon of other finger at forearm level

NC36.10 Strain or sprain of long flexor muscle, fascia or tendon of other finger at forearm level

NC36.11 Laceration of long flexor muscle, fascia or tendon of other finger at forearm level

NC36.1Y Other specified injury of long flexor muscle, fascia or tendon of other finger at forearm level

NC36.1Z Injury of long flexor muscle, fascia or tendon of other finger at forearm level, unspecified

NC36.2 Injury of other flexor muscle, fascia or tendon at forearm level

NC36.20 Strain or sprain of other flexor muscle, fascia or tendon at forearm level

NC36.21 Laceration of other flexor muscle, fascia or tendon at forearm level

NC36.2Y Other specified injury of other flexor muscle, fascia or tendon at forearm level

NC36.2Z Injury of other flexor muscle, fascia or tendon at forearm level, unspecified

NC36.3 Injury of extensor or abductor muscles or tendons of thumb at forearm level

NC36.30 Strain or sprain of extensor or abductor muscles or tendons of thumb at forearm level

NC36.31 Laceration of extensor or abductor muscles or tendons of thumb at forearm level

NC36.3Y Other specified injury of extensor or abductor muscles or tendons of thumb at forearm level

NC36.3Z Injury of extensor or abductor muscles or tendons of thumb at forearm level, unspecified

NC36.4 Injury of extensor muscle, fascia or tendon of other finger at forearm level

NC36.40 Strain or sprain of extensor muscle, fascia or tendon of other finger at forearm level

NC36.41 Laceration of extensor muscle, fascia or tendon of other finger at forearm level

NC36.4Y Other specified injury of extensor muscle, fascia or tendon of other finger at forearm level

NC36.4Z Injury of extensor muscle, fascia or tendon of other finger at forearm level, unspecified

NC36.5 Injury of other extensor muscle, fascia or tendon at forearm level

NC36.50 Strain or sprain of other extensor muscle, fascia or tendon at forearm level

NC36.51 Laceration of other extensor muscle, fascia or tendon at forearm level

NC36.5Y Other specified injury of other extensor muscle, fascia or tendon at forearm level

NC36.5Z Injury of other extensor muscle, fascia or tendon at forearm level, unspecified

NC36.6 Injury of multiple muscles or tendons at forearm level

Coding Note: Assign additional codes for the specific injuries.

NC36.7 Injury of bursa of elbow

NC36.Y Injury of other specified muscle, fascia, tendon or bursa at forearm level

NC36.Z Injury of unspecified muscle, fascia, tendon or bursa at forearm level

NC37 Crushing injury of forearm

Exclusions: Crushing injury of wrist or hand (NC58)

NC37.0 Crushing injury of elbow

NC37.Y Crushing injury of other specified part of forearm

NC37.Z Crushing injury of forearm, unspecified

NC38 Traumatic amputation of forearm

Exclusions: Traumatic amputation of wrist or hand (NC59)

NC38.0 Traumatic amputation at right elbow level

NC38.1 Traumatic amputation at left elbow level

NC38.2 Traumatic amputation at elbow level, bilateral

NC38.3 Traumatic amputation at level between right elbow and wrist

NC38.4 Traumatic amputation at level between left elbow and wrist

NC38.5 Traumatic amputation between elbow and wrist, bilateral

NC38.Z Traumatic amputation of forearm, unspecified

NC39 Multiple injuries of forearm

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC3Y Other specified injuries to the elbow or forearm

NC3Z Injuries to the elbow or forearm, unspecified

Injuries to the wrist or hand (NC50‑NC5Z)

Exclusions: Burns (ND90‑NE2Z)

Frostbite (NE40‑NE4Z)

Other injuries of arm, level unspecified (ND53)

Insect bite or sting, venomous (NE61)

NC50 Injury to fingernail

NC51 Superficial injury of wrist or hand

NC51.0 Superficial injury of finger or thumb

NC51.00 Abrasion of finger or thumb

NC51.01 Contusion of finger or thumb

NC51.0Y Other specified superficial injury of finger or thumb

NC51.0Z Superficial injury of finger or thumb, unspecified

NC51.1 Superficial injury of other parts of wrist or hand

Exclusions: Superficial injury of finger or thumb (NC51.0)

NC51.10 Contusion of other parts of wrist or hand

NC51.11 Nonvenomous insect bite of other parts of wrist or hand

NC51.1Y Other specified superficial injury of other parts of wrist or hand

NC51.1Z Superficial injury of other parts of wrist or hand, unspecified

NC51.2 Multiple superficial injuries of wrist or hand

Coding Note: Assign additional codes for the specific injuries.

NC52 Open wound of wrist or hand

Exclusions: Traumatic amputation of wrist or hand (NC59)

NC52.0 Open wound of finger or thumb

Exclusions: Traumatic amputation of other single finger (NC59.1)

NC52.00 Laceration without foreign body of finger or thumb

NC52.01 Laceration with foreign body of finger or thumb

NC52.02 Puncture wound without foreign body of finger or thumb

NC52.03 Puncture wound with foreign body of finger or thumb

NC52.04 Open bite of finger or thumb

NC52.0Y Other specified open wound of finger or thumb

NC52.0Z Open wound of finger or thumb, unspecified

NC52.1 Open wound of other parts of wrist or hand

NC52.10 Laceration without foreign body of other parts of wrist or hand

Inclusions: laceration of skin of wrist or hand

NC52.11 Laceration with foreign body of other parts of wrist or hand

NC52.12 Puncture wound with foreign body of other parts of wrist or hand

NC52.13 Puncture wound without foreign body of other parts of wrist or hand

NC52.14 Open bite of other parts of wrist or hand

NC52.1Y Other specified open wound of other parts of wrist or hand

NC52.1Z Open wound of other parts of wrist or hand, unspecified

NC52.2 Multiple open wounds of wrist or hand

Coding Note: Assign additional codes for the specific injuries.

NC53 Fracture at wrist or hand level

A break in one of the bones of the wrist or hand.

Exclusions: fracture of distal parts of ulna and radius (NC32.6)

NC53.0 Fracture of scaphoid bone of hand

NC53.1 Fracture of other carpal bone

A break in one or more of the carpal bones of the wrist

NC53.2 Fracture of first metacarpal bone

A break in the first metacarpal bone, that which is part of the thumb.

NC53.3 Fracture of other metacarpal bone

NC53.30 Fracture of shaft of other metacarpal bone

NC53.31 Fracture of neck of other metacarpal bone

NC53.3Y Fracture of other specified part of other metacarpal bone

NC53.3Z Fracture of other metacarpal bone, unspecified

NC53.4 Multiple fractures of metacarpal bones

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC53.5 Fracture of thumb bone

Exclusions: Fracture of first metacarpal bone (NC53.2)

NC53.6 Fracture of other finger bone

A break in one or more of the phalanges

NC53.60 Fracture of index finger

NC53.61 Fracture of middle finger

NC53.62 Fracture of ring finger

NC53.63 Fracture of little finger

NC53.6Y Other specified fracture of other finger bone

NC53.6Z Fracture of other finger bone, unspecified

NC53.7 Multiple fractures of fingers

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC53.Y Fracture at other specified part of wrist or hand level

NC53.Z Fracture at wrist or hand level, unspecified

NC54 Dislocation or strain or sprain of joints or ligaments at wrist or hand level

NC54.0 Dislocation of wrist

Displacement of one or more of the bones of the wrist

NC54.00 Dislocation of distal radioulnar joint

NC54.01 Dislocation of radiocarpal joint

NC54.02 Dislocation of midcarpal joint

NC54.03 Dislocation of carpometacarpal joint of thumb

NC54.04 Dislocation of other carpometacarpal joint

NC54.05 Dislocation of metacarpal bone, proximal end

NC54.0Y Dislocation of other specified part of wrist

NC54.0Z Dislocation of wrist, unspecified

NC54.1 Dislocation of thumb

NC54.10 Dislocation of metacarpophalangeal joint of thumb

NC54.11 Dislocation of interphalangeal joint of thumb

NC54.1Y Dislocation of other specified part of thumb

NC54.1Z Dislocation of thumb, unspecified

NC54.2 Dislocation of finger

Displacement of one or more of the phalanges

Inclusions: Dislocation of phalanx, hand

NC54.20 Dislocation of metacarpophalangeal joint of finger

NC54.21 Dislocation of interphalangeal joint of finger

NC54.2Y Dislocation of other specified part of finger

NC54.2Z Dislocation of finger, unspecified

NC54.3 Multiple dislocations of fingers

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC54.4 Traumatic rupture of ligament of wrist or carpus

NC54.40 Traumatic rupture of scapholunate ligament

NC54.41 Traumatic rupture of radiocarpal ligament

NC54.42 Traumatic rupture of ulnocarpal ligament

NC54.43 Traumatic rupture of lunotriquetral ligament

NC54.4Y Traumatic rupture of other specified ligament of wrist or carpus

NC54.4Z Traumatic rupture of ligament of wrist or carpus, unspecified

NC54.5 Traumatic rupture of ligament of finger at metacarpophalangeal or interphalangeal joint

NC54.50 Traumatic rupture of collateral ligament of finger at metacarpophalangeal or interphalangeal joint

NC54.51 Traumatic rupture of palmar ligament of finger at metacarpophalangeal or interphalangeal joint

NC54.52 Traumatic rupture of volar plate of finger at metacarpophalangeal or interphalangeal joint

NC54.53 Traumatic rupture of other ligament of finger at metacarpophalangeal or interphalangeal joint

NC54.5Z Traumatic rupture of ligament of finger at metacarpophalangeal or interphalangeal joint, unspecified

NC54.6 Strain or sprain of wrist

A collective term for muscle and ligament injuries of the tissues associated with the wrist without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NC54.60 Strain or sprain of carpal joint

NC54.61 Strain or sprain of radiocarpal joint

NC54.62 Strain or sprain of carpometacarpal joint

NC54.6Y Sprain of other specified part of wrist

NC54.6Z Strain or sprain of wrist, unspecified

NC54.7 Strain or sprain of thumb

NC54.70 Strain or sprain of metacarpophalangeal joint of thumb

NC54.71 Strain or sprain of interphalangeal joint of thumb

NC54.7Y Sprain or strain of other specified part of thumb

NC54.7Z Strain or sprain of thumb, unspecified

NC54.8 Strain or sprain of finger

NC54.80 Strain or sprain of metacarpophalangeal joint of finger

NC54.81 Strain or sprain of interphalangeal joint of finger

NC54.8Y Sprain of other specified part of finger

NC54.8Z Strain or sprain of finger, unspecified

NC54.Y Dislocation or sprain of other specified joints or ligaments at wrist or hand level

NC54.Z Dislocation or strain or sprain of joints or ligaments at wrist or hand level, unspecified

NC55 Injury of nerves at wrist or hand level

NC55.0 Injury of ulnar nerve at wrist or hand level

NC55.1 Injury of median nerve at wrist or hand level

NC55.2 Injury of radial nerve at wrist or hand level

NC55.3 Injury of multiple nerves at wrist or hand level

Coding Note: Assign additional codes for the specific injuries.

NC55.Y Injury of other specified nerves at wrist or hand level

NC55.Z Injury of unspecified nerve at wrist or hand level

NC56 Injury of blood vessels at wrist or hand level

NC56.0 Injury of ulnar artery at wrist or hand level

NC56.00 Laceration of ulnar artery at wrist or hand level

NC56.01 Contusion of ulnar artery at wrist or hand level

NC56.0Y Other specified injury of ulnar artery at wrist or hand level

NC56.0Z Injury of ulnar artery at wrist or hand level, unspecified

NC56.1 Injury of radial artery at wrist or hand level

NC56.10 Laceration of radial artery at wrist or hand level

NC56.11 Contusion of radial artery at wrist or hand level

NC56.1Y Other specified injury of radial artery at wrist or hand level

NC56.1Z Injury of radial artery at wrist or hand level, unspecified

NC56.2 Injury of superficial palmar arch

NC56.20 Laceration of superficial palmar arch

NC56.21 Contusion of superficial palmar arch

NC56.2Y Other specified injury of superficial palmar arch

NC56.2Z Injury of superficial palmar arch, unspecified

NC56.3 Injury of deep palmar arch

NC56.30 Laceration of deep palmar arch

NC56.31 Contusion of deep palmar arch

NC56.3Y Other specified injury of deep palmar arch

NC56.3Z Injury of deep palmar arch, unspecified

NC56.4 Injury of blood vessel of thumb

NC56.40 Laceration of blood vessel of thumb

NC56.41 Contusion of blood vessel of thumb

NC56.4Y Other specified injury of blood vessel of thumb

NC56.4Z Injury of blood vessel of thumb, unspecified

NC56.5 Injury of blood vessel of other finger

NC56.50 Laceration of blood vessel of other finger

NC56.51 Contusion of blood vessel of other finger

NC56.5Y Other specified injury of blood vessel of other finger

NC56.5Z Injury of blood vessel of other finger, unspecified

NC56.6 Injury of multiple blood vessels at wrist or hand level

Coding Note: Assign additional codes for the specific injuries.

NC56.60 Laceration of multiple blood vessels at wrist or hand level

NC56.61 Contusion of multiple blood vessels at wrist or hand level

NC56.6Y Other specified injury of multiple blood vessels at wrist or hand level

Coding Note: Assign additional codes for the specific injuries.

NC56.6Z Injury of multiple blood vessels at wrist or hand level, unspecified

Coding Note: Assign additional codes for the specific injuries.

NC56.Y Injury of other specified blood vessels at wrist and hand level

NC56.Z Injury of unspecified blood vessel at wrist or hand level

NC57 Injury of muscle, fascia or tendon at wrist or hand level

NC57.0 Injury of long flexor muscle, fascia or tendon of thumb at wrist or hand level

NC57.00 Strain or sprain of long flexor muscle, fascia or tendon of thumb at wrist or hand level

NC57.01 Laceration of long flexor muscle, fascia or tendon of thumb at wrist or hand level

NC57.0Y Other specified injury of long flexor muscle, fascia or tendon of thumb at wrist or hand level

NC57.0Z Injury of long flexor muscle, fascia or tendon of thumb at wrist or hand level, unspecified

NC57.1 Injury of flexor muscle, fascia or tendon of other finger at wrist or hand level

NC57.10 Strain or sprain of flexor muscle, fascia or tendon of other finger at wrist or hand level

NC57.11 Laceration of flexor muscle, fascia or tendon of other finger at wrist or hand level

NC57.1Y Other specified injury of flexor muscle, fascia or tendon of other finger at wrist or hand level

NC57.1Z Injury of flexor muscle, fascia or tendon of other finger at wrist or hand level, unspecified

NC57.2 Injury of extensor muscle, fascia or tendon of thumb at wrist or hand level

NC57.20 Strain or sprain of extensor muscle, fascia or tendon of thumb at wrist or hand level

NC57.21 Laceration of extensor muscle, fascia or tendon of thumb at wrist or hand level

NC57.2Y Other specified injury of extensor muscle, fascia or tendon of thumb at wrist or hand level

NC57.2Z Injury of extensor muscle, fascia or tendon of thumb at wrist or hand level, unspecified

NC57.3 Injury of extensor muscle, fascia or tendon of other finger at wrist or hand level

NC57.30 Strain or sprain of extensor muscle, fascia or tendon of other finger at wrist or hand level

NC57.31 Laceration of extensor muscle, fascia or tendon of other finger at wrist or hand level

NC57.3Y Other specified injury of extensor muscle, fascia or tendon of other finger at wrist or hand level

NC57.3Z Injury of extensor muscle, fascia or tendon of other finger at wrist or hand level, unspecified

NC57.4 Injury of intrinsic muscle, fascia or tendon of thumb at wrist or hand level

NC57.40 Strain or sprain of intrinsic muscle, fascia or tendon of thumb at wrist or hand level

NC57.41 Laceration of intrinsic muscle, fascia or tendon of thumb at wrist or hand level

NC57.4Y Other specified injury of intrinsic muscle, fascia or tendon of thumb at wrist or hand level

NC57.4Z Injury of intrinsic muscle, fascia or tendon of thumb at wrist or hand level, unspecified

NC57.5 Injury of intrinsic muscle, fascia or tendon of other finger at wrist or hand level

NC57.50 Strain or sprain of intrinsic muscle, fascia or tendon of other finger at wrist or hand level

NC57.51 Laceration of intrinsic muscle, fascia or tendon of other finger at wrist or hand level

NC57.5Y Other specified injury of intrinsic muscle, fascia or tendon of other finger at wrist or hand level

NC57.5Z Injury of intrinsic muscle, fascia or tendon of other finger at wrist or hand level, unspecified

NC57.6 Injury of multiple flexor muscles or tendons at wrist or hand level

Coding Note: Assign additional codes for the specific injuries.

NC57.7 Injury of multiple extensor muscles or tendons at wrist or hand level

Coding Note: Assign additional codes for the specific injuries.

NC57.Y Injury of other specified muscle, fascia or tendon at wrist or hand level

NC57.Z Injury of unspecified muscle, fascia or tendon at wrist or hand level

NC58 Crushing injury of wrist or hand

NC58.0 Crushing injury of thumb

NC58.1 Crushing injury of other finger

NC58.2 Crushing injury of hand

NC58.3 Crushing injury of wrist

NC58.Y Crushing injury of other specified part of wrist or hand

NC58.Z Crushing injury of wrist or hand, unspecified

NC59 Traumatic amputation of wrist or hand

NC59.0 Traumatic amputation of thumb

Exclusions: avulsion of fingernail (NC50)

NC59.00 Traumatic amputation at or near base of right thumb

NC59.01 Traumatic amputation at or near base of left thumb

NC59.02 Traumatic amputation at or near base of thumb, bilateral

NC59.0Y Other specified traumatic amputation of thumb

NC59.0Z Traumatic amputation of thumb, unspecified

NC59.1 Traumatic amputation of other single finger

Exclusions: avulsion of fingernail (NC50)

NC59.2 Traumatic amputation of two or more fingers alone

Exclusions: avulsion of fingernail (NC50)

NC59.20 Traumatic amputation of two or more fingers at or near base, right hand

NC59.21 Traumatic amputation of two or more fingers at or near base, left hand

NC59.22 Traumatic amputation of two or more fingers alone at or near base, bilateral

NC59.2Y Other specified traumatic amputation of two or more fingers alone

NC59.2Z Traumatic amputation of two or more fingers alone, unspecified

NC59.3 Combined traumatic amputation of finger with other parts of wrist or hand

NC59.4 Traumatic amputation of hand at metacarpal level

NC59.Z Traumatic amputation of wrist or hand, unspecified

NC5A Multiple injuries of wrist or hand

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC5A.0 Injury of multiple sites of hand

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC5A.1 Injury of multiple sites of wrist

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC5A.Y Other specified multiple injuries of wrist or hand

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC5A.Z Multiple injuries of wrist or hand, unspecified

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC5Y Other specified injuries to the wrist or hand

NC5Z Injuries to the wrist or hand, unspecified

Injuries to the hip or thigh (NC70‑NC7Z)

Exclusions: Frostbite (NE40‑NE4Z)

Burns (ND90‑NE2Z)

Insect bite or sting, venomous (NE61)

Other injuries of leg, level unspecified (ND55)

NC70 Superficial injury of hip or thigh

NC70.0 Abrasion of hip

NC70.1 Contusion of hip

NC70.2 Abrasion of thigh

NC70.3 Contusion of thigh

NC70.4 Multiple superficial injuries of hip or thigh

Coding Note: Assign additional codes for the specific injuries.

NC70.Y Other specified superficial injury of hip or thigh

NC70.Z Superficial injury of hip or thigh, unspecified

NC71 Open wound of hip or thigh

Exclusions: Traumatic amputation of hip or thigh (NC78)

NC71.0 Laceration without foreign body of hip or thigh

Inclusions: laceration of skin of hip or thigh

NC71.1 Laceration with foreign body of hip or thigh

NC71.2 Puncture wound without foreign body of hip or thigh

NC71.3 Puncture wound with foreign body of hip or thigh

NC71.4 Open bite of hip or thigh

NC71.5 Multiple open wounds of hip or thigh

Coding Note: Assign additional codes for the specific injuries.

NC71.Y Other specified open wound of hip or thigh

NC71.Z Open wound of hip or thigh, unspecified

NC72 Fracture of femur

A break in the femur, longest and largest bone of the skeleton, situated between the hip and the knee.

NC72.0 Fracture of head of femur

NC72.1 Fracture of upper epiphysis of femur

NC72.2 Fracture of neck of femur

NC72.20 Fracture of neck of femur, subcapital

NC72.21 Fracture of neck of femur, mid-cervical

NC72.22 Fracture of base of neck of femur

NC72.23 Intracapsular fracture of femur

NC72.2Y Other specified fracture of neck of femur

NC72.2Z Fracture of neck of femur, unspecified

NC72.3 Fracture of trochanteric section of femur

Inclusions: Trochanteric fracture

NC72.30 Intertrochanteric fracture of femur

NC72.31 Pertrochanteric fracture of femur

NC72.3Y Fracture of other specified trochanteric section of femur

NC72.3Z Fracture of unspecified trochanteric section of femur

NC72.4 Subtrochanteric fracture of femur

NC72.5 Fracture of shaft of femur

NC72.6 Fracture of lower end of femur

NC72.60 Fracture of lower end of femur not extending into joint, simple

NC72.61 Fracture of lower end of femur not extending into joint, wedge

NC72.62 Fracture of lower end of femur not extending into joint, complex

NC72.63 Fracture of lower end of femur extending into joint, lateral condyle

NC72.64 Fracture of lower end of femur extending into joint, medial condyle

NC72.65 Fracture of lower end of femur extending into joint, frontal

NC72.66 Fracture of lower end of femur extending into joint, complete articular

NC72.6Y Other specified fracture of lower end of femur

NC72.6Z Fracture of lower end of femur, unspecified

NC72.7 Multiple fractures of femur

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC72.8 Fractures of other parts of femur

NC72.Y Other specified fracture of femur

NC72.Z Fracture of femur, unspecified

NC73 Dislocation or strain or sprain of joint or ligaments of hip

A collective term for muscle and ligament injuries of the tissues associated with, or displacement of the bones of, the hip.

NC73.0 Dislocation of hip

NC73.00 Posterior dislocation of hip

NC73.01 Obturator dislocation of hip

NC73.02 Other anterior dislocation of hip

NC73.03 Central dislocation of hip

NC73.0Y Other specified dislocation of hip

NC73.0Z Dislocation of hip, unspecified

NC73.1 Strain or sprain of hip

A collective term for muscle and ligament injuries of the tissues associated with the hip without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

NC73.10 Iliofemoral ligament strain or sprain of hip

NC73.11 Ischiocapsular ligament strain or sprain of hip

NC73.1Y Other specified strain or sprain of hip

NC73.1Z Strain or sprain of hip, unspecified

NC74 Injury of nerves at hip or thigh level

NC74.0 Injury of sciatic nerve at hip or thigh level

NC74.1 Injury of femoral nerve at hip or thigh level

NC74.2 Injury of cutaneous sensory nerve at hip or thigh level

NC74.3 Injury of multiple nerves at hip or thigh level

Coding Note: Assign additional codes for the specific injuries.

NC74.Y Injury of other specified nerves at hip or thigh level

NC74.Z Injury of unspecified nerve at hip or thigh level

NC75 Injury of blood vessels at hip or thigh level

Exclusions: Injury of popliteal artery (NC95.0)

NC75.0 Injury of femoral artery

NC75.00 Laceration of femoral artery, minor

Inclusions: incomplete transection of femoral artery

laceration of femoral artery NOS

superficial laceration of femoral artery

NC75.01 Laceration of femoral artery, major

Inclusions: complete transection of femoral artery

traumatic rupture of femoral artery

NC75.0Y Other specified injury of femoral artery

NC75.0Z Injury of femoral artery, unspecified

NC75.1 Injury of femoral vein at hip or thigh level

NC75.10 Laceration of femoral vein at hip or thigh level, minor

Inclusions: incomplete transection of femoral vein at hip or thigh level

laceration of femoral vein at hip or thigh level NOS

superficial laceration of femoral vein at hip or thigh level

NC75.11 Laceration of femoral vein at hip or thigh level, major

Inclusions: complete transection of femoral vein at hip or thigh level

traumatic rupture of femoral vein at hip and thigh level

NC75.1Y Other specified injury of femoral vein at hip or thigh level

NC75.1Z Injury of femoral vein at hip or thigh level, unspecified

NC75.2 Injury of greater saphenous vein at hip or thigh level

Exclusions: Injury of greater saphenous vein at lower leg level (NC95.4)

NC75.20 Laceration of greater saphenous vein at hip or thigh level, minor

Inclusions: incomplete transection of greater saphenous vein at hip or thigh level

laceration of greater saphenous vein at hip or thigh level NOS

superficial laceration of greater saphenous vein at hip or thigh level

NC75.21 Laceration of greater saphenous vein at hip or thigh level, major

Inclusions: complete transection of greater saphenous vein at hip or thigh level

traumatic rupture of greater saphenous vein at hip or thigh level

NC75.2Y Other specified injury of greater saphenous vein at hip or thigh level

NC75.2Z Injury of greater saphenous vein at hip or thigh level, unspecified

NC75.3 Injury of multiple blood vessels at hip or thigh level

Coding Note: Assign additional codes for the specific injuries.

NC75.Y Injury of other specified blood vessels at hip and thigh level

NC75.Z Injury of unspecified blood vessel at hip or thigh level

NC76 Injury of muscle, fascia, tendon or bursa at hip or thigh level

NC76.0 Injury of muscle, fascia or tendon of hip

NC76.00 Strain or sprain of muscle, fascia or tendon of hip

NC76.01 Laceration of muscle, fascia or tendon of hip

NC76.0Y Other specified injury of muscle, fascia or tendon of hip

NC76.0Z Injury of muscle, fascia or tendon of hip, unspecified

NC76.1 Injury of quadriceps muscle or tendon

NC76.10 Strain or sprain of quadriceps muscle or tendon

NC76.11 Laceration of quadriceps muscle or tendon

NC76.1Y Other specified injury of quadriceps muscle or tendon

NC76.1Z Injury of quadriceps muscle or tendon, unspecified

NC76.2 Injury of adductor muscle, fascia or tendon of thigh

NC76.20 Strain or sprain of adductor muscle, fascia or tendon of thigh

NC76.21 Laceration of adductor muscle, fascia or tendon of thigh

NC76.2Y Other specified injury of adductor muscle, fascia or tendon of thigh

NC76.2Z Injury of adductor muscle, fascia or tendon of thigh, unspecified

NC76.3 Injury of muscle, fascia or tendon of the posterior muscle group at thigh level

NC76.30 Strain or sprain of muscle, fascia or tendon of the posterior muscle group at thigh level

NC76.31 Laceration of muscle, fascia or tendon of the posterior muscle group at thigh level

NC76.3Y Other specified injury of muscle, fascia or tendon of the posterior muscle group at thigh level

NC76.3Z Injury of muscle, fascia or tendon of the posterior muscle group at thigh level, unspecified

NC76.4 Injury of multiple muscles or tendons at hip or thigh level

Coding Note: Assign additional codes for the specific injuries.

NC76.40 Injury of bursa of hip

NC76.4Y Other specified injury of multiple muscles or tendons at hip or thigh level

Coding Note: Assign additional codes for the specific injuries.

NC76.4Z Injury of multiple muscles or tendons at hip or thigh level, unspecified

Coding Note: Assign additional codes for the specific injuries.

NC76.Y Injury of other specified muscle, fascia, tendon or bursa at hip or thigh level

NC76.Z Injury of unspecified muscle, fascia, tendon or bursa at hip or thigh level

NC77 Crushing injury of hip or thigh

NC77.0 Crushing injury of hip

NC77.1 Crushing injury of thigh

NC77.2 Crushing injury of hip with thigh

NC77.Z Crushing injury of hip or thigh, unspecified

NC78 Traumatic amputation of hip or thigh

Exclusions: traumatic amputation of leg, level unspecified (ND55)

NC78.0 Traumatic amputation at right hip joint

NC78.1 Traumatic amputation at left hip joint

NC78.2 Traumatic amputation at hip joint, bilateral

NC78.3 Traumatic amputation at level between right hip and knee

NC78.4 Traumatic amputation at level between left hip and knee

NC78.5 Traumatic amputation at level between hip and knee, bilateral

NC78.Z Traumatic amputation of hip or thigh, unspecified

NC79 Multiple injuries of hip or thigh

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC7Y Other specified injuries to the hip or thigh

NC7Z Injuries to the hip or thigh, unspecified

Injuries to the knee or lower leg (NC90‑NC9Z)

Exclusions: Burns (ND90‑NE2Z)

Frostbite (NE40‑NE4Z)

Insect bite or sting, venomous (NE61)

Other injuries of leg, level unspecified (ND55)

Injuries to the ankle or foot (ND10‑ND1Z)

NC90 Superficial injury of knee or lower leg

Exclusions: Superficial injury of ankle or foot (ND11)

NC90.0 Abrasion of knee

NC90.1 Contusion of knee

NC90.2 Abrasion of other or unspecified parts of lower leg

NC90.3 Contusion of other or unspecified parts of lower leg

NC90.4 Multiple superficial injuries of lower leg

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC90.Y Other specified superficial injury of knee or lower leg

NC90.Z Superficial injury of knee or lower leg, unspecified

NC91 Open wound of knee or lower leg

Exclusions: Traumatic amputation of lower leg (NC98)

Open wound of ankle or foot (ND12)

NC91.0 Laceration without foreign body of lower leg

Inclusions: laceration of skin of lower leg

Laceration without foreign body of knee

NC91.1 Laceration with foreign body of lower leg

NC91.2 Puncture wound without foreign body of lower leg

NC91.3 Puncture wound with foreign body of lower leg

NC91.4 Open bite of lower leg

NC91.5 Multiple open wounds of lower leg

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC91.Y Other specified open wound of knee or lower leg

NC91.Z Open wound of knee or lower leg, unspecified

NC92 Fracture of lower leg, including ankle

Exclusions: Fracture of foot, except ankle (ND13)

NC92.0 Fracture of patella

A break in the patellar bone (kneecap)

NC92.1 Fracture of upper end of tibia

NC92.10 Avulsion of cruciate ligament insertion

NC92.11 Avulsion of tibial tuberosity

NC92.12 Metaphyseal fracture of upper end of tibia

NC92.13 Fracture of upper end of tibia, lateral condyle

NC92.14 Fracture of upper end of tibia, medial condyle

NC92.1Y Other specified fracture of upper end of tibia

NC92.1Z Fracture of upper end of tibia, unspecified

NC92.2 Fracture of shaft of tibia

NC92.3 Fracture of lower end of tibia

Exclusions: Fracture of medial malleolus (NC92.5)

NC92.4 Fracture of fibula

Exclusions: Fracture of lateral malleolus (NC92.6)

NC92.40 Avulsion of fibular head

NC92.4Y Other specified fracture of fibula

NC92.4Z Fracture of fibula, unspecified

NC92.5 Fracture of medial malleolus

A fracture of the medial malleolus, the bony landmark located on the distal end of the tibia

NC92.6 Fracture of lateral malleolus

NC92.7 Complex fractures of ankle

NC92.70 Fracture, avulsion or collateral ligament rupture of lateral malleolus below syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus

NC92.71 Fracture, avulsion or collateral ligament rupture of lateral malleolus below syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus and fracture of posterior margin of distal tibia

NC92.72 Fracture of lateral malleolus at syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus

NC92.73 Fracture of lateral malleolus at syndesmosis with fracture, avulsion or collateral ligament rupture of medial malleolus and fracture of posterior margin of distal tibia

NC92.74 Fracture, avulsion or collateral ligament rupture of medial malleolus with fracture of fibula above syndesmosis

NC92.75 Fracture, avulsion or collateral ligament rupture of medial malleolus with fracture of fibula above syndesmosis and fracture of posterior margin of distal tibia

NC92.76 Bimalleolar fracture of ankle, not otherwise specified

NC92.77 Trimalleolar fracture of ankle, not otherwise specified

NC92.7Y Other specified complex fractures of ankle

NC92.7Z Complex fractures of ankle, unspecified

NC92.8 Multiple fractures of lower leg

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC92.Y Fracture of other specified part of lower leg, including ankle

NC92.Z Fracture of lower leg, including ankle, unspecified

NC93 Dislocation or strain or sprain of joints or ligaments of knee

Exclusions: dislocation of knee recurrent (FA34.2)

Internal derangement of knee (FA33)

derangement of patella (FA32)

dislocation of knee old (FA34.2)

NC93.0 Acute internal damage of knee

NC93.1 Dislocation of patella

Displacement of the patella from the femoral groove.

NC93.10 Lateral dislocation of patella

NC93.1Y Other specified dislocation of patella

NC93.1Z Dislocation of patella, unspecified

NC93.2 Dislocation of knee

NC93.20 Anterior dislocation of proximal end of tibia

NC93.21 Posterior dislocation of proximal end of tibia

NC93.22 Medial dislocation of proximal end of tibia

NC93.23 Lateral dislocation of proximal end of tibia

NC93.2Y Other specified dislocation of knee

NC93.2Z Dislocation of knee, unspecified

NC93.3 Tear of meniscus, current

Exclusions: old bucket-handle tear (FA33)

NC93.30 Tear of medial meniscus

NC93.31 Tear of lateral meniscus

NC93.3Y Other specified tear of meniscus, current

NC93.3Z Tear of meniscus, current, unspecified

NC93.4 Tear of articular cartilage of knee

NC93.5 Strain or sprain involving fibular or tibial collateral ligament of knee

NC93.50 Strain or sprain of medial collateral ligament of knee, excluding rupture

NC93.51 Strain or sprain of lateral collateral ligament of knee, excluding rupture

NC93.52 Rupture of medial collateral ligament of knee

NC93.53 Rupture of lateral collateral ligament of knee

NC93.5Y Other specified strain or sprain involving fibular or tibial collateral ligament of knee

NC93.5Z Strain or sprain involving fibular or tibial collateral ligament of knee, unspecified

NC93.6 Strain or sprain involving anterior or posterior cruciate ligament of knee

NC93.60 Strain or sprain of anterior cruciate ligament of knee, excluding rupture

NC93.61 Strain or sprain of posterior cruciate ligament of knee, excluding rupture

NC93.62 Rupture of anterior cruciate ligament

NC93.63 Rupture of posterior cruciate ligament

NC93.6Y Other specified strain or sprain involving anterior or posterior cruciate ligament of knee

NC93.6Z Strain or sprain involving anterior or posterior cruciate ligament of knee, unspecified

NC93.7 Strain or sprain of other or unspecified parts of knee

A collective term for muscle and ligament injuries of other and unspecified tissues associated with the knee without dislocation or fracture; a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature.

Exclusions: sprain of patellar ligament (NC76.1)

NC93.8 Injury to multiple structures of knee

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC93.Y Other specified dislocation or strain or sprain of joints or ligaments of knee

NC93.Z Dislocation or strain or sprain of joints or ligaments of knee, unspecified

NC94 Injury of nerves at lower leg level

Exclusions: Injury of nerves at ankle or foot level (ND15)

NC94.0 Injury of tibial nerve at lower leg level

NC94.1 Injury of peroneal nerve at lower leg level

NC94.2 Injury of cutaneous sensory nerve at lower leg level

NC94.3 Injury of multiple nerves at lower leg level

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC94.Y Injury of other specified nerves at lower leg level

NC94.Z Injury of unspecified nerve at lower leg level

NC95 Injury of blood vessels at lower leg level

Exclusions: Injury of blood vessels at ankle or foot level (ND16)

NC95.0 Injury of popliteal artery

NC95.00 Laceration of popliteal artery

NC95.0Y Other specified injury of popliteal artery

NC95.0Z Injury of popliteal artery, unspecified

NC95.1 Injury of anterior tibial artery

NC95.10 Laceration of anterior tibial artery

NC95.1Y Other specified injury of anterior tibial artery

NC95.1Z Injury of anterior tibial artery, unspecified

NC95.2 Injury of posterior tibial artery

NC95.20 Laceration of posterior tibial artery

NC95.2Y Other specified injury of posterior tibial artery

NC95.2Z Injury of posterior tibial artery, unspecified

NC95.3 Injury of peroneal artery

NC95.30 Laceration of peroneal artery

NC95.3Y Other specified injury of peroneal artery

NC95.3Z Injury of peroneal artery, unspecified

NC95.4 Injury of greater saphenous vein at lower leg level

NC95.40 Laceration of greater saphenous vein at lower leg level

NC95.4Y Other specified injury of greater saphenous vein at lower leg level

NC95.4Z Injury of greater saphenous vein at lower leg level, unspecified

NC95.5 Injury of lesser saphenous vein at lower leg level

NC95.50 Laceration of lesser saphenous vein at lower leg level

NC95.5Y Other specified injury of lesser saphenous vein at lower leg level

NC95.5Z Injury of lesser saphenous vein at lower leg level, unspecified

NC95.6 Injury of popliteal vein

NC95.60 Laceration of popliteal vein

NC95.6Y Other specified injury of popliteal vein

NC95.6Z Injury of popliteal vein, unspecified

NC95.7 Injury of multiple blood vessels at lower leg level

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NC95.Y Injury of other specified blood vessels at lower leg level

NC95.Z Injury of unspecified blood vessel at lower leg level

NC96 Injury of muscle, fascia, tendon or bursa at lower leg level

Exclusions: Injury of muscle, fascia or tendon at ankle or foot level (ND17)

injury of patellar ligament (tendon) (NC76.1)

NC96.0 Injury of Achilles tendon

NC96.00 Strain or sprain of Achilles tendon

NC96.01 Laceration of Achilles tendon

NC96.02 Rupture of Achilles tendon

NC96.0Y Other specified injury of Achilles tendon

NC96.0Z Injury of Achilles tendon, unspecified

NC96.1 Injury of other muscle, fascia or tendon of posterior muscle group at lower leg level

NC96.10 Strain or sprain of other muscle, fascia or tendon of posterior muscle group at lower leg level

NC96.11 Laceration of other muscle, fascia or tendon of posterior muscle group at lower leg level

NC96.1Y Other specified injury of other muscle, fascia or tendon of posterior muscle group at lower leg level

NC96.1Z Injury of other muscle, fascia or tendon of posterior muscle group at lower leg level, unspecified

NC96.2 Injury of muscle, fascia or tendon of anterior muscle group at lower leg level

NC96.20 Strain or sprain of muscle, fascia or tendon of anterior muscle group at lower leg level

NC96.21 Laceration of muscle, fascia or tendon of anterior muscle group at lower leg level

NC96.2Y Other specified injury of muscle, fascia or tendon of anterior muscle group at lower leg level

NC96.2Z Injury of muscle, fascia or tendon of anterior muscle group at lower leg level, unspecified

NC96.3 Injury of muscle, fascia or tendon of peroneal muscle group at lower leg level

NC96.30 Strain or sprain of muscle, fascia or tendon of peroneal muscle group at lower leg level

NC96.31 Laceration of muscle, fascia or tendon of peroneal muscle group at lower leg level

NC96.3Y Other specified injury of muscle, fascia or tendon of peroneal muscle group at lower leg level

NC96.3Z Injury of muscle, fascia or tendon of peroneal muscle group at lower leg level, unspecified

NC96.4 Injury of multiple muscles, fasciae or tendons at lower leg level

Coding Note: Assign additional codes for the specific injuries.

NC96.5 Injury of bursa of knee

NC96.Y Injury of other specified muscle, fascia, tendon or bursa at lower leg level

NC96.Z Injury of unspecified muscle, fascia, tendon or bursa at lower leg level

NC97 Crushing injury of lower leg

Exclusions: Crushing injury of ankle or foot (ND18)

NC97.0 Crushing injury of knee

NC97.Y Crushing injury of other specified part of lower leg

NC97.Z Crushing injury of lower leg, unspecified

NC98 Traumatic amputation of lower leg

Exclusions: Traumatic amputation of ankle or foot (ND19)

traumatic amputation of leg, level unspecified (ND55)

NC98.0 Traumatic amputation of right lower leg at knee level

NC98.1 Traumatic amputation of left lower leg at knee level

NC98.2 Traumatic amputation at knee level, bilateral

NC98.3 Traumatic amputation at level between right knee and ankle

NC98.4 Traumatic amputation at level between left knee and ankle

NC98.5 Traumatic amputation at level between knee and ankle, bilateral

NC98.Y Other specified traumatic amputation of lower leg

NC98.Z Traumatic amputation of lower leg, unspecified

NC99 Multiple injuries of lower leg

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

NC9Y Other specified injuries to the knee or lower leg

NC9Z Injuries to the knee or lower leg, unspecified

Injuries to the ankle or foot (ND10‑ND1Z)

Exclusions: fracture of ankle and malleolus (NC92.5)

Other injuries of leg, level unspecified (ND55)

Frostbite (NE40‑NE4Z)

Burns (ND90‑NE2Z)

Insect bite or sting, venomous (NE61)

ND10 Injury to toenail

ND11 Superficial injury of ankle or foot

ND11.0 Abrasion of ankle

ND11.1 Contusion of ankle

ND11.2 Nonthermal blister of ankle

ND11.3 Nonvenomous insect bite of ankle

ND11.4 Superficial foreign body in ankle

ND11.40 Splinter in ankle

ND11.4Y Other specified superficial foreign body in ankle

ND11.4Z Superficial foreign body in ankle, unspecified

ND11.5 Abrasion of toe

ND11.6 Contusion of toe

ND11.7 Abrasion of other or unspecified parts of foot

ND11.8 Contusion of other or unspecified parts of foot

ND11.9 Nonthermal blister of other or unspecified parts of foot

ND11.A Nonvenomous insect bite of other or unspecified parts of foot

ND11.B Superficial foreign body in other or unspecified parts of foot

ND11.B0 Splinter in other or unspecified parts of foot

ND11.BY Other specified superficial foreign body in other or unspecified parts of foot

ND11.BZ Superficial foreign body in other or unspecified parts of foot, unspecified

ND11.C Multiple superficial injuries of ankle or foot

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND11.Y Other specified superficial injury of ankle or foot

ND11.Z Superficial injury of ankle or foot, unspecified

ND12 Open wound of ankle or foot

Exclusions: Traumatic amputation of ankle or foot (ND19)

ND12.0 Laceration without foreign body of ankle or foot

Inclusions: laceration of skin of ankle or foot

ND12.1 Laceration with foreign body of ankle or foot

ND12.2 Puncture wound with foreign body of ankle or foot

ND12.3 Puncture wound without foreign body of ankle or foot

ND12.4 Open bite of ankle or foot

ND12.5 Multiple open wounds of ankle or foot

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND12.6 Open wound of toe

ND12.60 Laceration without foreign body of toe

Exclusions: Injury to toenail (ND10)

ND12.61 Laceration with foreign body of toe

ND12.62 Puncture wound without foreign body of toe

ND12.63 Puncture wound with foreign body of toe

ND12.64 Open bite of toe

ND12.6Y Other specified open wound of toe

ND12.6Z Open wound of toe, unspecified

ND12.Y Other specified open wound of ankle or foot

ND12.Z Open wound of ankle or foot, unspecified

ND13 Fracture of foot, except ankle

Exclusions: Fracture of medial malleolus (NC92.5)

Fracture of lower leg, including ankle (NC92)

Fracture of lateral malleolus (NC92.6)

ND13.0 Fracture of calcaneus

ND13.1 Fracture of talus

Inclusions: Fracture of astragalus

ND13.2 Fracture of unspecified tarsal bone

ND13.3 Fracture of metatarsal bone

A break in one or more of the metatarsal bones of the foot

Exclusions: march fracture (FB80.A)

ND13.4 Fracture of great toe

ND13.5 Fracture of other toe

ND13.6 Multiple fractures of foot

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND13.7 Fracture of cuboid bone

ND13.8 Fracture of lateral cuneiform

ND13.9 Fracture of intermediate cuneiform

ND13.A Fracture of medial cuneiform

ND13.B Fracture of navicular of foot

ND13.Y Fracture of other specified part of foot, except ankle

ND13.Z Fracture of foot, except ankle, unspecified

ND14 Dislocation or strain or sprain of joints or ligaments at ankle or foot level

ND14.0 Dislocation of ankle joint

Displacement of one or more bones of the ankle, including the tarsals

Inclusions: Dislocation of astragalus

Dislocation of talus

ND14.1 Dislocation of great toe

ND14.10 Dislocation of metatarsophalangeal joint of great toe

ND14.11 Dislocation of interphalangeal joint of great toe

ND14.1Z Dislocation of great toe, unspecified

ND14.2 Dislocation of other toe

ND14.20 Dislocation of metatarsophalangeal joint of lesser toe

ND14.21 Dislocation of interphalangeal joints of lesser toe

ND14.2Y Dislocation of other specified toe

ND14.2Z Dislocation of other toe, unspecified

ND14.3 Dislocation of tarsal joint

ND14.4 Dislocation of tarsometatarsal joint

ND14.5 Rupture of ligaments at ankle or foot level

ND14.6 Dislocation of other or unspecified parts of foot

ND14.7 Strain or sprain of ankle

Exclusions: Injury of Achilles tendon (NC96.0)

ND14.70 Strain or sprain of calcaneofibular ligament

ND14.71 Strain or sprain of deltoid ligament

ND14.72 Strain or sprain of tibiofibular ligament

ND14.73 Strain or sprain of other ligament of ankle

ND14.7Z Strain or sprain of ankle, unspecified

ND14.8 Strain or sprain of other toe

Exclusions: Strain or sprain of great toe (ND14.9)

ND14.80 Strain or sprain of metatarsophalangeal joint of lesser toe

ND14.81 Strain or sprain of interphalangeal joints of lesser toe

ND14.8Y Strain or sprain of other specified toe

ND14.8Z Strain or sprain of other toe, unspecified

ND14.9 Strain or sprain of great toe

ND14.90 Strain or sprain of metatarsophalangeal joint of great toe

ND14.91 Strain or sprain of interphalangeal joint of great toe

ND14.9Z Strain or sprain of great toe, unspecified

ND14.A Strain or sprain of other or unspecified parts of foot

ND14.Y Other specified dislocation or strain or sprain of joints or ligaments at ankle or foot level

ND14.Z Dislocation or strain or sprain of joints or ligaments at ankle or foot level, unspecified

ND15 Injury of nerves at ankle or foot level

ND15.0 Injury of lateral plantar nerve

ND15.1 Injury of medial plantar nerve

ND15.2 Injury of deep peroneal nerve at ankle or foot level

ND15.3 Injury of cutaneous sensory nerve at ankle or foot level

ND15.4 Injury of multiple nerves at ankle or foot level

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

ND15.Y Injury of other specified nerves at ankle and foot level

ND15.Z Injury of unspecified nerve at ankle or foot level

ND16 Injury of blood vessels at ankle or foot level

Exclusions: Injury of posterior tibial artery (NC95.2)

ND16.0 Injury of dorsal artery of foot

ND16.00 Laceration of dorsal artery of foot

ND16.0Y Other specified injury of dorsal artery of foot

ND16.0Z Injury of dorsal artery of foot, unspecified

ND16.1 Injury of plantar artery of foot

ND16.10 Laceration of plantar artery of foot

ND16.1Y Other specified injury of plantar artery of foot

ND16.1Z Injury of plantar artery of foot, unspecified

ND16.2 Injury of dorsal vein of foot

ND16.20 Laceration of dorsal vein of foot

ND16.2Y Other specified injury of dorsal vein of foot

ND16.2Z Injury of dorsal vein of foot, unspecified

ND16.3 Injury of multiple blood vessels at ankle or foot level

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND16.Y Injury of other specified blood vessels at ankle and foot level

ND16.Z Injury of unspecified blood vessel at ankle or foot level

ND17 Injury of muscle, fascia or tendon at ankle or foot level

Damage inflicted on the muscular or tendinous tissues of the ankle or foot as the direct or indirect result of an external force, with or without disruption of structural continuity.

Exclusions: Injury of Achilles tendon (NC96.0)

ND17.0 Injury of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level

ND17.00 Strain or sprain of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level

ND17.01 Laceration of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level

ND17.0Y Other specified injury of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level

ND17.0Z Injury of muscle, fascia or tendon of long flexor muscle of toe at ankle or foot level, unspecified

ND17.1 Injury of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level

ND17.10 Strain or sprain of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level

ND17.11 Laceration of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level

ND17.1Y Other specified injury of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level

ND17.1Z Injury of muscle, fascia or tendon of long extensor muscle of toe at ankle or foot level, unspecified

ND17.2 Injury of intrinsic muscle, fascia or tendon at ankle or foot level

ND17.20 Strain or sprain of intrinsic muscle, fascia or tendon at ankle or foot level

ND17.21 Laceration of intrinsic muscle, fascia or tendon at ankle or foot level

ND17.2Y Other specified injury of intrinsic muscle, fascia or tendon at ankle or foot level

ND17.2Z Injury of intrinsic muscle, fascia or tendon at ankle or foot level, unspecified

ND17.3 Injury of multiple muscles or tendons at ankle or foot level

Coding Note: Assign additional codes for the specific injuries.

ND17.Y Injury of other specified muscle, fascia or tendon at ankle or foot level

ND17.Z Injury of unspecified muscle, fascia or tendon at ankle or foot level

ND18 Crushing injury of ankle or foot

ND18.0 Crushing injury of ankle

ND18.1 Crushing injury of toe

ND18.2 Crushing injury of other parts of ankle or foot

ND18.Z Crushing injury of ankle or foot, unspecified

ND19 Traumatic amputation of ankle or foot

ND19.0 Traumatic amputation of right foot at ankle level

ND19.1 Traumatic amputation of left foot at ankle level

ND19.2 Traumatic amputation of foot at ankle level, bilateral

ND19.3 Traumatic amputation of right foot at metatarsal level

ND19.4 Traumatic amputation of left foot at metatarsal level

ND19.5 Traumatic amputation of foot at metatarsal level, bilateral

ND19.6 Traumatic amputation of one toe

Exclusions: avulsion of toenail (ND10)

ND19.7 Traumatic amputation of two or more toes

Exclusions: avulsion of toenail (ND10)

ND19.8 Traumatic amputation of other parts of foot

Inclusions: Combined traumatic amputation of toe(s) and other parts of foot

ND19.Z Traumatic amputation of ankle or foot, unspecified

ND1A Multiple injuries of ankle or foot

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

ND1Y Other specified injuries to the ankle or foot

ND1Z Injuries to the ankle or foot, unspecified

Injuries involving multiple body regions (ND30‑ND37)

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions: Frostbite (NE40‑NE4Z)

Sunburn (EJ40)

Burns (ND90‑NE2Z)

ND30 Superficial injuries involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND31 Open wounds involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions: Traumatic amputations involving multiple body regions (ND35)

ND32 Fractures involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Coded Elsewhere: Fractures involving multiple body regions due to birth injury (KA45.Y)

ND33 Dislocations, strains or sprains involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND34 Crushing injuries involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

ND35 Traumatic amputations involving multiple body regions

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Inclusions: avulsion involving multiple body regions

Exclusions: traumatic amputation of leg NOS (ND55)

traumatic amputation of arm NOS (ND53)

Open wounds involving multiple body regions (ND31)

Decapitation (NA63)

traumatic amputation of: trunk NOS (NB33)

ND36 Other injuries involving multiple body regions, not elsewhere classified

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND37 Unspecified multiple injuries

Coding Note: Each injury should be coded separately. This code should be used alone only when the detail of the specific injuries is unknown, or it is not possible to code each injury. This code may also be used in postcoordination to identify cases of complex trauma.

Exclusions: injury NOS (ND56)

Injuries to unspecified part of trunk, limb or body region (ND50‑ND5Z)

Exclusions: Injuries involving multiple body regions (ND30‑ND37)

Insect bite or sting, venomous (NE61)

Burns (ND90‑NE2Z)

Frostbite (NE40‑NE4Z)

ND50 Fracture of spine, level unspecified

Exclusions: multiple fractures of spine, level unspecified (ND32)

Coded Elsewhere: Fracture, dislocation or subluxation of spine due to birth injury (KA45.4)

ND51 Other injuries of spine or trunk, level unspecified

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

Exclusions: multiple internal injuries of trunk (ND36)

crushing injury of trunk NOS (ND34)

transection of trunk (ND35)

ND51.0 Dislocation or strain or sprain of unspecified joint or ligament of trunk

Coded Elsewhere: Fracture, dislocation or subluxation of spine due to birth injury (KA45.4)

ND51.1 Injury of unspecified nerve, spinal nerve root or plexus of trunk

ND51.2 Injury of spinal cord, level unspecified

Coded Elsewhere: Birth injury to spine or spinal cord (KA40.2)

ND51.3 Injury of unspecified muscle, fascia or tendon of trunk

ND51.4 Crushing injury of spine or trunk, level unspecified

ND51.Y Other specified injuries of spine or trunk, level unspecified

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND51.Z Unspecified injuries of spine or trunk, level unspecified

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND52 Fracture of arm, level unspecified

Exclusions: Fractures involving multiple regions of one arm (ND32)

ND53 Other injuries of arm, level unspecified

Exclusions: crushing injury of arm NOS (ND34)

Fracture of arm, level unspecified (ND52)

Injuries involving multiple body regions (ND30‑ND37)

ND53.0 Crushing injury of arm, level unspecified

ND53.Y Other specified injuries of arm, level unspecified

ND54 Fracture of leg, level unspecified

Exclusions: Fractures involving multiple regions of one leg (ND32)

ND55 Other injuries of leg, level unspecified

Exclusions: Fracture of leg, level unspecified (ND54)

Injuries involving multiple body regions (ND30‑ND37)

ND56 Injury of unspecified body region

Damage inflicted on the body in an unspecified area as the direct or indirect result of an external force, with or without disruption of structural continuity.

Exclusions: Injuries involving multiple body regions (ND30‑ND37)

multiple injuries NOS (ND37)

ND56.0 Superficial injury of unspecified body region

Exclusions: multiple superficial injuries NOS (ND30)

Coded Elsewhere: Haematoma of surgical wound of skin (NE81.00)

Superficial incisional site infection (NE81.20)

ND56.1 Open wound of unspecified body region

Exclusions: Traumatic amputations involving multiple body regions (ND35)

Open wounds involving multiple body regions (ND31)

traumatic amputation NOS (ND56.8)

ND56.2 Fracture of unspecified body region

Exclusions: multiple fractures NOS (ND32)

ND56.3 Dislocation or strain or sprain of unspecified body region

Exclusions: multiple dislocations, sprains and strains NOS (ND33)

ND56.4 Injury of nerve of unspecified body region

Exclusions: multiple injuries of nerves NOS (ND36)

ND56.5 Injury of blood vessel of unspecified body region

Exclusions: multiple injuries of blood vessels NOS (ND36)

ND56.6 Injury of muscles or tendons of unspecified body region

Exclusions: multiple injuries of tendons and muscles NOS (ND36)

ND56.7 Crushing injury of unspecified body region

ND56.8 Traumatic amputation of unspecified body region

Exclusions: multiple: crushing injuries NOS (ND34)

multiple traumatic amputations NOS (ND35)

ND56.9 Injury complicating pregnancy

ND56.Y Other specified injury of unspecified body region

ND56.Z Unspecified injury to unspecified part of trunk, limb or body region

ND57 Secondary effect of trauma

Inclusions: deformity NOS

scarring resulting from previous injury

old amputation

Exclusions: Post traumatic stress disorder (6B40)

Post traumatic wound infection, not elsewhere classified (NF0A.3)

ND5Y Other specified injuries to unspecified part of trunk, limb or body region

ND5Z Injuries to unspecified part of trunk, limb or body region, unspecified

Effects of foreign body entering through natural orifice (ND70‑ND7Z)

Exclusions: foreign body accidentally left in operation wound (PL11.3)

Residual foreign body in soft tissue (FB56.1)

ND70 Foreign body on external eye

Exclusions: Retained foreign body following penetrating wound of orbit (NA06.2)

Retained foreign body in eyelid (NA06.03)

ND70.0 Foreign body in cornea

ND70.1 Foreign body in conjunctival sac

ND70.2 Foreign body in multiple parts of external eye

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND70.Y Foreign body in other specified part of external eye

ND70.Z Foreign body on external eye, unspecified

ND71 Foreign body in ear

Objects that inadvertently enter the ear from the environment.

ND72 Foreign body in respiratory tract

ND72.0 Foreign body in nasal sinus

ND72.1 Foreign body in nostril

ND72.2 Foreign body in pharynx

Objects that inadvertently enter the pharynx from the environment.

ND72.20 Asphyxia on mucous in nasopharynx

ND72.2Y Other specified foreign body in pharynx

ND72.2Z Foreign body in pharynx, unspecified

ND72.3 Foreign body in larynx

ND72.4 Foreign body in trachea

ND72.5 Foreign body in bronchus

ND72.6 Foreign body in multiple parts of respiratory tract

Coding Note: Each injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

ND72.Y Foreign body in other parts of respiratory tract

ND72.Z Foreign body in unspecified part of respiratory tract

ND73 Foreign body in alimentary tract

Inclusions: foreign body in digestive system NOS

Exclusions: Foreign body in pharynx (ND72.2)

ND73.0 Foreign body in mouth

ND73.1 Foreign body in oesophagus

Mechanical impaction or retention of foreign body in the oesophagus

ND73.2 Foreign body in stomach

Mechanical impaction or retention of foreign body in the stomach.

ND73.20 Trichobezoar

A hair ball which is formed from ingested hairs in the stomach which may cause bowel obstruction.

ND73.2Y Other specified foreign body in stomach

ND73.2Z Foreign body in stomach, unspecified

ND73.3 Foreign body in small intestine

Mechanical impaction or retention of foreign body in the small intestine.

ND73.4 Foreign body in colon

ND73.5 Foreign body in anus or rectum

ND73.Y Foreign body in other specified part of alimentary tract

ND73.Z Foreign body in alimentary tract, unspecified

ND74 Foreign body in genitourinary tract

Exclusions: Presence of contraceptive device (QB51.C)

ND74.0 Foreign body in urethra

ND74.1 Foreign body in bladder

ND74.2 Foreign body in vulva or vagina

ND74.3 Foreign body in uterus, any part

ND74.Y Foreign body in other specified part of genitourinary tract

ND74.Z Foreign body in genitourinary tract, unspecified

ND7Z Effects of foreign body entering through natural orifice, unspecified

Burns (ND90‑NE2Z)

A burn is an injury to the tissues caused by a pathological flux of energy which causes cellular destruction and irreversible denaturation of proteins and is primarily caused by thermal or other acute trauma.

Coding Note: Code also the size of burn as the percentage of total body surface area burned to any depth, and the percentage with full-thickness or deep full thickness burns.

Inclusions: internal chemical burn or corrosion

external chemical burn or corrosion

burns from hot objects

burns from friction

burns from hot air and hot gases

burns from lightning

Exclusions: Sunburn (EJ40)

Adverse cutaneous effects of therapeutic ionizing irradiation (EL60‑EL63)

Adverse effects of phototherapy (Chapter 14)

Photosensitivity due to drug (EH75)

Phototoxic reactions to skin contact with photoactive agents (EK20‑EK2Z)

Neonatal phototherapy burn (KC50)

Burns of external body surface, specified by site (ND90‑ND9Z)

Coding Note: Code also the size of burn as the percentage of total body surface area burned to any depth, and the percentage with full-thickness or deep full thickness burns.

ND90 Burn of head or neck except face

Injury to the tissues of the head and neck caused by contact with, for example, heat, steam, chemicals, or electricity.

Exclusions: Burn of eye or ocular adnexa (NE00)

Burn of mouth or pharynx (NE02)

ND90.0 Burn of head or neck except face, epidermal burn

ND90.1 Burn of head or neck except face, superficial partial thickness burn

ND90.2 Burn of head or neck except face, deep partial thickness burn

ND90.3 Burn of head and neck except face, full thickness burn

ND90.4 Burn of head or neck except face, deep full thickness or complex burn

ND90.Z Burn of head and neck except face, depth of burn unspecified

ND91 Burn of face except eye or ocular adnexa

ND91.0 Burn of face except eye or ocular adnexa, epidermal burn

ND91.1 Burn of face except eye or ocular adnexa, superficial partial thickness burn

ND91.2 Burn of face except eye or ocular adnexa, deep partial thickness burn

ND91.3 Burn of face except eye or ocular adnexa, full thickness burn

ND91.4 Burn of face except eye or ocular adnexa, deep full thickness or complex burn

ND91.Z Burn of face except eye, depth of burn unspecified

ND92 Burn of trunk except perineum or genitalia

Injury to the tissues of the trunk caused by contact with, for example, heat, steam, chemicals, or electricity.

Exclusions: burn and corrosion of scapular region (ND94)

burn and corrosion of axilla (ND94)

ND92.0 Burn of trunk except perineum or genitalia, epidermal burn

ND92.00 Burn of breast, epidermal burn

ND92.01 Burn of chest wall, epidermal burn

ND92.02 Burn of abdominal wall, epidermal burn

ND92.03 Burn of back, any part, epidermal burn

ND92.0Y Other specified burn of trunk except perineum or genitalia, epidermal burn

ND92.0Z Burn of trunk except perineum or genitalia, epidermal burn, unspecified

ND92.1 Burn of trunk except perineum or genitalia, superficial partial thickness burn

ND92.2 Burn of trunk except perineum or genitalia, deep partial thickness burn

ND92.3 Burn of trunk except perineum or genitalia, full thickness burn

ND92.4 Burn of trunk except perineum or genitalia, deep full thickness or complex burn

ND92.Z Burn of trunk except perineum and genitalia, depth of burn unspecified

ND93 Burn of perineum or genitalia

ND93.0 Burn of perineum or genitalia, epidermal burn

ND93.1 Burn of perineum or genitalia, superficial partial thickness burn

ND93.2 Burn of perineum or genitalia, deep partial thickness burn

ND93.3 Burn of perineum or genitalia, full thickness burn

ND93.4 Burn of perineum or genitalia, deep full thickness or complex burn

ND93.Z Burn of perineum and genitalia, depth of burn unspecified

ND94 Burn of shoulder or arm, except wrist or hand

Injury to the tissues of the shoulder and arm (except wrist and hand) caused by contact with, for example, heat, steam, chemicals, or electricity.

Exclusions: burn and corrosion of interscapular region (ND92)

Burn of wrist or hand (ND95)

ND94.0 Burn of shoulder or arm, except wrist or hand, epidermal burn

ND94.1 Burn of shoulder or arm, except wrist or hand, superficial partial thickness burn

ND94.10 Burn of forearm and elbow, superficial partial thickness burn

ND94.1Y Other specified burn of shoulder or arm, except wrist or hand, superficial partial thickness burn

ND94.1Z Burn of shoulder or arm, except wrist or hand, superficial partial thickness burn, unspecified

ND94.2 Burn of shoulder or arm, except wrist or hand, deep partial thickness burn

ND94.20 Burn of forearm or elbow, deep partial thickness burn

ND94.2Y Other specified burn of shoulder or arm, except wrist or hand, deep partial thickness burn

ND94.2Z Burn of shoulder or arm, except wrist or hand, deep partial thickness burn, unspecified

ND94.3 Burn of shoulder or arm, except wrist or hand, full thickness burn

ND94.4 Burn of shoulder or arm, except wrist or hand, deep full thickness or complex burn

ND94.Z Burn of shoulder and arm except wrist and hand, depth of burn unspecified

ND95 Burn of wrist or hand

Injury to the tissues of the wrist and hand caused by contact with, for example, heat, steam, chemicals, or electricity.

ND95.0 Burn of wrist or hand, epidermal burn

ND95.1 Burn of wrist or hand, superficial partial thickness burn

ND95.2 Burn of wrist or hand, deep partial thickness burn

ND95.3 Burn of wrist or hand, full thickness burn

ND95.4 Burn of wrist or hand, deep full thickness or complex burn

ND95.Z Burn of wrist and hand, depth of burn unspecified

ND96 Burn of hip or leg, except ankle or foot

Injury to the tissues of the hip and leg (except ankle and foot) caused by contact with, for example, heat, steam, chemicals, or electricity.

Exclusions: Burn of ankle or foot (ND97)

ND96.0 Burn of hip or leg, except ankle or foot, epidermal burn

ND96.1 Burn of hip or leg, except ankle or foot, superficial partial thickness burn

ND96.2 Burn of hip or leg, except ankle or foot, deep partial thickness burn

ND96.3 Burn of hip or leg, except ankle or foot, full thickness burn

ND96.4 Burn of hip or leg, except ankle or foot, deep full thickness or complex burn

ND96.Z Burn of hip and leg except ankle and foot, depth of burn unspecified

ND97 Burn of ankle or foot

Injury to the tissues of the ankle and foot caused by contact with, for example, heat, steam, chemicals, or electricity.

ND97.0 Burn of ankle or foot, epidermal burn

ND97.1 Burn of ankle or foot, superficial partial thickness burn

ND97.2 Burn of ankle or foot, deep partial thickness burn

ND97.3 Burn of ankle or foot, full thickness burn

ND97.4 Burn of ankle or foot, deep full thickness or complex burn

ND97.Z Burn of ankle and foot, depth of burn unspecified

ND99 Acute skin injury due to skin contact with corrosive substance

ND99.1 Chemical burn due to skin contact with corrosive substance

A chemical skin burn is an acute, severe irritant reaction to skin contact with corrosive or caustic substances sufficient to cause cell necrosis. The corrosive potential of substances depends on their chemical properties, concentration and pH, and on the duration and type of skin contact. Occlusion has an additive effect.

ND9Y Burns of external body surface, other specified site

Coding Note: Code also the size of burn as the percentage of total body surface area burned to any depth, and the percentage with full-thickness or deep full thickness burns.

ND9Z Burns of external body surface, unspecified site

Coding Note: Code also the size of burn as the percentage of total body surface area burned to any depth, and the percentage with full-thickness or deep full thickness burns.

Burns of eye or internal organs (NE00‑NE0Z)

Injury confined to the tissues of the eye and internal organs caused by contact with, for example, heat, steam, chemicals, or electricity.

NE00 Burn of eye or ocular adnexa

Injury confined to the tissues of the eye and adnexa caused by contact with, for example, heat, steam, chemicals, or electricity.

NE01 Burn of respiratory tract

Injury to the tissues of the respiratory tract caused by contact with, for example, heat, steam, chemicals, or electricity.

NE02 Burn of other internal organs

Injury to other internal organs caused by contact with, for example, heat, steam, chemicals, or electricity.

NE0Z Burns of unspecified internal organ

Burns of multiple or unspecified body regions (NE10‑NE11)

Injury to the tissues of the multiple and unspecified body regions caused by contact with, for example, heat, steam, chemicals, or electricity.

Coding Note: Each burn should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NE10 Burns of multiple body regions

Coding Note: Each burn should be coded separately. This code should be used only when the detail of the specific burn is unknown, or it is not possible to code each burn.

NE11 Burn of unspecified body region

NE2Z Burns, unspecified

Coding Note: Code also the size of burn as the percentage of total body surface area burned to any depth, and the percentage with full-thickness or deep full thickness burns.

Frostbite (NE40‑NE4Z)

Frostbite is injury from ice formation within tissues resulting from contact with cold air, liquids or metals. It is most commonly due to excessive exposure of skin to sub-zero environmental temperatures. The risk of injury is exacerbated by wind. The most commonly affected sites are fingers, toes, ears, nose, cheeks and chin with injury limited to skin and soft tissues. Full thickness skin necrosis and injury to deeper structures including muscles and bone may occur with prolonged exposure to cold.

Exclusions: Hypothermia (NF02)

NE40 Superficial frostbite

Frostbite in which injury is confined to the skin, where there may be epidermal blistering and sloughing but no significant tissue necrosis.

Inclusions: frostbite with partial-thickness skin loss

Exclusions: Superficial frostbite involving multiple body regions (NE42)

NE41 Frostbite with tissue necrosis

Frostbite with localised tissue necrosis of skin and deeper tissues

Exclusions: Frostbite with tissue necrosis involving multiple body regions (NE42)

NE42 Frostbite involving multiple body regions

Frostbite is damage to tissues as the result of exposure to low environmental temperatures.

Coding Note: Each frostbite injury should be coded separately. This code should be used only when the detail of the specific injuries is unknown, or it is not possible to code each injury.

NE4Z Frostbite, unspecified

Harmful effects of substances (NE60‑NE6Z)

Coding Note: When a specified harmful effect of a substance or substances is known, code to the specific condition.

NE60 Harmful effects of drugs, medicaments or biological substances, not elsewhere classified

Coding Note: When a specified harmful effect of a substance or substances is known, code to the specific condition.

Exclusions: Alcohol intoxication (6C40.3)

pathological drug intoxication (6C40‑6C5Z)

hypersensitivity reaction to correctly administered drug (4A80‑4A8Z)

Reactions or intoxications due to drugs administered to fetus or newborn (KD34)

NE61 Harmful effects of or exposure to noxious substances, chiefly nonmedicinal as to source, not elsewhere classified

Coding Note: When a specified harmful effect of a substance or substances is known, code to the specific condition.

Exclusions: corrosions (ND90‑NE2Z)

Bacterial foodborne intoxications (1A10‑1A1Z)

NE6Z Harmful effects of unspecified substance

Coding Note: When a specified harmful effect of a substance or substances is known, code to the specific condition.

Injury or harm arising from surgical or medical care, not elsewhere classified (NE80‑NE8Z)

Exclusions: Attention to artificial openings (QB62)

adverse effects of drugs and medicaments (NE60)

Fitting or adjustment of external prosthetic device (QB31.0)

burns and corrosions from local applications and irradiation (ND90‑NE2Z)

poisoning and toxic effects of drugs and chemicals (NE60)

Colostomy malfunction (DE12.0)

Disorders of fluid, electrolyte or acid-base balance (5C70‑5C7Z)

Other functional disturbances following cardiac surgery (BE11)

Dumping syndrome (DE11)

Postmastectomy lymphoedema syndrome (BE1B.0)

Postsurgical blind-loop syndrome (DE13)

Coded Elsewhere: Complications of intrauterine procedures, not elsewhere classified (KD39)

Complications of anaesthesia during pregnancy (JA67)

Complications of anaesthesia during labour or delivery (JB0C)

Complications of anaesthesia during the puerperium (JB43)

NE80 Injury or harm arising following infusion, transfusion or therapeutic injection, not elsewhere classified

Exclusions: bone-marrow transplant rejection (NE84)

toxic endophthalmitis (9C21)

NE80.0 Air embolism following infusion, transfusion or therapeutic injection

NE80.1 ABO incompatibility reaction

Inclusions: Reaction to blood-group incompatibility in infusion or transfusion

NE80.2 Rh incompatibility reaction

Inclusions: Reaction due to Rh factor in infusion or transfusion

NE80.3 Other serum reactions

Exclusions: serum hepatitis (1E50.1)

Coded Elsewhere: Serum sickness vasculitis (4A44.Y)

Anaphylactic shock due to serum (4A84.Y)

NE80.Y Other specified injury or harm arising following infusion, transfusion or therapeutic injection, not elsewhere classified

NE80.Z Injury or harm arising following infusion, transfusion or therapeutic injection, not elsewhere classified, unspecified

NE81 Injury or harm arising from a procedure, not elsewhere classified

Any complication attributable to a medical, surgical or other clinical procedure which cannot be more precisely coded elsewhere in the classification.

Exclusions: Harmful effects of drugs, medicaments or biological substances, not elsewhere classified (NE60)

Failure or rejection of transplanted organs or tissues (NE84)

Injury or harm arising following infusion, transfusion or therapeutic injection, not elsewhere classified (NE80)

NE81.0 Haemorrhage or haematoma complicating a procedure, not elsewhere classified

Inclusions: Haemorrhage at any site resulting from a procedure

Coded Elsewhere: Haematoma of obstetric wound (JB44.2)

NE81.00 Haematoma of surgical wound of skin

Collection of blood within skin and soft tissues following surgical wound of skin usually resulting from defective haemostasis

NE81.01 Haemorrhage and haematoma of eye or ocular adnexa complicating a procedure

NE81.0Z Haemorrhage or haematoma of other or unspecified site complicating a procedure, not elsewhere classified

NE81.1 Disruption of operation wound, not elsewhere classified

Inclusions: Dehiscence of operation wound

Rupture of operation wound

Exclusions: Postsurgical anastomosis leak (NE81.3)

Coded Elsewhere: Disruption of caesarean section wound (JB44.0)

Disruption of perineal obstetric wound (JB44.1)

NE81.2 Surgical site infection

Coded Elsewhere: Infection of obstetric surgical wound (JB40.1)

NE81.20 Superficial incisional site infection

A surgical site infection involving only skin and subcutaneous tissue of the incision.

Exclusions: Streptococcal cellulitis of skin (1B70.1)

Staphylococcal cellulitis of skin (1B70.2)

NE81.21 Deep incisional site infection

A surgical site infection involving deep soft tissues of the incision (e.g. fascia and muscle layers).

NE81.22 Organ or organ space surgical site infection

A surgical site infection that involves any part of the body deeper than the fascial or muscle layers, that is opened or manipulated during the operative procedure.

NE81.2Y Other specified surgical site infection

NE81.2Z Surgical site infection, unspecified

NE81.3 Postsurgical leak

Exclusions: Malfunction or complication of external stoma of digestive organs (DE12)

Tracheostomy malfunction (CB60)

NE81.Y Other specified injury or harm arising from a procedure, not elsewhere classified

NE81.Z Injury or harm arising from a procedure, not elsewhere classified, unspecified

NE82 Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified

Coded Elsewhere: Pacemaker or implantable cardioverter defibrillator battery at end of battery life (BC91)

NE82.0 Pacemaker or implantable cardioverter defibrillator complication

An event or occurrence related to a pacemaker or an implantable cardioverter defibrillator (ICD) or one of its components that is associated with a healthcare intervention, is a departure from the desired course of events, and may cause, or be associated with, a suboptimal outcome.

NE82.00 Pacemaker or implantable cardioverter defibrillator pocket erosion

Any breakdown of the implant site or skin overlying pacemaker or an implantable cardioverter defibrillator (ICD) pocket.

NE82.01 Pacemaker or implantable cardioverter defibrillator pocket muscle stimulation

Inappropriate muscular stimulation in or near a pacemaker or implantable cardioverter defibrillator (ICD) generator pocket that cannot be managed with device reprograming and results in patient discomfort or need for reoperation.

NE82.02 Pacemaker or implantable cardioverter defibrillator phrenic nerve stimulation

NE82.03 Pacing-induced cardiomyopathy

Pacing-induced cardiomyopathy is ventricular dilation, dysfunction (systolic and/or diastolic) and dyskinesia associated with chronic ventricular pacing in the absence of other causes of cardiomyopathy.

NE82.0Y Other specified pacemaker or implantable cardioverter defibrillator complication

NE82.0Z Pacemaker or implantable cardioverter defibrillator complication, unspecified

NE82.1 Pacemaker or implantable cardioverter defibrillator dysfunction

Any abnormality of pacemaker or implantable cardioverter defibrillator (ICD) device function.

NE82.10 Inappropriate implantable cardioverter defibrillator shock

One or more implantable cardioverter defibrillator (ICD) high energy discharges delivered in response to an event other than an appropriately sensed ventricular arrhythmia meeting criteria for therapy. Examples of such events include artefactual sensing (e.g., T-wave oversensing or noise), supraventricular arrhythmias (e.g., atrial fibrillation or flutter, supraventricular tachycardia (SVT)) and sinus tachycardia.

NE82.11 Pacemaker syndrome

Cardiovascular signs or symptoms following pacemaker implantation due to suboptimal atrioventricular synchrony, regardless of the pacing mode

NE82.12 Pacemaker generator dysfunction

Pacemaker pulse generator malfunction for any reason except routine battery exhaustion.

NE82.1Y Other specified pacemaker or implantable cardioverter defibrillator dysfunction

NE82.1Z Pacemaker or implantable cardioverter defibrillator dysfunction, unspecified

NE82.2 Pacemaker or implantable cardioverter defibrillator lead complication

NE82.20 Pacemaker or implantable cardioverter defibrillator lead fracture

NE82.21 Pacemaker or implantable cardioverter defibrillator lead dislodgement

NE82.22 Pacemaker or implantable cardioverter defibrillator lead insulation break

NE82.2Y Other specified pacemaker or implantable cardioverter defibrillator lead complication

NE82.2Z Pacemaker or implantable cardioverter defibrillator lead complication, unspecified

NE82.3 Pacemaker or implantable cardioverter defibrillator lead dysfunction

NE82.Y Other specified dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified

NE82.Z Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified, unspecified

NE83 Injury or harm arising from other device, implant or graft, not elsewhere classified

Coded Elsewhere: Wear of articular bearing surface of joint prosthesis (FA35)

Postsurgical osteolysis (FC01.8)

Cardiac conduit failure (BE14.B)

Systemic-to-pulmonary arterial shunt obstruction (BE14.B)

Systemic-to-pulmonary arterial shunt failure (BE14.B)

NE83.0 Destruction or cartilage wear of joint with hemiarthroplasty

NE83.1 Infection arising from device, implant or graft, not elsewhere classified

Coding Note: This code should not be used if the type of infection is specified

Coded Elsewhere: Infection due to pacemaker or implantable cardioverter defibrillator (NE82.0Y)

NE83.Y Other specified injury or harm arising from other device, implant or graft, not elsewhere classified

NE84 Failure or rejection of transplanted organs or tissues

NE85 Complications peculiar to reattachment or amputation

NE85.0 Complications of reattached upper extremity

NE85.1 Complications of reattached lower extremity

NE85.2 Complications of other reattached body part

NE85.3 Neuroma of amputation stump

NE85.4 Infection of amputation stump

NE85.5 Necrosis of amputation stump

NE85.6 Other or unspecified complications of amputation stump

Exclusions: Phantom limb syndrome (8E43.00)

NE86 Malignant hyperthermia due to anaesthesia

A condition caused by hypermetabolism in response to certain anaesthetic drugs. This condition is characterised by hyperthermia, tachycardia, tachypnoea, increased carbon dioxide production, increased oxygen consumption, acidosis, muscle rigidity, and rhabdomyolysis. This condition may be associated with genetic mutation.

NE87 Failed or difficult intubation

Intubation complicated by patient anatomy or physiology which complicates, prolongs or prevents intubation.

Complication is defined as saturations falling more than 20% below baseline, significant damage to lips, teeth or tongue, or regurgitation and aspiration of gastric contents. Prolongation is defined as either intubation using special techniques (fibreoptic intubation) or three or more attempts at intubation using direct laryngoscopy or videolaryngoscopy when performed by a fully trained and expert anesthetist. Failure is defined as the abandonment of the attempt at intubation.

Exclusions: Failed or difficult intubation during pregnancy (JA67.5)

Failed or difficult intubation during labour or delivery (JB0C.7)

Failed or difficult intubation during the puerperium (JB43.5)

NE88 Drug toxicity associated with harm in surgical or medical care, not elsewhere classified

NE89 Awareness under general anaesthesia

The experience by patients whose expectation was oblivion under general anaesthesia of awareness of their surroundings. This may include some or all of the following sensations: visual, auditory, tactile (including presence of a tracheal tube or airway device, manipulation), motion, pain and paralysis.

Exclusions: Awareness of heartbeat (MC81.2)

NE8Y Other specified injury or harm arising from surgical or medical care, not elsewhere classified

NE8Z Injury or harm arising from surgical or medical care, not elsewhere classified, unspecified

Other or unspecified effects of external causes (NF00‑NF0Z)

Coded Elsewhere: Anaphylaxis (4A84)

NF00 Effects of radiation, not elsewhere classified

Exclusions: Sunburn (EJ40)

Burns (ND90‑NE2Z)

specified adverse effects of radiation, such as leukaemia (2A20‑2B3Z)

Radiation gastritis (DA42.81)

Acute pulmonary manifestations due to radiation (CA82.0)

Radiation duodenitis (DA51.53)

Radiation oesophagitis (DA24.22)

Radiation-induced colitis (DB33.41)

NF01 Effects of heat

Adverse effects resulting from a failure to maintain normal body core temperature on exposure to excessive heat. Vigorous exercise, insulation by clothing (e.g. protective clothing) or an inability to sweat normally (e.g. genetic hypohidrosis or autonomic neuropathy) may be contributory factors.

Inclusions: heat prostration NOS

Exclusions: Sunburn (EJ40)

Burns (ND90‑NE2Z)

Malignant hyperthermia due to anaesthesia (NE86)

Dermatoses provoked by heat or electricity (EJ10‑EJ1Y)

NF01.0 Heat stroke

Elevation of core body temperature above 40.6 degrees centigrade due to environmental heat exposure and a failure of thermoregulation. This is a potentially fatal disorder, particularly in infants and children.

Exclusions: Exertional heat stroke (NF06.0)

Coded Elsewhere: Environmental hyperthermia of newborn (KD10)

NF01.1 Heat syncope

Fainting attributable to exposure to heat

Inclusions: Heat collapse

NF01.2 Heat exhaustion due to fluid depletion

A failure of thermoregulatory sweating on exposure to heat as a result of water deprivation and/or inadequate replacement of fluids lost through sweating or by other means (e.g. severe diarrhoea). If untreated this may progress to heat stroke.

Inclusions: Heat prostration due to water depletion

NF01.3 Heat fatigue, transient

NF01.Y Other specified effects of heat

NF01.Z Effects of heat, unspecified

NF02 Hypothermia

Inclusions: Accidental hypothermia

Exclusions: Hypothermia, not associated with low environmental temperature (MG28)

Frostbite (NE40‑NE4Z)

Coded Elsewhere: Hypothermia of newborn (KD12)

NF03 Other effects of reduced temperature

Exclusions: Frostbite (NE40‑NE4Z)

Hypothermia (NF02)

NF03.0 Chilblains

Chilblains are the result of cold-induced damage principally to the microvasculature of acral skin in susceptible individuals. They are commonest in the winter months in cold, damp climates. They present as itchy or painful red-purple macules, papules or plaques, most commonly affecting the fingers and toes, though other body extremities including the heels, nose and ears can be involved. Because of insulation from core body temperature, other areas, especially the lateral thighs, may be involved in areas where there is a thick layer of subcutaneous fat.

NF03.1 Immersion hand or foot

Injury to the skin and soft tissues of the feet and, less commonly, the hands due to prolonged exposure to non-freezing cold and wet conditions. Originally reported in soldiers as trench foot during World War I, it is now more commonly seen in the homeless either because of vagrancy or as the result of conflict. Affected extremities are initially cold, numb, swollen and pulseless; this is followed by a period of intense hyperaemia and pain which then gives way to increased sweating and cold sensitivity.

NF03.Y Other specified effects of reduced temperature

NF03.Z Unspecified effects of reduced temperature

NF04 Effects of air pressure or water pressure

NF04.0 Otitic barotrauma

Inclusions: Aero-otitis media

NF04.1 Sinus barotrauma

Inclusions: Aerosinusitis

Effects of change in ambient atmospheric pressure on sinuses

NF04.2 Caisson disease

Inclusions: Compressed-air disease

Exclusions: Osteonecrosis due to trauma (FB81.3)

NF04.3 Effects of high-pressure fluids

NF04.Y Other specified effects of air pressure or water pressure

NF04.Z Effects of air pressure or water pressure, unspecified

NF05 Asphyxiation

Exclusions: Respiratory distress of newborn (KB23)

Adult acute respiratory distress syndrome (CB00)

asphyxia from carbon monoxide (NE61)

asphyxia from inhalation of food or foreign body (ND72)

NF06 Effects of strenuous physical exercise

NF06.0 Exertional heat stroke

NF06.1 Post exercise postural hypotension

NF06.2 Post exertional dehydration

NF06.3 Exercise muscle cramp

NF06.Y Other specified effects of strenuous physical exercise

NF06.Z Effects of strenuous physical exercise, unspecified

NF07 Effects of other deprivation

NF07.0 Effects of hunger

Inclusions: Deprivation of food

Starvation

NF07.1 Effects of thirst

Inclusions: Deprivation of water

NF07.2 Exhaustion due to exposure

NF07.Y Other specified effects of deprivation

NF07.Z Effects of other deprivation, unspecified

NF08 Effects of certain specified external causes

Exclusions: electric burns (ND90‑NE2Z)

Adverse effects, not elsewhere classified (NF09)

NF08.0 Effects of lightning

NF08.1 Drowning or nonfatal submersion

Inclusions: Immersion

NF08.2 Effects of vibration

Coded Elsewhere: Vibratory angioedema (EB01.Y)

NF08.20 Hand and arm vibration syndrome

Hand Transmitted Vibration is mechanical vibration arising from powered processes or tools which enters the body at the fingers or the palm of the hands. As a consequence of this exposure some people develop a secondary Raynaud’s phenomenon and / or peripheral sensory neuropathy affecting the hands.

Exclusions: Carpal tunnel syndrome (8C10.0)

NF08.2Y Other specified effects of vibration

NF08.2Z Effects of vibration, unspecified

NF08.3 Motion sickness

NF08.4 Effects of electric current

NF09 Adverse effects, not elsewhere classified

Adverse effects which cannot be attributed to any more specific cause and thus excluding but not limited to injury, allergy, hypersensitivity, toxic effects and complications of surgical and medical care.

Exclusions: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80‑NE8Z)

Anaphylaxis (4A84)

anaphylactic shock due to serum (NE80.3)

Allergic or hypersensitivity disorders involving skin or mucous membranes (4A82)

Allergic or hypersensitivity disorders involving the gastrointestinal tract (4A83)

Allergic or hypersensitivity disorders involving the respiratory tract (4A80)

anaphylactic shock due to adverse food reaction (4A84.0)

Harmful effects of substances (NE60‑NE6Z)

NF0A Certain early complications of trauma, not elsewhere classified

Exclusions: Injury or harm arising from surgical or medical care, not elsewhere classified (NE80‑NE8Z)

Respiratory distress of newborn (KB23)

Adult acute respiratory distress syndrome (CB00)

NF0A.0 Air embolism, traumatic, not elsewhere classified

Exclusions: air embolism complicating abortion or ectopic or molar pregnancy (JA05.2)

air embolism complicating pregnancy, childbirth and the puerperium (JB42.0)

NF0A.1 Fat embolism, traumatic, not elsewhere classified

Exclusions: fat embolism complicating abortion or ectopic or molar pregnancy (JA05.2)

fat embolism complicating: pregnancy, childbirth and the puerperium (JB42)

NF0A.2 Traumatic secondary or recurrent haemorrhage, not elsewhere classified

NF0A.3 Post traumatic wound infection, not elsewhere classified

Infection of skin and soft tissue secondary to trauma

NF0A.4 Traumatic shock, not elsewhere classified

Exclusions: obstetric shock (JB0D.1)

nontraumatic shock NEC (MG40)

Shock following abortion, ectopic or molar pregnancy (JA05.3)

lightening shock (NF08.0)

electric shock (NF08.4)

anaphylactic shock NOS (4A84)

shock anaphylactic: due to: correct medicinal substance properly administered (4A84.1)

shock: anaphylactic: due to adverse food reaction (4A84.0)

anaphylactic due to serum (NE80.3)

NF0A.5 Traumatic anuria, not elsewhere classified

Inclusions: Crush syndrome

Renal failure following crushing

NF0A.6 Traumatic ischaemia of muscle, not elsewhere classified

Inclusions: Traumatic compartment syndrome

Exclusions: anterior tibial syndrome (FB54)

NF0A.7 Traumatic subcutaneous emphysema, not elsewhere classified

Exclusions: emphysema (subcutaneous) resulting from a procedure (NE81)

NF0A.Y Other early complication of trauma, not elsewhere classified

NF0A.Z Early complications of trauma, not elsewhere classified

NF0Y Other specified effects of external causes

NF0Z Unspecified effects of external causes

NF2Y Other specified injury, poisoning or certain other consequences of external causes

NF2Z Unspecified injury, poisoning or certain other consequences of external causes

CHAPTER 23

External causes of morbidity or mortality

This chapter has 568 four-character categories.

Code range starts with PA00

The WHO definition of an ‘injury’ is: ‘Injuries are caused by acute exposure to physical agents such as mechanical energy, heat, electricity, chemicals, and ionizing radiation interacting with the body in amounts or at rates that exceed the threshold of human tolerance. In some cases, (for example, drowning and frostbite), injuries result from the sudden lack of essential agents such as oxygen or heat. Injuries may be categorized in a number of ways. However, for most analytical purposes and for identifying intervention opportunities, it is especially useful to categorize injuries according to whether or not they were deliberately inflicted and by whom. Commonly used categories are:

* unintentional (i.e. accidental)
* intentional (i.e. deliberate):
* interpersonal (e.g. assault and homicide)
* self-harm (e.g. abuse of drugs and alcohol, self-mutilation, suicide)
* legal intervention (e.g. action by police or other law enforcement personnel)
* war, civil insurrection and disturbances (e.g. demonstrations and riots)
* undetermined intent

Regarding the collection of events that cause injuries, a set of definitions apply. See section ‘Definition related to transport accidents’.

This chapter contains the following top level blocks:

* Unintentional causes
* Intentional self-harm
* Assault
* Undetermined intent
* Exposure to extreme forces of nature
* Maltreatment
* Legal intervention
* Armed conflict
* Causes of healthcare related harm or injury

Unintentional causes (PA00‑PB6Z)

Unintentional transport injury event (PA00‑PA5Z)

[Definitions in relation to transport injury events] (https://icdcdn.who.int/icd11referenceguide/en/html/index.html#descriptions-related-to-transport-injury-events)

Unintentional land transport road traffic injury event (PA00‑PA0Z)

PA00 Unintentional land transport traffic event injuring a pedestrian

PA01 Unintentional land transport traffic event injuring the user of a pedestrian conveyance

PA02 Unintentional land transport traffic event injuring a pedal cyclist

PA03 Unintentional land transport traffic event injuring a motor cyclist

Exclusions: Unintentional land transport traffic event injuring an occupant of a low powered passenger vehicle (PA09)

PA04 Unintentional land transport traffic event injuring a car occupant

PA05 Unintentional land transport traffic event injuring an occupant of a bus or coach

PA06 Unintentional land transport traffic event injuring an occupant of a light goods vehicle

PA07 Unintentional land transport traffic event injuring an occupant of a heavy goods vehicle

PA08 Unintentional land transport traffic event injuring an occupant of a streetcar or tram

PA09 Unintentional land transport traffic event injuring an occupant of a low powered passenger vehicle

PA0A Unintentional land transport traffic event injuring a user of a special vehicle mainly used in agriculture

PA0B Unintentional land transport traffic event injuring a user of a special vehicle mainly used on industrial premises

PA0C Unintentional land transport traffic event injuring a user of a special construction vehicle

PA0D Unintentional land transport traffic event injuring a user of an all-terrain vehicle

PA0E Unintentional land transport traffic event injuring a rider of an animal

PA0F Unintentional land transport traffic event injuring an occupant of an animal-drawn vehicle

PA0Y Unintentional land transport traffic event injuring a user of other specified land transport

PA0Z Unintentional land transport traffic event injuring a user of unspecified land transport

Unintentional land transport off-road nontraffic injury event (PA10‑PA1Z)

PA10 Unintentional land transport nontraffic event injuring a pedestrian

PA11 Unintentional land transport nontraffic event injuring the user of a pedestrian conveyance

PA12 Unintentional land transport nontraffic event injuring a pedal cyclist

PA13 Unintentional land transport nontraffic event injuring a motor cyclist

PA14 Unintentional land transport nontraffic event injuring a car occupant

PA15 Unintentional land transport nontraffic event injuring an occupant of a bus or coach

PA16 Unintentional land transport nontraffic event injuring an occupant of a light goods vehicle

PA17 Unintentional land transport nontraffic event injuring an occupant of a heavy goods vehicle

PA18 Unintentional land transport nontraffic event injuring an occupant of a streetcar or tram

PA19 Unintentional land transport nontraffic event injuring an occupant of a low powered passenger vehicle

PA1A Unintentional land transport nontraffic event injuring a user of a special vehicle mainly used in agriculture

PA1B Unintentional land transport nontraffic event injuring a user of a special vehicle mainly used on industrial premises

PA1C Unintentional land transport nontraffic event injuring a user of a special construction vehicle

PA1D Unintentional land transport nontraffic event injuring a user of an all-terrain vehicle

PA1E Unintentional land transport nontraffic event injuring a rider of an animal

PA1F Unintentional land transport nontraffic event injuring an occupant of an animal-drawn vehicle

PA1Y Unintentional land transport nontraffic event injuring a user of other specified land transport

PA1Z Unintentional land transport nontraffic event injuring a user of unknown or unspecified land transport

Unintentional land transport injury event unknown whether road traffic or off-road nontraffic (PA20‑PA2Z)

PA20 Unintentional land transport event unknown whether traffic or nontraffic injuring a pedestrian

PA21 Unintentional land transport event unknown whether traffic or nontraffic injuring the user of a pedestrian conveyance

PA22 Unintentional land transport event unknown whether traffic or nontraffic injuring a pedal cyclist

PA23 Unintentional land transport event unknown whether traffic or nontraffic injuring a motor cyclist

PA24 Unintentional land transport event unknown whether traffic or nontraffic injuring a car occupant

PA25 Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a bus or coach

PA26 Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a light goods vehicle

PA27 Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a heavy goods vehicle

PA28 Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a streetcar or tram

PA29 Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a low powered passenger vehicle

PA2A Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a special vehicle mainly used in agriculture

PA2B Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a special vehicle mainly used on industrial premises

PA2C Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of a special construction vehicle

PA2D Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of an all-terrain vehicle

PA2E Unintentional land transport event unknown whether traffic or nontraffic injuring a rider of an animal

PA2F Unintentional land transport event unknown whether traffic or nontraffic injuring an occupant of an animal-drawn vehicle

PA2Y Unintentional land transport injury event unknown whether traffic or nontraffic injuring a user of other specified transport

PA2Z Unintentional land transport injury event unknown whether traffic or nontraffic injuring a user of unspecified transport

Unintentional railway transport injury event (PA30‑PA3Z)

PA30 Unintentional railway transport injury event with collision or derailment

PA31 Unintentional railway transport injury event without collision or derailment

PA3Z Unintentional railway transport injury event of unspecified type

Unintentional water transport injury event (PA40‑PA4Z)

PA40 Unintentional water transport injury event with water vessel not damaged, disabled or destroyed

PA40.0 Unintentional water transport injury event with water vessel not damaged, disabled or destroyed, causing submersion or drowning

PA40.1 Unintentional water transport injury event with water vessel not damaged, disabled or destroyed, causing other injury

PA40.Z Unintentional water transport injury event with water vessel not damaged, disabled or destroyed, causing unspecified injury

PA41 Unintentional water transport injury event with water vessel damaged, disabled or destroyed

PA41.0 Unintentional water transport injury event with water vessel damaged, disabled or destroyed, causing submersion or drowning

Inclusions: drowning and submersion due to boat sinking

Exclusions: Unintentional water transport injury event with water vessel not damaged, disabled or destroyed, causing submersion or drowning (PA40.0)

PA41.Z Unintentional water transport injury event with water vessel damaged, disabled or destroyed, causing unspecified injury

PA4Z Unintentional water transport injury event with damage to water vessel unspecified

PA50 Unintentional air or space transport injury event

PA50.0 Unintentional air or space transport injury event with aircraft or spacecraft not damaged, disabled or destroyed

PA50.1 Unintentional air or space transport injury event with aircraft or spacecraft damaged, disabled or destroyed

PA50.Z Unintentional air or space transport injury event, unspecified

PA5Y Other specified unintentional transport injury event

PA5Z Unintentional transport injury event, unspecified

Unintentional fall (PA60‑PA6Z)

Exclusions: Fall in health care (PL14.E)

Tendency to fall (MB47.C)

Unintentional land transport traffic event injuring a rider of an animal (PA0E)

Fall from animal (PA1E)

Fall from burning building or structure (PB10)

Fall into fire (PB10‑PB1Z)

Unintentional immersion, submersion or falling into water (PA90‑PA9Z)

Fall into or from machinery (PB50‑PB5B)

Fall from railway train or railway vehicle (PA31)

PA60 Unintentional fall on the same level or from less than 1 metre

Exclusions: Fall in health care (PL14.E)

Fall while in hospital (PL14.E)

Fall from hospital bed (PL14.E)

PA61 Unintentional fall from a height of 1 metre or more

Exclusions: Fall in health care (PL14.E)

Fall from animal (PA1E)

PA6Z Unintentional fall from unspecified height

Unintentional contact with person, animal or plant (PA70‑PA7Z)

PA70 Unintentionally struck, kicked, or bumped by person

PA71 Unintentionally struck, kicked, or bumped by animal

PA72 Unintentionally stepped on or crushed by person

PA73 Unintentionally stepped on or crushed by animal

PA74 Unintentionally bitten by person

PA75 Unintentionally bitten by animal

PA76 Unintentionally scratched or clawed by person

PA77 Unintentionally scratched or clawed by animal

PA78 Unintentionally stung or envenomated by animal

PA79 Unintentionally injured by contact with plant

PA7Y Other specified type of unintentional contact with person, animal or plant

PA7Z Unintentional contact with person, animal or plant, type unspecified

Unintentional exposure to object, not elsewhere classified (PA80‑PA8Z)

Exclusions: Intentional self-harm by exposure to object, not elsewhere classified (PC50‑PC5Z)

Assault by exposure to object not elsewhere classified (PE20‑PE4Z)

Unintentional contact with person, animal or plant (PA70‑PA7Z)

PA80 Unintentionally struck by projectile from firearm

PA80.0 Unintentionally struck by projectile from handgun

Inclusions: gun for single hand use

PA80.1 Unintentionally struck by projectile from rifle, shotgun or larger firearm

PA80.2 Unintentional exposure to other and unspecified firearm

Inclusions: shot NOS

PA81 Unintentionally struck by moving object

PA82 Unintentional striking against stationary object

PA83 Unintentionally cut or pierced by sharp object

PA83.0 Unintentionally cut or pierced by knife, sword, or dagger

PA83.1 Unintentionally cut or pierced by sharp glass

PA83.2 Unintentionally cut or pierced by other or unspecified sharp object

PA84 Unintentionally struck by blunt object

PA85 Unintentionally caught, crushed, jammed or pinched between objects

PA8Y Unintentional exposure to other specified object, not elsewhere classified

PA8Z Unintentional exposure to object, unspecified

Unintentional immersion, submersion or falling into water (PA90‑PA9Z)

PA90 Unintentional drowning or submersion, while in body of water

PA91 Unintentional drowning or submersion, following fall into body of water

PA92 Unintentional injury other than drowning following fall into body of water

PA9Z Unintentional immersion, submersion or falling into water, unspecified

Unintentional threat to breathing (PB00‑PB0Z)

PB00 Unintentional threat to breathing by suffocation from object covering mouth or nose

PB01 Unintentional threat to breathing by hanging

PB02 Unintentional threat to breathing by strangulation

PB03 Unintentional threat to breathing by external compression of airways or chest

Exclusions: Unintentional threat to breathing by hanging (PB01)

Unintentional threat to breathing by strangulation (PB02)

PB04 Unintentional threat to breathing by inhalation or ingestion of gastric contents

PB05 Unintentional threat to breathing by inhalation or ingestion of liquids

PB06 Unintentional threat to breathing by inhalation or ingestion of food

PB07 Unintentional threat to breathing by inhalation or ingestion of other objects or materials

PB08 Unintentional threat to breathing from low oxygen environment

PB0Y Unintentional threat to breathing by other specified means

PB0Z Unintentional threat to breathing by unspecified means

Unintentional exposure to thermal mechanism (PB10‑PB1Z)

PB10 Unintentional exposure to uncontrolled fire

PB11 Unintentional exposure to controlled fire

PB12 Unintentional exposure to ignition or melting of material

PB13 Unintentional contact with hot object or liquid

PB14 Unintentional exposure to steam, hot vapour, air or gases

PB15 Unintentional exposure to excessive heat

PB16 Unintentional exposure to excessive cold

PB1Y Unintentional exposure to other specified thermal mechanism

PB1Z Unintentional exposure to unspecified thermal mechanism

Unintentional exposure to or harmful effects of substances (PB20‑PB36)

Unintentional harmful effects of and exposure to noxious substances that occur outside of a therapeutic use context.

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

Unintentional exposure to or harmful effects of drugs, medicaments or biological substances (PB20‑PB29)

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

PB20 Unintentional exposure to or harmful effects of opioids or related analgesics

Inclusions: accidental overdose of opioids or related analgesics

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

PB21 Unintentional exposure to or harmful effects of sedative hypnotic drugs or other CNS depressants

Inclusions: accidental overdose by sedative hypnotic drugs or other CNS depressants

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

PB22 Unintentional exposure to or harmful effects of psychostimulants

Inclusions: accidental overdose of psychostimulants

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

PB23 Unintentional exposure to or harmful effects of cannabinoids or hallucinogens

Inclusions: accidental overdose of cannabinoids or hallucinogens

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

PB24 Unintentional exposure to or harmful effects of analgesics, antipyretics or nonsteroidal anti-inflammatory drugs

Inclusions: accidental overdose of analgesics, antipyretics or nonsteroidal anti-inflammatory drugs

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

PB25 Unintentional exposure to or harmful effects of antidepressants

Inclusions: accidental overdose of antidepressants

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

PB26 Unintentional exposure to or harmful effects of antipsychotics

Inclusions: accidental overdose of antipsychotics

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

PB27 Unintentional exposure to or harmful effects of antiepileptics or antiparkinsonism drugs

Inclusions: accidental overdose of antiepileptics or antiparkinsonism drugs

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

PB28 Unintentional exposure to or harmful effects of other or unspecified drug, medicament or biological substance

PB29 Unintentional exposure to or harmful effects of multiple drugs, medicaments or biological substances

Inclusions: accidental overdose of multiple drugs, medicaments or biological substances

Unintentional exposure to or harmful effects of substances chiefly nonmedicinal as to source (PB30‑PB36)

PB30 Unintentional exposure to or harmful effects of alcohols

PB31 Unintentional exposure to or harmful effects of organic solvents

PB32 Unintentional exposure to or harmful effects of carbon monoxide

PB33 Unintentional exposure to or harmful effects of pesticides

PB34 Unintentional exposure to or harmful effects of corrosive substances

PB35 Unintentional exposure to or harmful effects of halogen derivatives of aliphatic or aromatic hydrocarbons

PB36 Unintentional exposure to or harmful effects of other or unspecified substances chiefly nonmedicinal as to source

Unintentional exposure to other mechanism (PB50‑PB5B)

PB50 Unintentional exposure to foreign body in orifice

PB51 Unintentional exposure to electric current

PB52 Unintentional exposure to sunlight

PB53 Unintentional exposure to radiation

PB54 Unintentional exposure to high or low air pressure or changes in air pressure

PB55 Unintentional exposure to explosion

PB55.0 Unintentional exposure to chemical explosion

PB55.1 Unintentional exposure to explosion or rupture of pressurised materials or object

PB55.Y Other specified unintentional exposure to explosion

PB55.Z Unintentional exposure to explosion, unspecified

PB56 Unintentional exposure to physical overexertion

PB57 Unintentional lack of food

PB58 Unintentional lack of water

PB59 Unintentional other specified privation

PB5A Unintentional abandonment

PB5B Unintentional neglect

PB6Y Other unintentional cause of morbidity or mortality

PB6Z Unspecified unintentional cause of morbidity or mortality

Intentional self-harm (PB80‑PD3Z)

Intentional self-harm by transport injury event (PB80‑PC2Z)

PB80 Intentional self-harm by land transport road traffic injury event

PB81 Intentional self-harm by land transport off-road nontraffic injury event

PB82 Intentional self-harm by land transport injury event unknown whether traffic or nontraffic

PB83 Intentional self-harm by railway transport injury event

Intentional self-harm by water transport injury event (PB90‑PB9Z)

PB90 Intentional self-harm by water transport injury event with water vessel damaged, disabled or destroyed

PB91 Intentional self-harm by water transport injury event with water vessel not damaged, disabled or destroyed

PB91.0 Intentional self-harm by water transport injury event with water vessel not damaged, disabled or destroyed causing submersion or drowning

PB91.1 Intentional self-harm by water transport injury event with water vessel not damaged, disabled or destroyed causing other injury

PB91.Z Intentional self-harm by water transport injury event with water vessel not damaged, disabled or destroyed, unspecified

PB9Z Intentional self-harm by water transport injury event with damage to water vessel unspecified

Intentional self-harm by air or space transport injury event (PC00‑PC0Z)

PC00 Intentional self-harm by air or space transport injury event with aircraft or spacecraft damaged, disabled or destroyed

PC01 Intentional self-harm by air or space transport injury event with aircraft or spacecraft not damaged, disabled or destroyed

PC0Z Intentional self-harm by air or space transport injury event with damage to aircraft or spacecraft unspecified

PC2Y Intentional self-harm by other specified transport injury event

PC2Z Intentional self-harm by transport injury event, unspecified

Intentional self-harm by fall or jump (PC30‑PC3Z)

Inclusions: intentional fall from one level to another

PC30 Intentional self-harm by fall or jump on same level or from less than 1 metre

PC31 Intentional self-harm by fall or jump from a height of 1 metre or more

PC3Y Other specified intentional self-harm by fall or jump

PC3Z Intentional self-harm by fall or jump, unspecified

Intentional self-harm by contact with person, animal or plant (PC40‑PC4Z)

PC40 Intentional self-harm by being struck, kicked, or bumped by person

PC41 Intentional self-harm by being struck, kicked, or bumped by animal

PC42 Intentional self-harm by being stepped on or crushed by person

PC43 Intentional self-harm by being stepped on or crushed by animal

PC44 Intentional self-harm by being bitten by animal

PC45 Intentional self-harm by being scratched or clawed by person

PC46 Intentional self-harm by being scratched or clawed by animal

PC47 Intentional self-harm by being stung or envenomated by animal

PC48 Intentional self-harm by contact with plant

PC4Y Other specified type of intentional self-harm by contact with person, animal or plant

PC4Z Intentional self-harm by contact with person, animal or plant, type unspecified

Intentional self-harm by exposure to object, not elsewhere classified (PC50‑PC5Z)

PC50 Intentional self-harm by being struck by projectile from firearm

PC50.0 Intentional self-harm by projectile from handgun

PC50.1 Intentional self-harm by projectile from rifle, shotgun or larger firearm

PC50.Y Other specified intentional self-harm by being struck by projectile from firearm

PC50.Z Intentional self-harm by being struck by projectile from firearm, unspecified

PC51 Intentional self-harm by being struck by moving object, not elsewhere classified

PC52 Intentional self-harm by striking against stationary object

PC53 Intentional self-harm by being cut or pierced by sharp object

PC53.0 Intentional self-harm by being cut or pierced by knife, sword or dagger

PC53.1 Intentional self-harm by being cut or pierced by sharp glass

PC53.Y Other specified intentional self-harm by being cut or pierced by sharp object

PC53.Z Intentional self-harm by being cut or pierced by sharp object, unspecified

PC54 Intentional self-harm by being struck by blunt object

PC55 Intentional self-harm by being caught, crushed, jammed or pinched between objects

PC5Y Intentional self harm by contact with other specified type of weapon

PC5Z Intentional self harm by contact with weapon, type unspecified

Intentional self-harm by immersion, submersion or falling into water (PC60‑PC6Z)

PC60 Intentional self-harm by drowning or submersion while in body of water

PC61 Intentional self-harm by drowning or submersion following fall into body of water

PC62 Intentional self-harm by injury other than drowning while in body of water

PC63 Intentional self-harm by injury other than drowning following fall into body of water

PC6Z Intentional self-harm by immersion, submersion or falling into water, unspecified

Intentional self-harm by threat to breathing (PC70‑PC7Z)

PC70 Intentional self-harm by threat to breathing by suffocation from object covering mouth or nose

PC71 Intentional self-harm by threat to breathing by hanging

PC72 Intentional self-harm by threat to breathing by strangulation

PC73 Intentional self-harm by threat to breathing by external compression of airways or chest

Exclusions: Intentional self-harm by threat to breathing by hanging (PC71)

Intentional self-harm by threat to breathing by strangulation (PC72)

PC74 Intentional self-harm by inhalation or ingestion of gastric contents

PC75 Intentional self-harm by threat to breathing by inhalation or ingestion of liquids

PC76 Intentional self-harm by threat to breathing by inhalation or ingestion of food

PC77 Intentional self-harm by threat to breathing by inhalation or ingestion of other objects or materials

PC78 Intentional self-harm by threat to breathing from low oxygen environment

PC7Y Other specified intentional self-harm by threat to breathing

PC7Z Intentional self-harm by threat to breathing, unspecified

Intentional self-harm by exposure to thermal mechanism (PC80‑PC8Z)

PC80 Intentional self-harm by exposure to controlled fire

PC81 Intentional self-harm by exposure to uncontrolled fire

PC82 Intentional self-harm by exposure to ignition or melting of material

PC83 Intentional self-harm by contact with hot object or liquid

PC84 Intentional self-harm by exposure to steam, hot vapour, air or gases

PC85 Intentional self-harm by exposure to excessive heat

PC86 Intentional self-harm by exposure to excessive cold

PC8Y Intentional self-harm by exposure to other specified thermal mechanism

PC8Z Intentional self-harm by exposure to unspecified thermal mechanism

Intentional self-harm by exposure to or harmful effects of substances (PC90‑PD05)

Intentional self harm by harmful effects of and exposure to noxious substances that occur outside of a therapeutic use context.

Use additional extension code, if desired, to identify substance.

Exclusions: Substances associated with injury or harm with therapeutic intent (PL00‑PL0Z)

Intentional self-harm by exposure to or harmful effects of drugs, medicaments or biological substances (PC90‑PC99)

PC90 Intentional self-harm by exposure to or harmful effects of opioids or related analgesics

PC91 Intentional self-harm by exposure to or harmful effects of sedative hypnotic drugs or other CNS depressants

PC92 Intentional self-harm by exposure to or harmful effects of psychostimulants

PC93 Intentional self-harm by exposure to or harmful effects of cannabinoids or hallucinogens

PC94 Intentional self-harm by exposure to or harmful effects of analgesics, antipyretics or nonsteroidal anti-inflammatory drugs

PC95 Intentional self-harm by exposure to or harmful effects of antidepressants

PC96 Intentional self-harm by exposure to or harmful effects of antipsychotics

PC97 Intentional self-harm by exposure to or harmful effects of antiepileptics or antiparkinsonism drugs

PC98 Intentional self-harm by exposure to other and unspecified drug, medicament and biological substance

PC99 Intentional self-harm by exposure to or harmful effects of multiple drugs, medicaments or biological substances

Intentional self-harm by exposure to or harmful effects of substances chiefly nonmedicinal as to source (PD00‑PD05)

PD00 Intentional self-harm by exposure to or harmful effects of alcohols

PD01 Intentional self-harm by exposure to or harmful effects of organic solvents

PD02 Intentional self-harm by exposure to or harmful effects of carbon monoxide

PD03 Intentional self-harm by exposure to or harmful effects of pesticides

PD04 Intentional self-harm by exposure to or harmful effects of corrosive substances

PD05 Intentional self-harm by exposure to or harmful effects of other or unspecified substances chiefly nonmedicinal as to source

Intentional self-harm by exposure to other mechanism (PD20‑PD29)

PD20 Intentional self-harm by foreign body in orifice

PD21 Intentional self-harm by exposure to electric current

PD22 Intentional self-harm by exposure to sunlight

PD23 Intentional self-harm by exposure to radiation

PD24 Intentional self-harm by exposure to high or low air pressure or changes in air pressure

PD25 Intentional self-harm by explosion or rupture of pressurised materials or object

PD26 Intentional self-harm by physical overexertion

PD27 Intentional self-harm by lack of food

PD28 Intentional self-harm by lack of water

PD29 Intentional self-harm by other specified privation

PD3Y Other specified intentional self-harm

PD3Z Intentional self-harm, unspecified

Assault (PD50‑PF2Z)

Assault by transport events (PD50‑PD9Z)

PD50 Assault by land transport road traffic injury event

PD51 Assault by land transport off-road nontraffic injury event

PD52 Assault by land transport injury event unknown whether road traffic or off-road nontraffic

PD53 Assault by railway transport injury event

Assault by water transport injury event (PD60‑PD6Z)

PD60 Assault by water transport injury event with water vessel damaged, disabled or destroyed

PD60.0 Assault by water transport injury event with water vessel damaged, disabled or destroyed, causing submersion or drowning

PD60.1 Assault by water transport injury event with water vessel damaged, disabled or destroyed, causing other injury

PD60.Z Assault by water transport injury event with water vessel damaged, disabled or destroyed, causing unspecified injury

PD61 Assault by water transport injury event with water vessel not damaged, disabled or destroyed

PD61.0 Assault by water transport injury event with water vessel not damaged, disabled or destroyed, causing submersion or drowning

PD61.1 Assault by water transport injury event with water vessel not damaged, disabled or destroyed, causing other injury

PD61.Y Assault by water transport injury event with water vessel not damaged, disabled or destroyed, causing unspecified injury

PD61.Z Assault by water transport injury event with water vessel not damaged, disabled or destroyed, unspecified

PD6Z Assault by water transport injury event with damage to water vessel unspecified

Assault by air or space transport injury event (PD70‑PD7Z)

PD70 Assault by air or space transport injury event with aircraft or spacecraft damaged, disabled or destroyed

PD71 Assault by air or space transport injury event with aircraft or spacecraft not damaged, disabled or destroyed

PD7Z Assault by air or space transport injury event with damage to aircraft or spacecraft unspecified

PD9Y Other specified assault by transport injury event

PD9Z Assault by transport injury event, unspecified

Assault by causing a fall or jump (PE00‑PE0Z)

PE00 Assault by causing a fall or jump on same level or from less than 1 metre

PE01 Assault by causing a fall or jump from a height of 1 metre or more

PE0Z Assault by causing a fall or jump from unspecified height

Assault by contact with person, animal or plant (PE10‑PE1Z)

PE10 Assault by being struck, kicked or bumped by person

PE11 Assault by being struck, kicked or bumped by animal

PE12 Assault by being crushed or stepped on by person

PE13 Assault by being crushed or stepped on by animal

PE14 Assault by being bitten by person

PE15 Assault by being bitten by animal

PE16 Assault by being scratched or clawed by person

PE17 Assault by being scratched or clawed by animal

PE18 Assault by being stung or envenomated by animal

PE19 Assault by contact with plant

PE1Y Other specified type of assault by contact with person, animal or plant

PE1Z Assault by contact with person, animal or plant, type unspecified

Assault by exposure to object not elsewhere classified (PE20‑PE4Z)

PE20 Assault by projectile from firearm

PE20.0 Assault by projectile from handgun

PE20.1 Assault by projectile from rifle, shotgun or larger firearm

PE20.Y Assault by being struck by projectile from other specified firearm

PE20.Z Assault by being struck by projectile from unspecified firearm

PE21 Assault by being struck by moving object, not elsewhere classified

PE22 Assault by striking against stationary object

Assault by being cut or pierced by sharp object (PE30‑PE3Z)

Inclusions: assault by being stabbed NOS

PE30 Assault by being cut or pierced by knife, sword, or dagger

PE31 Assault by being cut or pierced by sharp glass

PE3Z Assault by being cut or pierced by other or unspecified sharp object

PE40 Assault by being struck by blunt object

PE41 Assault by being caught, crushed, jammed or pinched between objects

PE4Y Assault by contact with other specified object, not elsewhere classified

PE4Z Assault by exposure to unspecified object, not elsewhere classified

Assault by immersion, submersion or falling into water (PE50‑PE5Z)

PE50 Assault by drowning or submersion, while in body of water

PE51 Assault by drowning or submersion following fall into body of water

PE52 Assault by injury other than drowning while in body of water

PE53 Assault by injury other than drowning following fall into body of water

PE5Y Other specified assault by immersion, submersion or falling into water

PE5Z Assault by immersion, submersion or falling into water, unspecified

Assault by threat to breathing (PE60‑PE6Z)

PE60 Assault by threat to breathing, suffocation from object covering mouth or nose

PE61 Assault by threat to breathing by hanging

PE62 Assault by threat to breathing by strangulation

PE63 Assault by threat to breathing by external compression of airways or chest

Exclusions: Assault by threat to breathing by hanging (PE61)

Assault by threat to breathing by strangulation (PE62)

PE64 Assault by threat to breathing by inhalation or ingestion of liquids

PE65 Assault by threat to breathing by inhalation or ingestion of food

PE66 Assault by threat to breathing by inhalation or ingestion of other objects or materials

PE67 Assault by threat to breathing by low oxygen environment

PE6Y Other specified assault by threat to breathing

PE6Z Assault by threat to breathing, unspecified

Assault by exposure to thermal mechanism (PE70‑PE7Z)

PE70 Assault by exposure to uncontrolled fire

PE71 Assault by exposure to controlled fire

PE72 Assault by exposure to ignition or melting of materials

PE73 Assault by contact with hot object or liquid

PE74 Assault by contact with steam, hot vapour, air or gases

PE75 Assault by exposure to excessive heat

PE76 Assault by exposure to excessive cold

PE7Y Assault by exposure to other specified thermal mechanism

PE7Z Assault by exposure to unspecified thermal mechanism

Assault by exposure to or harmful effects of substances (PE80‑PE95)

Assault by harmful effects of and exposure to noxious substances that occur outside of a therapeutic use context.

Use additional extension code, if desired, to identify substance.

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

Assault by exposure to or harmful effects of drugs, medicaments or biological substances (PE80‑PE8Z)

Inclusions: homicidal poisoning by (any) biological substance

homicidal poisoning by (any) drug

homicidal poisoning by (any) medicament

PE80 Assault by exposure to or harmful effects of opioids or related analgesics

PE81 Assault by exposure to or harmful effects of sedative, hypnotic drugs or other CNS depressants

PE82 Assault by exposure to or harmful effects of psychostimulants

PE83 Assault by exposure to or harmful effects of cannabinoids or hallucinogens

PE84 Assault by exposure to or harmful effects of analgesics, antipyretics or nonsteroidal anti-inflammatory drugs

PE85 Assault by exposure to or harmful effects of antidepressants

PE86 Assault by exposure to or harmful effects of antipsychotics

PE87 Assault by exposure to or harmful effects of antiepileptics or antiparkinsonism drugs

PE88 Assault by exposure to or harmful effects of other or unspecified drug, medicament or biological substance

PE89 Assault by exposure to or harmful effects of multiple drugs, medicaments or biological substances

PE8Y Other specified assault by exposure to or harmful effects of drugs, medicaments or biological substances

PE8Z Assault by exposure to or harmful effects of drugs, medicaments or biological substances, unspecified

Assault by exposure to or harmful effects of substances chiefly nonmedicinal as to source (PE90‑PE95)

PE90 Assault by exposure to or harmful effects of alcohols

PE91 Assault by exposure to or harmful effects of organic solvents

PE92 Assault by exposure to or harmful effects of carbon monoxide

PE93 Assault by exposure to or harmful effects of pesticides

PE94 Assault by exposure to or harmful effects of corrosive substances

PE95 Assault by exposure to or harmful effects of other or unspecified substances chiefly nonmedicinal as to source

Assault by exposure to other mechanism (PF10‑PF1B)

PF10 Assault by foreign body in orifice or eye

PF11 Assault by exposure to electric current

PF12 Assault by exposure to sunlight

PF13 Assault by exposure to radiation

PF14 Assault by exposure to high or low air pressure or changes in air pressure

PF15 Assault by exposure to explosion

PF15.0 Assault by exposure to chemical explosion

PF15.1 Assault by explosion or rupture of materials or object

PF15.Y Other specified assault by exposure to explosion

PF15.Z Assault by exposure to explosion, unspecified

PF16 Assault by physical overexertion

PF17 Assault by lack of food

PF18 Assault by lack of water

PF19 Assault by other specified privation

PF1A Assault by abandonment

PF1B Assault by neglect

PF2Y Other specified assault

PF2Z Assault, unspecified

Undetermined intent (PF40‑PH8Z)

Transport injury event of undetermined intent (PF40‑PG4Z)

Land transport road traffic injury event of undetermined intent (PF40‑PF4Z)

PF40 Land transport traffic injury event of undetermined intent injuring a pedestrian

PF41 Land transport traffic injury event of undetermined intent injuring the user of a pedestrian conveyance

PF42 Land transport traffic injury event of undetermined intent injuring a pedal cyclist

PF43 Land transport traffic injury event of undetermined intent injuring a motor cyclist

PF44 Land transport traffic injury event of undetermined intent injuring a car occupant

PF45 Land transport traffic injury event of undetermined intent injuring a bus or coach occupant

PF46 Land transport traffic injury event of undetermined intent injuring an occupant of light goods vehicle

PF47 Land transport traffic injury event of undetermined intent injuring an occupant of heavy goods vehicle

PF48 Land transport traffic injury event of undetermined intent injuring an occupant of a streetcar or tram

PF49 Land transport traffic injury event of undetermined intent injuring an occupant of a low powered passenger vehicle

PF4A Land transport traffic injury event of undetermined intent injuring a user of a special vehicle mainly used in agriculture

PF4B Land transport traffic injury event of undetermined intent injuring a user of a special vehicle mainly used on industrial premises

PF4C Land transport traffic injury event of undetermined intent injuring a user of a special construction vehicle

PF4D Land transport traffic injury event of undetermined intent injuring a user of an all-terrain vehicle

PF4E Land transport traffic injury event of undetermined intent injuring a rider of an animal

PF4F Land transport traffic injury event of undetermined intent injuring an occupant of an animal-drawn vehicle

PF4Y Land transport traffic injury event of undetermined intent injuring a user of other specified land transport

PF4Z Land transport traffic injury event of undetermined intent injuring a user of unknown or unspecified land transport

Land transport off-road nontraffic injury event of undetermined intent (PF50‑PF5Z)

PF50 Land transport nontraffic injury event of undetermined intent injuring a pedestrian

PF51 Land transport nontraffic injury event of undetermined intent injuring the user of a pedestrian conveyance

PF52 Land transport nontraffic injury event of undetermined intent injuring a pedal cyclist

PF53 Land transport nontraffic injury event of undetermined intent injuring a motor cyclist

PF54 Land transport nontraffic injury event of undetermined intent injuring a car occupant

PF55 Land transport nontraffic injury event of undetermined intent injuring a bus or coach occupant

PF56 Land transport nontraffic injury event of undetermined intent injuring an occupant of light goods vehicle

PF57 Land transport nontraffic injury event of undetermined intent injuring an occupant of heavy goods vehicle

PF58 Land transport nontraffic injury event of undetermined intent injuring an occupant of a streetcar or tram

PF59 Land transport nontraffic injury event of undetermined intent injuring an occupant of a low powered passenger vehicle

PF5A Land transport nontraffic injury event of undetermined intent injuring a user of a special vehicle mainly used in agriculture

PF5B Land transport nontraffic injury event of undetermined intent injuring a user of a special vehicle mainly used on industrial premises

PF5C Land transport nontraffic injury event of undetermined intent injuring a user of a special construction vehicle

PF5D Land transport nontraffic injury event of undetermined intent injuring a user of an all-terrain vehicle

PF5E Land transport nontraffic injury event of undetermined intent injuring a rider of an animal

PF5F Land transport nontraffic injury event of undetermined intent injuring an occupant of an animal-drawn vehicle

PF5Y Land transport nontraffic injury event of undetermined intent injuring a user of other specified land transport

PF5Z Land transport nontraffic injury event of undetermined intent injuring a user of unknown or unspecified land transport

Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic (PF60‑PF6Z)

PF60 Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a pedestrian

PF61 Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring the user of a pedestrian conveyance

PF62 Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a pedal cyclist

PF63 Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a motor cyclist

PF64 Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a car occupant

PF65 Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a bus or coach occupant

PF66 Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring an occupant of light goods vehicle

PF67 Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring an occupant of heavy goods vehicle

PF68 Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring an occupant of a streetcar or tram

PF69 Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring an occupant of a low powered passenger vehicle

PF6A Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of a special vehicle mainly used in agriculture

PF6B Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of a special vehicle mainly used on industrial premises

PF6C Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of a special construction vehicle

PF6D Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of an all-terrain vehicle

PF6E Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a rider of an animal

PF6F Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring an occupant of an animal-drawn vehicle

PF6Y Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of an other specified vehicle

PF6Z Land transport injury event of undetermined intent, unknown whether road traffic or off-road nontraffic injuring a user of an unknown or unspecified vehicle

Railway transport injury event of undetermined intent (PF70‑PF7Z)

PF70 Railway transport injury event of undetermined intent with collision or derailment

PF71 Railway transport injury event of undetermined intent without collision or derailment

PF7Z Railway transport injury event of undetermined intent of unspecified type

Water transport injury event of undetermined intent (PF80‑PG1Z)

Water transport injury event of undetermined intent with water vessel damaged, disabled or destroyed (PF80‑PF8Z)

PF80 Water transport injury event of undetermined intent with water vessel damaged, disabled or destroyed causing submersion or drowning

PF8Y Water transport injury event of undetermined intent with water vessel damaged, disabled or destroyed causing other injury

PF8Z Water transport injury event of undetermined intent with water vessel damaged, disabled or destroyed causing unspecified injury

Water transport injury event of undetermined intent with water vessel not damaged, disabled or destroyed (PF90‑PF9Z)

PF90 Water transport injury event of undetermined intent with water vessel not damaged, disabled or destroyed causing submersion or drowning

PF9Y Water transport injury event of undetermined intent with water vessel not damaged, disabled or destroyed causing other injury

PF9Z Water transport injury event of undetermined intent with water vessel not damaged, disabled or destroyed causing unspecified injury

PG1Z Water transport injury event of undetermined intent, damage to water vessel unspecified

Air or space transport injury event of undetermined intent (PG20‑PG2Z)

PG20 Air or space transport injury event of undetermined intent with aircraft or spacecraft damaged, disabled or destroyed

PG21 Air or space transport injury event of undetermined intent with aircraft or spacecraft not damaged, disabled or destroyed

PG2Z Air or space transport event injury of undetermined intent, damage to aircraft or spacecraft unspecified

PG4Y Other specified transport injury event of undetermined intent

PG4Z Unspecified transport injury event of undetermined intent

Fall or jump with undetermined intent (PG50‑PG5Z)

PG50 Fall or jump of undetermined intent on the same level or from less than 1 metre

PG51 Fall or jump of undetermined intent from a height of 1 metre or more

PG5Z Fall or jump of undetermined intent, height unspecified

Contact with person, animal or plant with undetermined intent (PG60‑PG6Z)

PG60 Struck, kicked, or bumped with undetermined intent by person

PG61 Struck, kicked, or bumped with undetermined intent by animal

PG62 Stepped on or crushed with undetermined intent by person

PG63 Stepped on or crushed with undetermined intent by animal

PG64 Bitten with undetermined intent by person

PG65 Bitten with undetermined intent by animal

PG66 Scratched or clawed with undetermined intent by person

PG67 Scratched or clawed with undetermined intent by animal

PG68 Stung or envenomated with undetermined intent by animal

PG69 Contact with plant of undetermined intent

PG6Y Other specified type of contact with person, animal or plant of undetermined intent

PG6Z Unspecified type of contact with person, animal or plant of undetermined intent

Contact with object, not elsewhere classified with undetermined intent (PG70‑PH0Z)

Struck by projectile from firearm of undetermined intent (PG70‑PG7Z)

PG70 Struck by projectile from handgun of undetermined intent

PG71 Struck by projectile from rifle, shotgun or larger firearm of undetermined intent

PG7Z Struck by projectile from other and unspecified firearm with unknown intent

PG80 Struck by moving object, not elsewhere classified of undetermined intent

PG81 Striking against stationary object of undetermined intent

Cut or pierced by sharp object of undetermined intent (PG90‑PG9Z)

PG90 Cut or pierced by knife, sword or dagger of undetermined intent

PG91 Cut or pierced by sharp glass of undetermined intent

PG9Z Cut or pierced by other or unspecified sharp object, undetermined intent

PH00 Struck by blunt object with undetermined intent

PH01 Caught, crushed, jammed or pinched between objects with undetermined intent

PH0Y Contact with other specified object, not elsewhere classified with undetermined intent

PH0Z Exposure to unspecified object, not elsewhere classified, undetermined intent

Immersion, submersion or falling into water with undetermined intent (PH10‑PH1Z)

PH10 Drowning or submersion while in body of water with undetermined intent

PH11 Drowning or submersion following fall into body of water with undetermined intent

PH12 Injury other than drowning while in body of water with undetermined intent

PH13 Injury other than drowning following fall into body of water with undetermined intent

PH1Z Immersion, submersion or falling into water with undetermined intent, unspecified

Threat to breathing with undetermined intent (PH20‑PH2Z)

PH20 Threat to breathing by suffocation from object covering mouth or nose with undetermined intent

PH21 Threat to breathing by hanging with undetermined intent

PH22 Threat to breathing by strangulation with undetermined intent

PH23 Threat to breathing by external compression of airways or chest with undetermined intent

Exclusions: Threat to breathing by hanging with undetermined intent (PH21)

Threat to breathing by strangulation with undetermined intent (PH22)

PH24 Threat to breathing by inhalation or ingestion of liquids with undetermined intent

PH25 Threat to breathing by inhalation or ingestion of food with undetermined intent

PH26 Threat to breathing by inhalation or ingestion of other objects or materials with undetermined intent

PH27 Threat to breathing by low oxygen environment with undetermined intent

PH2Y Other specified threat to breathing with undetermined intent

PH2Z Threat to breathing with undetermined intent, unspecified

Exposure to thermal mechanism with undetermined intent (PH30‑PH3Z)

PH30 Exposure to uncontrolled fire with undetermined intent

PH31 Exposure to controlled fire with undetermined intent

PH32 Exposure to ignition or melting of materials with undetermined intent

PH33 Contact with hot object or liquid with undetermined intent

PH34 Contact with steam, hot vapour, air or gases with undetermined intent

PH35 Exposure to excessive heat with undetermined intent

PH36 Exposure to excessive cold with undetermined intent

PH3Y Exposure to other specified thermal mechanism with undetermined intent

PH3Z Exposure to unspecified thermal mechanism with undetermined intent

Exposure to or harmful effects of substances, undetermined intent (PH40‑PH56)

Undetermined intent of harmful effects of and exposure to noxious substances that occur outside of a therapeutic use context.

Exclusions: Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

Exposure to or harmful effects of undetermined intent of drugs, medicaments or biological substances (PH40‑PH49)

PH40 Exposure to or harmful effects of undetermined intent of opioids or related analgesics

PH41 Exposure to or harmful effects of undetermined intent of sedative hypnotic drugs or other CNS depressants

PH42 Exposure to or harmful effects of undetermined intent of psychostimulants

PH43 Exposure to or harmful effects of undetermined intent of cannabinoids or hallucinogens

PH44 Exposure to or harmful effects of undetermined intent of analgesics, antipyretics or nonsteroidal anti-inflammatory drugs

PH45 Exposure to or harmful effects of undetermined intent of antidepressants

PH46 Exposure to or harmful effects of undetermined intent of antipsychotics

PH47 Exposure to or harmful effects of undetermined intent of antiepileptics or antiparkinsonism drugs

PH47.0 Harmful effects of or exposure to mixed antiepileptics, not elsewhere classified, undetermined intent

PH47.Z Undetermined intent: Harmful effects of and exposure to noxious substances: Drugs, medicaments or biological substances: Unspecified antiepileptics or antiparkinsonism drugs

PH48 Exposure to or harmful effects of undetermined intent of other or unspecified drugs, medicaments or biological substances

PH49 Exposure to or harmful effects of undetermined intent of multiple drugs, medicaments or biological substances

Exposure to or harmful effects of undetermined intent of substances chiefly nonmedicinal as to source (PH50‑PH56)

PH50 Exposure to or harmful effects of undetermined intent of alcohols

PH51 Exposure to or harmful effects of undetermined intent of organic solvents

PH52 Exposure to or harmful effects of undetermined intent of carbon monoxide

PH53 Exposure to or harmful effects of undetermined intent of pesticides

PH54 Exposure to or harmful effects of undetermined intent of corrosive substances

PH55 Exposure to or harmful effects of undetermined intent of halogen derivatives of aliphatic or aromatic hydrocarbons

PH56 Exposure to or harmful effects of undetermined intent of other or unspecified substances chiefly nonmedicinal as to source

Exposure to other mechanism with undetermined intent (PH70‑PH7B)

PH70 Exposure to foreign body in orifice or eye with undetermined intent

PH71 Exposure to electric current with undetermined intent

PH72 Exposure to sunlight with undetermined intent

PH73 Exposure to radiation with undetermined intent

PH74 Exposure to high or low air pressure or changes in air pressure with undetermined intent

PH75 Exposure to explosion with undetermined intent

PH75.0 Exposure to chemical explosion with undetermined intent

PH75.1 Exposure to explosion or rupture of pressurised materials or object with undetermined intent

PH75.Y Other specified exposure to explosion with undetermined intent

PH75.Z Exposure to explosion with undetermined intent, unspecified

PH76 Physical overexertion with undetermined intent

PH77 Lack of food with undetermined intent

PH78 Lack of water with undetermined intent

PH79 Other specified privation with undetermined intent

PH7A Abandonment with undetermined intent

PH7B Neglect with undetermined intent

PH8Y Other specified injury event of undetermined intent

PH8Z Unspecified injury event of undetermined intent

Exposure to extreme forces of nature (PJ00‑PJ0Z)

PJ00 Victim of lightning

PJ01 Victim of earthquake

PJ02 Victim of cataclysmic earth movements caused by earthquake

PJ03 Victim of tsunami

PJ04 Victim of volcanic eruption

PJ05 Victim of avalanche, landslide or other earth movements

PJ06 Victim of cataclysmic storm

PJ07 Victim of flood

PJ0Y Exposure to other specified forces of nature

PJ0Z Exposure to unspecified forces of nature

Maltreatment (PJ20‑PJ2Z)

Non-accidental acts of physical force, forced or coerced sexual acts, verbal or symbolic acts, or significant caregiving omissions that result in harm or have a reasonable potential for harm. These categories are applied to the victim of the maltreatment, not the perpetrator.

PJ20 Physical maltreatment

Non-accidental acts of physical force that result, or have reasonable potential to result, in physical harm or that evoke significant fear. The category is applied to the victim of the maltreatment, not the perpetrator.

PJ21 Sexual maltreatment

In adults, forced or coerced sexual acts or sexual acts with someone who is unable to consent; in children, sexual acts involving a child that are intended to provide sexual gratification to an adult. The category is applied to the victim of the maltreatment, not the perpetrator.

PJ22 Psychological maltreatment

Non-accidental verbal or symbolic acts that result in significant psychological harm. The category is applied to the victim of the maltreatment, not the perpetrator.

PJ2Y Other specified maltreatment

PJ2Z Maltreatment, unspecified

Legal intervention (PJ40‑PJ4Z)

Coding Note: Injuries inflicted by the police or other law-enforcing agents, including military on duty, in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, or other legal action.

PJ40 Legal intervention involving projectile from firearm

Inclusions: Legal intervention involving rifle pellet or rubber bullet

PJ41 Legal intervention involving other projectile

PJ42 Legal intervention involving blunt object

Inclusions: Hit, struck by blunt object during legal intervention

PJ43 Legal intervention involving sharp object

Inclusions: Cut during legal intervention

PJ44 Legal intervention involving electric weapon

PJ45 Legal intervention involving explosive

PJ46 Legal intervention involving gas

PJ47 Legal intervention involving application of physical force

PJ4Y Legal intervention involving other means

Coding Note: Injuries inflicted by the police or other law-enforcing agents, including military on duty, in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, or other legal action.

PJ4Z Legal intervention involving unspecified means

Coding Note: Injuries inflicted by the police or other law-enforcing agents, including military on duty, in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, or other legal action.

Armed conflict (PJ60‑PK6Z)

Explosion of marine weapons during armed conflict (PJ60‑PJ6Z)

PJ60 Explosion of depth-charge or marine mine during armed conflict

PJ61 Explosion of torpedo during armed conflict

PJ62 Explosion of sea-based artillery shell during armed conflict

PJ6Y Explosion of other marine weapons during armed conflict

PJ6Z Explosion of unspecified marine weapon

Attack on or destruction of aircraft during armed conflict (PJ70‑PJ7Z)

PJ70 Attack on or destruction of aircraft during armed conflict due to enemy fire or explosives

PJ71 Attack on or destruction of aircraft during armed conflict due to collision with other aircraft

PJ7Y Other destruction of aircraft during armed conflict

PJ7Z Unspecified destruction of aircraft during armed conflict

Other explosions or fragments during armed conflict (PJ80‑PJ8Z)

Exclusions: Attack on or destruction of aircraft during armed conflict due to enemy fire or explosives (PJ70)

Use of nuclear weapons during armed conflict (PK10‑PK1Z)

Injury event occurring after cessation of armed conflict (PK40‑PK4Z)

PJ80 Explosion of missile during armed conflict

PJ81 Explosion of aerial bomb during armed conflict

PJ82 Explosion of munitions or weapons during armed conflict

PJ83 Explosion of improvised explosive device during armed conflict

PJ8Y Other explosion or fragments during armed conflict

PJ8Z Unspecified explosion or fragments during armed conflict

Fires, conflagrations or hot substances during armed conflict (PJ90‑PJ9Z)

PJ90 Use of gasoline bomb during armed conflict

PJ91 Use of flamethrower during armed conflict

PJ92 Use of incendiary bullets during armed conflict

PJ9Y Other specified fires, conflagrations or hot substances during armed conflict

PJ9Z Unspecified fire, conflagration or hot substance during armed conflict

Firearm discharge or other forms of conventional warfare during armed conflict (PK00‑PK0Z)

PK00 Use of rubber bullets during armed conflict

PK01 Use of firearm pellets during armed conflict

PK02 Other firearms discharge during armed conflict

PK03 Other weapons use during armed conflict

PK04 Unarmed combat during armed conflict

PK0Z Other and unspecified forms of conventional weapons use during armed conflict

Use of nuclear weapons during armed conflict (PK10‑PK1Z)

PK10 Thermal or blast effects of nuclear weapon during armed conflict

PK11 Nuclear radiation effects of nuclear weapon during armed conflict

PK1Z Other and unspecified effect of nuclear weapon during armed conflict

Use of biological weapons during armed conflict (PK20‑PK2Z)

PK20 Use of weaponised micro-organisms during armed conflict

PK2Y Use of other specified biological weapons during armed conflict

PK2Z Use of unspecified biological weapons during armed conflict

Chemical weapons or other forms of unconventional warfare during armed conflict (PK30‑PK3Z)

PK30 Use of chemical weapons during armed conflict

PK31 Use of lasers or other energetic beams or fields during armed conflict

PK32 Use of electric weapons during armed conflict

PK33 Use of autonomous or semi-autonomous machines as weapons during armed conflict

PK3Z Other and unspecified forms of unconventional warfare during armed conflict

Injury event occurring after cessation of armed conflict (PK40‑PK4Z)

PK40 Explosion of mine after cessation of armed conflict

PK41 Explosion of bomb after cessation of armed conflict

PK4Z Other and unspecified event after cessation of armed conflict

PK6Y Other specified weapon or attack during armed conflict

PK6Z Unspecified weapon or attack during armed conflict

Causes of healthcare related harm or injury (PK80‑PL14.Z)

Surgical or other medical procedures associated with injury or harm in diagnostic or therapeutic use (PK80‑PK8Z)

Coding Note: Code first the injury or harm caused by the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80 Medical or surgical procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.0 Neurological procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.00 Neurological procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.01 Neurological procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.02 Neurological procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.0Y Neurological procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.0Z Neurological procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.1 Cardiac procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.10 Cardiac procedure for repair of congenital anomaly associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.11 Cardiac procedure for repair of congenital anomaly associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.12 Cardiac procedure for repair of congenital anomaly associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.13 Cardiac procedure for repair of congenital anomaly associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.14 Other cardiac procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.15 Other cardiac procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.16 Other cardiac procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.17 Other cardiac procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm caused by the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.1Y Unspecified type of cardiac procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.1Z Unspecified type of cardiac procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.2 Thoracic procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Cardiac procedure associated with injury or harm in therapeutic use (PK80.1)

Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.20 Thoracic procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.21 Thoracic procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.22 Thoracic procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.2Y Thoracic procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.2Z Thoracic procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.3 Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.30 Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.31 Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.32 Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.3Y Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.3Z Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.4 Endocrine procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.40 Endocrine procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.41 Endocrine procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.42 Endocrine procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.4Y Endocrine procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.4Z Endocrine procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.5 Gynaecological or breast procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

Procedures related to abortion (PK80.7)

PK80.50 Gynaecological or breast procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.51 Gynaecological or breast procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.52 Gynaecological or breast procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.53 Gynaecological or breast procedure associated with injury or harm in therapeutic use, per orifice approach

PK80.5Y Gynaecological or breast procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.5Z Gynaecological or breast procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.6 Urological procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.60 Urological procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.61 Urological procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.62 Urological procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.6Y Urological procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.6Z Urological procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.7 Obstetric procedure associated with injury or harm in therapeutic use

Surgical procedure on the pregnant woman for conditions associated with pregnancy, labour, or the puerperium

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.70 Caesarean section or other obstetric procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.71 Obstetric procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.72 Obstetric procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.73 Obstetric procedure associated with injury or harm in therapeutic use, per orifice approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.7Y Caesarean section or other obstetric procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.7Z Caesarean section or other obstetric procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.8 Musculoskeletal procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.80 Musculoskeletal procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.81 Musculoskeletal procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

Coded Elsewhere: Bone marrow aspiration or biopsy associated with injury or harm in therapeutic use (PK81.4)

PK80.82 Musculoskeletal procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.8Y Musculoskeletal procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.8Z Musculoskeletal procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.9 Vascular procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.90 Vascular procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.91 Vascular procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.92 Vascular procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.9Y Vascular procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.9Z Vascular procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.A Ear, nose, oral, or throat procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.A0 Ear, nose, oral, or throat procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.A1 Ear, nose, oral, or throat procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.A2 Ear, nose, oral, or throat procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.AY Ear, nose, oral, or throat procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.AZ Ear, nose, oral, or throat procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.B Dental procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.B0 Dental procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.B1 Dental procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.B2 Dental procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.BY Dental procedure associated with injury or harm, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.BZ Dental procedure associated with injury or harm, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.C Skin or integument procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.C0 Skin or integument procedure associated with injury or harm, open approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.C1 Skin or integument procedure associated with injury or harm, percutaneous approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.C2 Skin or integument procedure associated with injury or harm, endoscopic approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK80.CY Skin or integument procedure associated with injury or harm in therapeutic use, other specified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.CZ Skin or integument procedure associated with injury or harm in therapeutic use, unspecified approach

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK80.D Ophthalmic procedure associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK81 Certain medical procedures associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

Coded Elsewhere: Skin complications of BCG immunisation (EA51)

PK81.0 Ventilation associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.1 Extracorporeal life support procedure associated with injury or harm in therapeutic use

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.2 Aspiration or drainage of body cavity or fluid collection associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.3 Acupuncture or related therapies associated with injury or harm in therapeutic use

Injury or harm associated with insertion of needles into certain points of the body for treatment.

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.30 Acupuncture cupping associated with injury or harm in therapeutic use

PK81.3Y Other specified acupuncture or related therapies associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK81.3Z Acupuncture or related therapies associated with injury or harm in therapeutic use, unspecified

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK81.4 Bone marrow aspiration or biopsy associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.5 Biopsy procedure, not elsewhere classified, associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Bone marrow aspiration or biopsy associated with injury or harm in therapeutic use (PK81.4)

Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.6 Dialysis associated with injury or harm in therapeutic use

Replacing kidney function, a procedure to filter blood, including haemodialysis and peritoneal dialysis.

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.7 Injection or infusion for therapeutic or diagnostic purposes associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.8 Insertion of tube associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.9 Joint aspiration associated with injury or harm in therapeutic use

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.A Lumbar puncture associated with injury or harm in therapeutic use

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.B Manipulative therapies associated with injury or harm in therapeutic use

Manipulation and/or movement of one or more parts of the human body for correction and treatment.

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.C Radiation therapy associated with injury or harm in therapeutic use

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.D Other specified medical procedure associated with injury or harm in therapeutic use

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.E Cardiopulmonary resuscitation associated with injury or harm in therapeutic use

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

PK81.F Needle stick associated with injury or harm in therapeutic use

Coding Note: Code first injury or harm associated with procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK8Y Other specified surgical or other medical procedures associated with injury or harm in diagnostic or therapeutic use

Coding Note: Code first the injury or harm caused by the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK8Z Surgical or other medical procedures associated with injury or harm in diagnostic or therapeutic use, unspecified

Coding Note: Code first the injury or harm caused by the procedure. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Surgical or other medical devices, implants or grafts associated with injury or harm in therapeutic use (PK90‑PK9C.4)

Medical devices could be associated with injury or harm in therapeutic use through different mechanisms: failure, malfunction, dislodgement, misconnection, removal, unclean/unsterile, use error, inappropriate for related task, poor presentation or packaging, lack of presentation

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: medical devices associated with adverse incidents due to external causes classified elsewhere (PL12)

PK90 Anaesthesiology devices associated with injury or harm

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK90.0 Anaesthesiology devices associated with injury or harm, diagnostic or monitoring devices

An anaesthesiology device was involved in an incident that occurred in a diagnostic or monitoring task

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK90.1 Anaesthesiology devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

An anaesthesiology device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK90.2 Anaesthesiology devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Anaesthesiology related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK90.3 Anaesthesiology devices associated with injury or harm, surgical instruments, materials or devices

Anaesthesiology related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK90.4 Anaesthesiology devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK90.Y Other specified anaesthesiology devices associated with injury or harm

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK90.Z Anaesthesiology devices associated with injury or harm, unspecified

Coding Note: Code first injury or harm associated with device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91 Cardiovascular devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.0 Cardiovascular devices associated with injury or harm, diagnostic or monitoring devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

Coded Elsewhere: Cardiovascular devices associated with injury or harm, central venous catheter (PK91.15)

PK91.1 Cardiovascular devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

Coded Elsewhere: Extracorporeal life support procedure associated with injury or harm in therapeutic use (PK81.1)

PK91.10 Cardiovascular devices associated with injury or harm, pacemaker

Coding Note: Code first injury or harm associated with the device.

Exclusions: Pacemaker or implantable cardioverter defibrillator battery at end of battery life (BC91)

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.11 Cardiovascular devices associated with injury or harm, implantable defibrillator

Coding Note: Code first injury or harm associated with the device.

Exclusions: Pacemaker or implantable cardioverter defibrillator battery at end of battery life (BC91)

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.12 Cardiovascular devices associated with injury or harm, left ventricular assist devices

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.13 Cardiovascular devices associated with injury or harm, intra-aortic balloon pump

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.14 Cardiovascular devices associated with injury or harm, IVC filter

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.15 Cardiovascular devices associated with injury or harm, central venous catheter

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.16 Cardiovascular devices associated with injury or harm: peripheral venous catheter

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.1Y Other specified cardiovascular devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.1Z Cardiovascular devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.2 Cardiovascular devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

A cardiovascular prosthetic or other implant, or cardiovascular material or an accessory device was associated with an adverse incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Ventricular assist devices (PK91.12)

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.20 Cardiovascular devices associated with injury or harm, grafts

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.21 Cardiovascular devices associated with injury or harm, stents

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.22 Cardiovascular devices associated with injury or harm, mechanical or bioprosthetic valves

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.2Y Other specified cardiovascular devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.2Z Cardiovascular devices associated with injury or harm, prosthetic or other implants, materials or accessory devices, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.3 Cardiovascular devices associated with injury or harm, surgical instruments, materials or devices

A cardiovascular surgical instrument, material or device (including sutures) was associated with an adverse incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.4 Cardiovascular devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK91.Y Other specified cardiovascular devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK91.Z Cardiovascular devices, implants or grafts associated with injury or harm, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK92 Otorhinolaryngological devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK92.0 Otorhinolaryngological devices associated with injury or harm, diagnostic or monitoring devices

An otorhinolaryngological device was involved in an incident that occurred in a diagnostic or monitoring task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK92.1 Otorhinolaryngological devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

An otorhinolaryngological device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK92.2 Otorhinolaryngological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Otorhinolaryngological related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK92.3 Otorhinolaryngological devices associated with injury or harm, surgical instruments, materials or devices

Otorhinolaryngological related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK92.4 Otorhinolaryngological devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK92.Y Other specified otorhinolaryngological devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK92.Z Otorhinolaryngological devices, implants or grafts associated with injury or harm, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK93 Gastroenterology or urology devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK93.0 Gastroenterology or urology devices associated with injury or harm, diagnostic or monitoring devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK93.1 Gastroenterology or urology devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

A gastroenterology or urology device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK93.10 Gastroenterology or urology devices associated with injury or harm, urinary catheter

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK93.1Y Other specified gastroenterology or urology devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK93.1Z Gastroenterology or urology devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK93.2 Gastroenterology or urology devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK93.3 Gastroenterology or urology devices associated with injury or harm, surgical instruments, materials or devices

Gastroenterology or urology related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK93.4 Gastroenterology or urology devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK93.Y Other specified gastroenterology or urology devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK93.Z Gastroenterology or urology devices, implants or grafts associated with injury or harm, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK94 General hospital or personal use devices associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK94.0 General hospital or personal use devices associated with injury or harm, diagnostic or monitoring devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK94.1 General hospital or personal use devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

A general hospital and personal-use device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK94.2 General hospital or personal use devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

General hospital and personal-use related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK94.3 General hospital or personal use devices associated with injury or harm, surgical instruments, materials or devices

General hospital and personal-use related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK94.4 General hospital or personal use devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK94.Y Other specified general hospital or personal use devices associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK94.Z General hospital or personal use devices associated with injury or harm, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK95 Neurological devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK95.0 Neurological devices associated with injury or harm, diagnostic or monitoring devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK95.1 Neurological devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK95.2 Neurological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Neurological related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK95.20 Neurological devices associated with injury or harm, ventricular shunt

Coding Note: Code first injury or harm associated with the device.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK95.2Y Other specified neurological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK95.2Z Neurological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK95.3 Neurological devices associated with injury or harm, surgical instruments, materials or devices

Neurological related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK95.4 Neurological devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK95.Y Other specified neurological devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK95.Z Neurological devices, implants or grafts associated with injury or harm, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK96 Obstetric or gynaecological devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK96.0 Obstetric or gynaecological devices associated with injury or harm, diagnostic or monitoring devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK96.1 Obstetric or gynaecological devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

An obstetric or gynaecological device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK96.2 Obstetric or gynaecological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK96.3 Obstetric or gynaecological devices associated with injury or harm, surgical instruments, materials or devices

Obstetric or gynaecological related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK96.4 Obstetric or gynaecological devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK96.Y Other specified obstetric or gynaecological devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK96.Z Obstetric or gynaecological devices, implants or grafts associated with injury or harm, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK97 Ophthalmic devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK97.0 Ophthalmic devices associated with injury or harm, diagnostic or monitoring devices

An ophthalmic device was involved in an incident that occurred in a diagnostic or monitoring task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK97.1 Ophthalmic devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

An ophthalmic device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK97.2 Ophthalmic devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Ophthalmic related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK97.3 Ophthalmic devices associated with injury or harm, surgical instruments, materials or devices

Ophthalmic related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK97.4 Ophthalmic devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK97.Y Other specified ophthalmic devices, implants or grafts associated with injury or harm

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK97.Z Ophthalmic devices, implants or grafts associated with injury or harm, unspecified

Coding Note: Code first injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK98 Radiological devices associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK98.0 Radiological devices associated with injury or harm, diagnostic or monitoring devices

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK98.1 Radiological devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

A radiological device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK98.2 Radiological devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Radiological related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK98.3 Radiological devices associated with injury or harm, surgical instruments, materials or devices

Radiological related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK98.4 Radiological devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK98.Y Other specified radiological devices associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK98.Z Radiological devices associated with injury or harm, unspecified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK99 Orthopaedic devices, implants or grafts associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK99.0 Orthopaedic devices associated with injury or harm, diagnostic or monitoring devices

An orthopaedic device was involved in an incident that occurred in a diagnostic or monitoring task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK99.1 Orthopaedic devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

An orthopaedic device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK99.2 Orthopaedic devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Orthopaedic related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Wear of articular bearing surface of joint prosthesis (FA35)

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK99.3 Orthopaedic devices associated with injury or harm, surgical instruments, materials or devices

Orthopaedic related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK99.4 Orthopaedic devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK99.Y Other specified orthopaedic devices, implants or grafts associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK99.Z Orthopaedic devices, implants or grafts associated with injury or harm, unspecified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9A Physical medicine devices associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9A.0 Physical medicine devices associated with injury or harm, diagnostic or monitoring devices

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9A.1 Physical medicine devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

A physical medicine device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9A.2 Physical medicine devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Physical medicine related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident (e.g., infection following use of unclean acupuncture needles)

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9A.20 Communication system devices associated with adverse incidents

PK9A.21 Communication system devices associated with adverse incidents in a physical medicine care environment

PK9A.22 Environmental control system devices associated with adverse incidents

PK9A.23 Mobility aids associated with adverse incidents

PK9A.24 Orthotic devices associated with adverse incidents

PK9A.2Y Other specified physical medicine devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9A.2Z Physical medicine devices associated with injury or harm, prosthetic or other implants, materials or accessory devices, unspecified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9A.3 Physical medicine devices associated with injury or harm, surgical instruments, materials or devices

Physical medicine related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident.

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9A.4 Physical medicine devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9A.Y Other specified physical medicine devices associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9A.Z Physical medicine devices associated with injury or harm, unspecified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9B General or plastic surgery devices, implants or grafts associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9B.0 General or plastic surgery devices associated with injury or harm, diagnostic or monitoring devices

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9B.1 General or plastic surgery devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

A general- or plastic-surgery device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9B.2 General or plastic surgery devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

General- or plastic-surgery related prosthetic and other implants, materials and accessory devices were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9B.3 General or plastic surgery devices associated with injury or harm, surgical instruments, materials or devices

General- or plastic-surgery related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9B.4 General or plastic surgery devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9B.Y Other specified general or plastic surgery devices, implants or grafts associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9B.Z General or plastic surgery devices, implants or grafts associated with injury or harm, unspecified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9C Other or unspecified medical devices, implants or grafts associated with injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9C.0 Other or unspecified medical devices associated with injury or harm, diagnostic or monitoring devices

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9C.1 Other or unspecified medical devices associated with injury or harm, therapeutic, nonsurgical or rehabilitative devices

An other or unspecified medical device was involved in an adverse incident that occurred in a therapeutic (nonsurgical) and rehabilitative task

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9C.2 Other or unspecified medical devices associated with injury or harm, prosthetic or other implants, materials or accessory devices

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9C.3 Other or unspecified medical devices associated with injury or harm, surgical instruments, materials or devices

Other or unspecified medical related surgical instruments like materials and devices (including sutures) were involved in an adverse related incident

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

PK9C.30 Mechanical complication of nonabsorbable surgical material, not otherwise specified

PK9C.31 Mechanical complication of permanent sutures

PK9C.3Y Other specified other or unspecified medical devices associated with injury or harm, surgical instruments, materials or devices

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9C.3Z Other or unspecified medical devices associated with injury or harm, surgical instruments, materials or devices, unspecified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PK9C.4 Other or unspecified medical devices associated with injury or harm, miscellaneous devices, not elsewhere classified

Coding Note: Code first the injury or harm associated with the device. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

Substances associated with injury or harm in therapeutic use (PL00‑PL0Z)

Situations where a substance (drug or medicament) causes harm, in the context of intentional use for therapeutic purposes

Coding Note: Code first the injury or harm associated with the substance. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: accidents in the technique of administration of drugs, medicaments and biological substances in medical and surgical procedures (PL13)

PL00 Drugs, medicaments or biological substances associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the substance. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

Exclusions: Circumstances associated with exposure to a drug, medicament or biological substance influencing the episode of care without injury or harm (QA70‑QA7Z)

PL01 Complementary or traditional medicines associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL01.0 Complementary or traditional medicines associated with injury or harm in therapeutic use, Herbal Preparations or Formulas

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL01.1 Complementary or traditional medicines associated with injury or harm in therapeutic use, Dietary Supplements, Vitamins or Minerals

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL01.2 Complementary or traditional medicines associated with injury or harm in therapeutic use, Complementary or Traditional Medicines, not elsewhere classified

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL01.Y Other specified complementary or traditional medicines associated with injury or harm in therapeutic use

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL01.Z Complementary or traditional medicines associated with injury or harm in therapeutic use, unspecified

Coding Note: Code first the injury or harm associated with the complementary or traditional medicine. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL0Z Substances associated with injury or harm in therapeutic use, unspecified

Coding Note: Code first the injury or harm associated with the substance. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL10 Other health care related causes of injury or harm

Coding Note: Code first the injury or harm associated with other health care. Code also the mode or mechanism that explains the main way the cause leads to injury or harm.

PL11 Mode of injury or harm associated with a surgical or other medical procedure

Coding Note: Code first the injury or harm associated with the procedure. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Mode of injury or harm associated with exposure to a drug, medicament or biological substance (PL13)

PL11.0 Cut, puncture or tear, as mode of injury or harm

The cut or puncture occurs when a solid organ or blood vessel or nerve is unintentionally lacerated or otherwise damaged during a surgical or medical procedure. The cut or puncture must not be required for the successful completion of the procedure. A perforation occurs when a hollow viscous, such as the bowel or urinary bladder, is injured during a surgical procedure such that the contents of the viscous leak into the surrounding tissues or space.

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

PL11.1 Burn arising during procedure, as mode of injury or harm

A burn occurs when tissue is damaged by heat, electricity or fire. It can occur, for example, as the direct result of cautery equipment, warming efforts, or because of a fire.

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Burn from ionising radiation (PB53)

PL11.2 Embolisation, as mode of injury or harm

An embolisation occurs when a solid object within the venous or arterial circulation propagates to a distal location and becomes lodged there.

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Obstruction of device, as mode of injury or harm (PL12.3)

Embolisation without injury or harm (QA50)

PL11.20 Air embolism, as mode of injury

PL11.2Y Other specified embolisation, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

PL11.2Z Embolisation, as mode of injury or harm, unspecified

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

PL11.3 Foreign body accidentally left in body, as mode of injury or harm

A foreign body is any solid material not normally found in the human body. It is accidentally left in the body if there was no specific intention to keep it in the body, either because it was indicated for medical purposes or because it was unsafe to retrieve.

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Foreign body accidentally left in body without injury or harm (QA51)

PL11.4 Failure of sterile precautions, as mode of injury or harm

An infection occurred because standard procedures designed to minimize the risk of hospital acquired infection were not followed or were insufficient.

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Failure of sterile precautions without injury or harm (QA52)

PL11.5 Procedure undertaken at wrong site or wrong side, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Patient received diagnostic test or treatment intended for another patient (PL14.C)

PL11.6 Pressure, as mode of injury or harm

Includes factors such as: body positioning, retractors, or other instruments causing tissue damage through direct pressure

Coding Note: Code first the injury or harm associated with the procedure or intervention. Code also the cause of harm which identifies the procedure or intervention.

Exclusions: Pressure as potential mode of injury without injury or harm (QA53)

PL11.Y Other specified mode of injury or harm associated with a surgical or other medical procedure

Coding Note: Code first the injury or harm associated with the procedure. Code also the cause of harm which identifies the procedure or intervention.

PL11.Z Unspecified mode of injury or harm associated with a surgical or other medical procedure

Coding Note: Code first the injury or harm associated with the procedure. Code also the cause of harm which identifies the procedure or intervention.

PL12 Mode of injury or harm associated with a surgical or other medical device, implant or graft

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

PL12.0 Structural device failure, as mode of injury or harm

Harm arising due to mechanical or material device failure not related to the installation of the device.

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Wear of articular bearing surface of joint prosthesis (FA35)

Combination or interaction of operator error and device failure, as mode of injury or harm (PL12.6)

Structural device failure without injury or harm (QA60)

PL12.1 Functional device failure, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Pacemaker or implantable cardioverter defibrillator dysfunction (NE82.1)

Pacemaker or implantable cardioverter defibrillator battery at end of battery life (BC91)

Combination or interaction of operator error and device failure, as mode of injury or harm (PL12.6)

Functional device failure without injury or harm (QA61)

PL12.2 Perforation or protrusion by device, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Cut, puncture or tear, as mode of injury or harm (PL11.0)

PL12.3 Obstruction of device, as mode of injury or harm

Obstruction associated with prosthetic devices, grafts or implants

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Obstruction of device without injury or harm (QA63)

PL12.4 Dislodgement, misconnection or de-attachment, as mode of injury or harm

Harm arising from loss of connection of device

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Wear of articular bearing surface of joint prosthesis (FA35)

Pacemaker or implantable cardioverter defibrillator lead complication (NE82.2)

Dislodgement, misconnection or de-attachment of a surgical or medical device without injury or harm (QA62)

PL12.5 Operator error, as mode of injury or harm

Harm arising due to process or procedural issues associated with the use and/or maintenance of a device not related to device failure.

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Combination or interaction of operator error and device failure, as mode of injury or harm (PL12.6)

Operator error without injury or harm (QA64)

PL12.6 Combination or interaction of operator error and device failure, as mode of injury or harm

Harm arising due to a combination of device failure and process/procedural error in device use or maintenance.

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

Exclusions: Operator error, as mode of injury or harm (PL12.5)

Structural device failure, as mode of injury or harm (PL12.0)

Functional device failure, as mode of injury or harm (PL12.1)

Combination or interaction of operator error and device failure without injury or harm (QA65)

PL12.Y Other specified mode of injury or harm associated with a surgical or other medical device, implant or graft

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

PL12.Z Mode of injury or harm associated with a surgical or other medical device, implant or graft, unspecified

Coding Note: Code first the injury or harm associated with the device. Code also the cause of harm which identifies the type of device.

PL13 Mode of injury or harm associated with exposure to a drug, medicament or biological substance

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.0 Overdose of substance, as mode of injury or harm

Incorrect dose - too high

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

Inclusions: overdose of prescribed drug

medication error leading to excess level or effect of prescribed drug

Exclusions: Overdose of substance without injury or harm (QA70)

Unintentional exposure to or harmful effects of drugs, medicaments or biological substances (PB20‑PB29)

Intentional self-harm by exposure to or harmful effects of drugs, medicaments or biological substances (PC90‑PC99)

Assault by exposure to or harmful effects of drugs, medicaments or biological substances (PE80‑PE8Z)

Exposure to or harmful effects of undetermined intent of drugs, medicaments or biological substances (PH40‑PH49)

PL13.1 Underdosing, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.2 Drug-related injury or harm in the context of correct administration or dosage, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.3 Incorrect substance, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.5 Incorrect administration of drug or medicament, as mode of injury

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

Exclusions: Overdose of substance, as mode of injury or harm (PL13.0)

PL13.50 Incorrect route of drug or medicament, as mode of injury

Exclusions: Overdose of substance, as mode of injury or harm (PL13.0)

PL13.51 Incorrect rate of drug or medicament, as mode of injury

Exclusions: Overdose of substance, as mode of injury or harm (PL13.0)

PL13.52 Incorrect timing of drug or medicament, as mode of injury

Coding Note: Code first the injury or harm associated with the drug, medicament or substance.

Exclusions: Problem with delayed treatment (PL14.B)

Overdose of substance, as mode of injury or harm (PL13.0)

PL13.53 Incorrect duration of drug or medicament, as mode of injury

Coding Note: Code first the injury or harm associated with the drug, medicament or substance.

Exclusions: Overdose of substance, as mode of injury or harm (PL13.0)

Underdosing, as mode of injury or harm (PL13.1)

PL13.5Y Other specified incorrect administration of drug or medicament, as mode of injury

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.5Z Incorrect administration of drug or medicament, as mode of injury, unspecified

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.6 Medication or substance that is known to be an allergen, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.7 Medication or substance that is known to be contraindicated for the patient, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

Exclusions: Medication or substance that is known to be an allergen, as mode of injury or harm (PL13.6)

PL13.8 Expired or deteriorated medication or substance, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.9 Drug or substance interactions, as mode of injury or harm

Medication or substance that is known to interact with another medication or substance that the patient is taking or is expected to take. Code also all involved substances.

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.A Inappropriate stoppage or discontinuation of drug, as mode of injury or harm

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.Y Other specified mode of injury or harm associated with exposure to a drug, medicament or biological substance

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL13.Z Mode of injury or harm associated with exposure to a drug, medicament or biological substance, unspecified

Coding Note: Code first the injury or harm associated with the drug, medicament or substance. Code also the cause of harm which identifies the substance.

PL14 Mode of injury or harm associated with other health care related causes

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

Exclusions: Mode of injury or harm associated with a surgical or other medical device, implant or graft (PL12)

Mode of injury or harm associated with a surgical or other medical procedure (PL11)

Mode of injury or harm associated with exposure to a drug, medicament or biological substance (PL13)

PL14.0 Non-administration of necessary drug

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

Exclusions: Underdosing, as mode of injury or harm (PL13.1)

PL14.1 Non provision of necessary procedure

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

Exclusions: Delayed treatment (PL14.B)

PL14.2 Problem associated with physical transfer of patient

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.3 Mismatched blood used in transfusion

Mismatched blood was used in transfusion and led to injury.

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.4 Other problem associated with transfusion

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.5 Problem associated with physical restraints

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.6 Problem associated with isolation protocol

Isolation of patient for infection cause injury to occur

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.7 Problem associated with clinical documentation

Clinical documentation error or omission led to injury of patient

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.8 Problem associated with clinical software

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.9 Incorrect diagnosis

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.A Delayed diagnosis

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.B Delayed treatment

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

Exclusions: Incorrect timing of drug or medicament, as mode of injury (PL13.0)

Non provision of necessary procedure (PL14.1)

PL14.C Patient received diagnostic test or treatment intended for another patient

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

Exclusions: Procedure undertaken at wrong site or wrong side, as mode of injury or harm (PL11.5)

PL14.D Problem associated with transitions of care, hand offs, or handovers

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.E Fall in health care

Coding Note: Code first the injury or harm associated with other health care. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.Y Other specified aspects of care associated with injury or harm

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL14.Z Mode of injury or harm associated with other health care related causes, unspecified

Coding Note: Code first the injury or harm associated with other health care interventions. Code also the cause of harm (i.e. PL10 Other health care related causes of injury or harm)

PL2Y Other specified external causes of morbidity or mortality

PL2Z External causes of morbidity or mortality, unspecified

CHAPTER 24

Factors influencing health status or contact with health services

This chapter has 334 four-character categories.

Code range starts with QA00

Categories in this chapter are provided for occasions when circumstances other than a disease, injury or external cause classifiable elsewhere are recorded as "diagnoses" or "problems". This can arise in two main ways:

1. When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination or to discuss a problem which is in itself not a disease or injury.
2. When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury. Such circumstance or problem may be elicited during population surveys, when the person may or may not be currently sick, or be recorded as additional information to be borne in mind when the person is receiving care for some illness or injury.

This chapter contains the following top level blocks:

* Reasons for contact with the health services
* Factors influencing health status

Reasons for contact with the health services (QA00‑QD3Z)

Coded Elsewhere: Gender incongruence (HA60-HA6Z)

Contact with health services for purposes of examination or investigation (QA00‑QA0Z)

Exclusions: examinations related to pregnancy and reproduction (QA20‑QA4Z)

Clinical findings in blood, blood-forming organs, or the immune system (MA10‑MA1Y)

QA00 General examination or investigation of persons without complaint or reported diagnosis

Exclusions: Special screening examination for infectious diseases (QA08)

Examination or encounter for administrative purposes (QA01)

Special screening examination for neoplasms (QA09)

Special screening examination for other diseases or disorders (QA0A)

QA00.0 General adult medical examination

Encounter for periodic examination (annual) (physical) and any associated laboratory and radiologic examinations on adult.

Exclusions: Routine child health examination (QA00.1)

Routine general health check-up of defined subpopulation (QA03)

Routine newborn health examination (QA00.2)

Symptoms, signs or clinical findings, not elsewhere classified (Chapter 21)

QA00.1 Routine child health examination

Routine health check for child over 28 days of age through 19 years of age.

Exclusions: Health supervision or care of abandoned infant (QC22)

Health supervision or care of other healthy infant or child (QC20‑QC2Z)

QA00.2 Routine newborn health examination

Health examination for infant under 29 days of age

Exclusions: Routine child health examination (QA00.1)

QA00.3 General mental examination

Exclusions: examination requested for medicolegal reasons (QA04)

QA00.4 Examination of potential donor of organ or tissue

QA00.5 Examination for normal comparison or control in clinical research programme

QA00.6 Examination of eyes or vision

Exclusions: Examination for driving license (QA01.4)

QA00.61 Normal Visual Field

QA00.62 No vision impairment

QA00.6Y Other specified examination of eyes or vision

QA00.6Z Examination of eyes or vision, unspecified

QA00.7 Examination of ears and hearing

QA00.8 Dental examination

QA00.9 Gynaecological examination

Exclusions: routine examination for contraceptive maintenance (QA21.5)

Pregnancy examination or test (QA40)

QA00.A Skin or other sensitisation tests

QA00.B Radiological examination

Exclusions: Special screening examination for neoplasm of breast (QA09.3)

QA00.C Laboratory examination

QA00.D Encounter for blood typing

QA00.E Encounter for antibody response examination

Exclusions: Skin or other sensitisation tests (QA00.A)

QA00.Y Other specified general examination or investigation of persons without complaint or reported diagnosis

QA00.Z General examination or investigation of persons without complaint or reported diagnosis, unspecified

QA01 Examination or encounter for administrative purposes

QA01.0 Examination for admission to educational institution

QA01.1 Pre-employment examination

Exclusions: Occupational health examination (QA03.0)

QA01.2 Examination for admission to residential institutions

Exclusions: Routine general health check-up of inhabitants of institutions (QA03.1)

QA01.3 Examination for recruitment to armed forces

Exclusions: Routine general health check-up of armed forces (QA03.2)

QA01.4 Examination for driving license

QA01.5 Examination for participation in sport

Exclusions: Blood-alcohol or blood-drug test (QA04.0)

Routine general health check-up of sports teams (QA03.3)

QA01.6 Examination for insurance purposes

QA01.7 Issue of medical certificate

Exclusions: General adult medical examination (QA00.0)

QA01.8 Encounter for adoption services

Encounter to provide pre or post-adoption services to assist prospective adoptive parents in making an informed decision prior to adoption or to address the medical history and current health of the child and provide parental guidance

QA01.Y Other specified examination or encounter for administrative purposes

QA01.Z Examination or encounter for administrative purposes, unspecified

QA02 Medical observation or evaluation for suspected diseases or conditions, ruled out

Persons without signs or symptoms or a diagnosis when suspected of having an abnormal condition which requires study, but who, after examination and observation, show no need for further treatment or medical care because suspected condition has been ruled out.

Coding Note: Includes persons who present some symptoms or evidence of an abnormal condition which requires study, but who, after examination and observation, show no need for further treatment or medical care

Exclusions: Person with feared complaint in whom no diagnosis is made (QA1C)

QA02.0 Observation for suspected tuberculosis, ruled out

Cases presenting with signs susceptible to be due to Tuberculosis, but where after observation and examination it was confirmed that this was not Tuberculosis - and no other disease had been identified that could explain the symptoms.

QA02.1 Observation for suspected Dengue, ruled out

QA02.2 Observation for suspected malignant neoplasm, ruled out

Exclusions: Special screening examination for neoplasms (QA09)

QA02.3 Observation for suspected mental or behavioural disorders, ruled out

QA02.4 Observation for suspected nervous system disorder, ruled out

QA02.5 Observation for suspected toxic effect from ingested substance, ruled out

Inclusions: observation for suspected adverse effect from drug

observation for suspected poisoning

QA02.6 Observation and evaluation of newborn for suspected condition, ruled out

QA02.7 Observation for suspected suicide ideation or attempt, ruled out

QA02.8 Observation for suspected allergy or hypersensitivity, ruled out

Observation for a suspected allergy or hypersensitivity, not confirmed or no evidence found at the time of evaluation.

QA02.Y Medical observation or evaluation for other suspected diseases or conditions, ruled out

Coding Note: Includes persons who present some symptoms or evidence of an abnormal condition which requires study, but who, after examination and observation, show no need for further treatment or medical care

QA03 Routine general health check-up of defined subpopulation

Exclusions: Examination or encounter for administrative purposes (QA01)

QA03.0 Occupational health examination

Exclusions: Pre-employment examination (QA01.1)

QA03.1 Routine general health check-up of inhabitants of institutions

Exclusions: Examination or encounter for administrative purposes (QA01)

QA03.2 Routine general health check-up of armed forces

Exclusions: Examination for recruitment to armed forces (QA01.3)

QA03.3 Routine general health check-up of sports teams

Exclusions: Examination for participation in sport (QA01.5)

Blood-alcohol or blood-drug test (QA04.0)

QA03.Y Other specified routine general health check-up of defined subpopulation

QA03.Z Routine general health check-up of defined subpopulation, unspecified

QA04 Examination or observation for reasons other than suspected diseases or conditions or administrative purposes

QA04.0 Blood-alcohol or blood-drug test

Exclusions: Finding of alcohol in blood (MA13.1)

presence of drugs in blood (MA12)

QA04.1 Alcohol and drug testing other than by blood

QA04.2 Examination or observation following transport accident

Exclusions: Examination or observation following work accident (QA04.3)

QA04.3 Examination or observation following work accident

QA04.4 Examination or observation following accident other than work or transport

QA04.5 Examination or observation for suspected maltreatment

QA04.50 Examination or observation for suspected physical maltreatment

Observation and evaluation for suspected or alleged physical abuse which, after study, is ruled out.

QA04.51 Examination or observation for suspected sexual maltreatment

Observation and evaluation for suspected or alleged sexual abuse or rape which, after study is ruled out.

QA04.52 Examination or observation for suspected psychological maltreatment

Observation and evaluation for suspected or alleged psychological abuse which, after study, is ruled out.

QA04.53 Examination or observation for suspected neglect or abandonment

Observation and evaluation for suspected or alleged neglect or abandonment which, after study, is ruled out.

QA04.5Y Other specified examination or observation for suspected maltreatment

QA04.5Z Examination or observation for suspected maltreatment, unspecified

QA04.6 General mental examination, requested by authority

QA04.7 Examination for medicolegal reasons

QA04.Y Other specified examination or observation for reasons other than suspected diseases or conditions or administrative purposes

QA04.Z Examination or observation for reasons other than suspected diseases or conditions or administrative purposes, unspecified

QA05 Person consulting for explanation of investigation findings

QA06 Follow-up examination after treatment for malignant neoplasms

Inclusions: medical surveillance following treatment for malignant neoplasms

Exclusions: follow-up medical care and convalescence (QB70‑QB7Z)

Attention to surgical dressings, drains or sutures (QB85)

QA07 Follow-up examination after treatment for conditions other than malignant neoplasms

Inclusions: medical surveillance following treatment for conditions other than malignant neoplasms

Exclusions: Fitting, adjustment or management of devices (QB30‑QB3Z)

Surveillance of contraceptive device (QA21.6)

Follow-up examination after treatment for malignant neoplasms (QA06)

Convalescence (QB70‑QB7Z)

QA07.0 Follow-up examination after organ transplant

QA07.Y Other specified follow-up examination after treatment for conditions other than malignant neoplasms

QA07.Z Follow-up examination after treatment for conditions other than malignant neoplasms, unspecified

QA08 Special screening examination for infectious diseases

A reason for encounter to screen for an infection with a bacterial, viral, fungal, or parasitic source.

QA08.0 Special screening examination for intestinal infectious diseases

QA08.1 Special screening examination for respiratory tuberculosis

QA08.2 Special screening examination for other bacterial diseases

QA08.3 Special screening examination for infections with a predominantly sexual mode of transmission

QA08.4 Special screening examination for human immunodeficiency virus

QA08.5 Special screening examination for other viral diseases

Exclusions: Viral intestinal infections (1A20‑1A2Z)

Special screening examination for infections with a predominantly sexual mode of transmission (QA08.3)

Special screening examination for human immunodeficiency virus (QA08.4)

QA08.6 Special screening examination for other protozoal diseases or helminthiases

Exclusions: Protozoal intestinal infections (1A30‑1A3Z)

QA08.Y Special screening examination for other specified infectious diseases

QA08.Z Special screening examination for unspecified infectious diseases

QA09 Special screening examination for neoplasms

QA09.0 Special screening examination for neoplasm of stomach

QA09.1 Special screening examination for neoplasm of intestinal tract

QA09.2 Special screening examination for neoplasm of respiratory organs

QA09.3 Special screening examination for neoplasm of breast

Exclusions: routine mammogram (QA00.B)

QA09.4 Special screening examination for neoplasm of cervix

Exclusions: Gynaecological examination (QA00.9)

QA09.5 Special screening examination for neoplasm of prostate

Exclusions: Prostate specific antigen positive (MA14.1B)

QA09.6 Special screening examination for neoplasm of bladder

QA09.7 Special screening examination for neoplasm of skin

Attendance for special screening for skin cancer including whole skin surface photographic or dermoscopic documentation of patients with multiple melanocytic naevi or naevoid basal cell carcinoma syndrome.

QA09.Y Other specified special screening examination for neoplasms

QA09.Z Special screening for neoplasm of unspecified site

QA0A Special screening examination for other diseases or disorders

QA0A.0 Special screening examination for diseases of the blood or blood-forming organs or certain disorders involving the immune mechanism

QA0A.1 Special screening examination for endocrine and metabolic disorder

QA0A.10 Special screening examination for diabetes mellitus

QA0A.1Y Other specified special screening examination for endocrine and metabolic disorder

QA0A.1Z Special screening examination for endocrine and metabolic disorder, unspecified

QA0A.2 Special screening examination for nutritional disorders

QA0A.3 Special screening examination for mental or behavioural disorders

QA0A.4 Special screening examination for certain developmental disorders in childhood

Exclusions: routine development testing of infant or child (QA00.1)

QA0A.5 Special screening examination for eye or ear disorders

QA0A.6 Special screening examination for cardiovascular disorders

QA0A.7 Special screening examination for allergic and hypersensitivity conditions

QA0A.Y Special screening for diseases and disorders not elsewhere classified

QA0A.Z Special screening examination for other diseases or disorders, unspecified

QA0B Preprocedural examination

Evaluation and testing for assessment and proactive management of risks of perioperative morbidity and mortality and implements measurements to minimize risks.

QA0Y Other examination or investigation

QA0Z Examination or investigation, unspecified

Contact with health services for counselling (QA10‑QA1Z)

Exclusions: Mental, behavioural or neurodevelopmental disorders (Chapter 06)

Contact with health services for menopausal counselling (QA4B)

Contact with health services for preconception counselling (QA33)

Contact with health services for fertility preservation counselling (QA34)

Coded Elsewhere: Contact with health services for genetic counselling (QA31)

QA10 Contact with health services for dietary counselling or surveillance

QA11 Contact with health services for alcohol use counselling or surveillance

Exclusions: Alcohol rehabilitation (QB95.2)

Disorders due to use of alcohol (6C40)

QA12 Contact with health services for drug use counselling or surveillance

Exclusions: Drug rehabilitation (QB95.3)

Disorders due to substance use or addictive behaviours (6C40‑6C5Z)

QA13 Contact with health services for tobacco use counselling

Exclusions: Tobacco rehabilitation (QB95.8)

Disorders due to use of nicotine (6C4A)

QA14 Contact with health services for human immunodeficiency virus counselling

Human immunodeficiency virus counselling can be defined as accessible HIV counselling services that meet the needs of clients and providers in an equitable and acceptable manner, within the resources available and in line with national guidelines. Counselling should increase knowledge of HIV prevention and help the client to focus on solutions to risk reduction.

QA15 Counselling related to sexuality

Exclusions: Contact with health services for contraceptive management (QA21)

Conditions related to sexual health (Chapter 17)

Contact with health services for procreative management (QA30‑QA3Z)

QA15.0 Counselling related to sexual attitudes

QA15.1 Counselling related to sexual behaviour and orientation or sexual relationships of the person

QA15.2 Counselling related to sexual behaviour and orientation or sexual relationships of third party

QA15.3 Counselling related to combined sexual attitudes, sexual behaviour and sexual relationships

QA15.Y Other specified counselling related to sexuality

QA15.Z Counselling related to sexuality, unspecified

QA16 Individual psychological or behavioural counselling

QA17 Marital or couples counselling

QA18 Family counselling

QA19 Group counselling

QA1A Discussion of issues surrounding impending death

QA1B Concern about or fear of medical treatment

QA1C Person with feared complaint in whom no diagnosis is made

Exclusions: Medical observation or evaluation for suspected diseases or conditions, ruled out (QA02)

QA1Y Contact with health services for other specified counselling

QA1Z Contact with health services for unspecified counselling

Contact with health services for reasons associated with reproduction (QA20‑QA4Z)

Coded Elsewhere: Contact with health services for concerns about body image related to pregnancy (QD31)

Contact with health services for preimplantation genetic diagnosis (QA3Y)

Contact with health services for preimplantation genetic screening (QA3Y)

QA20 Contact with health services for concerns about pregnancy

QA21 Contact with health services for contraceptive management

QA21.0 Contact with health services for postcoital contraception

QA21.1 Contact with health services for general counselling or advice on contraception

QA21.2 Contact with health services for insertion of contraceptive device

QA21.3 Contact with health services for sterilisation

QA21.4 Contact with health services for menstrual extraction

QA21.5 Surveillance of contraceptive drugs

QA21.6 Surveillance of contraceptive device

QA21.60 Retained intrauterine device without injury or harm in non-pregnant uterus

QA21.6Y Other specified surveillance of contraceptive device

QA21.6Z Surveillance of contraceptive device, unspecified

QA21.Y Other specified contact with health services for contraceptive management

QA21.Z Contact with health services for contraceptive management, unspecified

Contact with health services for procreative management (QA30‑QA3Z)

Exclusions: complications associated with artificial fertilization (GA32)

QA30 Contact with health services for medically assisted reproduction

Medically Assisted Reproduction (MAR): reproduction brought about through ovulation induction, controlled ovarian stimulation, ovulation triggering, ART procedures, and intrauterine, intracervical, and intravaginal insemination with semen of husband/partner or donor.

QA30.0 Contact with health services for assisted insemination

Artificial insemination is a treatment for infertility that involves directly inserting sperm into a woman’s uterus.

QA30.00 Contact with health services for gamete intrafallopian transfer

QA30.01 Contact with health services for procreative management by artificial insemination

QA30.02 Contact with health services for medically assisted sperm insemination

Noncoital insemination by intrauterine, intracervical, or intravaginal route using sperm from either a woman’s partner or a sperm donor.

QA30.0Y Contact with health services for other specified assisted insemination

QA30.0Z Contact with health services for unspecified assisted insemination

QA30.1 Contact with health services for assisted reproductive technology

All treatments or procedures that include the in vitro handling of both human oocytes and sperm or embryos, for the purpose of establishing a pregnancy. This includes, but is not limited to, in vitro fertilization and embryo transfer, gamete intrafallopian transfer, zygote intrafallopian transfer, tubal embryo transfer, gamete and embryo cryopreservation, oocyte and embryo donation, and gestational surrogacy. ART does not include assisted insemination (artificial insemination) using sperm from either a woman’s partner or a sperm donor.

QA30.10 Contact with health services for in vitro fertilisation

QA30.11 Contact with health services for egg retrieval

Ovarian follicular aspiration performed with the aim to retrieve oocytes.

QA30.12 Contact with health services for embryo transfer

The procedure in which one or more embryos are placed in the uterus or Fallopian tube.

QA30.13 Contact with health services for ovum implantation

QA30.14 Contact with health services for harvesting ovum for in vitro fertilisation

QA30.15 Contact with health services for harvesting or implantation of ova

QA30.1Y Contact with health services for other specified assisted reproductive technology

QA30.1Z Contact with health services for unspecified assisted reproductive technology

QA30.2 Contact with health services for other assisted fertilisation methods

QA30.20 Contact with health services for controlled ovarian stimulation for assisted reproductive technology

Medical treatment in which women are stimulated to induce the development of multiple ovarian follicles to obtain multiple oocytes at follicular aspiration.

QA30.21 Contact with health services for controlled ovarian stimulation for non-assisted reproductive technology cycles

Pharmacological treatment for women with normal ovulatory cycles in which the ovaries are stimulated to ovulate more than one oocyte.

QA30.22 Contact with health services for ovulation induction

Ovulation Induction (OI): Pharmacological treatment for women with anovulation or oligo-ovulation to result in normal ovulatory cycles.

QA30.2Y Contact with health services for other specified assisted fertilisation methods

QA30.2Z Contact with health services for unspecified assisted fertilisation methods

QA30.Y Other specified contact with health services for medically assisted reproduction

QA30.Z Contact with health services for medically assisted reproduction, unspecified

QA31 Contact with health services for genetic counselling

QA32 Contact with health services for tuboplasty or vasoplasty after previous sterilisation

QA33 Contact with health services for preconception counselling

A reason for encounter to counsel an individual's queries or complaints regarding conception.

QA34 Contact with health services for fertility preservation counselling

A reason for encounter to counsel an individual's queries or complaints regarding fertility preservation.

QA35 Contact with health services by gestational carrier

A female who is carrying a pregnancy and who has agreed to give the neonate to the intended parents after childbirth. Gametes may be harvested from the intended parent(s) or from a third party.

QA3Y Contact with health services for other specified procreative management

QA3Z Contact with health services for procreative management, unspecified

QA40 Pregnancy examination or test

QA41 Pregnant state

QA42 Supervision of normal pregnancy

QA42.0 Supervision of normal first pregnancy

QA42.Y Supervision of other specified normal pregnancy

QA42.Z Supervision of normal pregnancy, unspecified

QA43 Supervision of high-risk pregnancy

QA43.0 Supervision of pregnancy with history of infertility

QA43.1 Supervision of pregnancy with history of abortive outcome

Exclusions: Recurrent pregnancy loss (GA33)

Pregnancy care of habitual aborter (JA65.4)

QA43.2 Supervision of pregnancy with other poor reproductive or obstetric history

QA43.3 Supervision of pregnancy with history of insufficient antenatal care

QA43.30 Concealed pregnancy

QA43.3Y Other specified supervision of pregnancy with history of insufficient antenatal care

QA43.3Z Supervision of pregnancy with history of insufficient antenatal care, unspecified

QA43.4 Supervision of elderly primigravida

QA43.5 Supervision of very young primigravida

QA43.6 Supervision of high-risk pregnancy due to social problems

QA43.Y Other specified supervision of high-risk pregnancy

QA43.Z Supervision of high-risk pregnancy, unspecified

QA44 Expectant parent pre-birth visit

Encounter for the provision of prenatal counselling to prospective parents where there is no identified fetal condition/anomaly or consultative services when referred by another physician due to an identified fetal condition/anomaly.

QA45 Antenatal screening

Antenatal screening is a way of assessing whether the unborn baby could develop or has developed an abnormality or other condition during pregnancy.

Exclusions: routine prenatal care (QA42)

Clinical findings on antenatal screening of mother (JA66)

QA45.0 Antenatal screening for chromosomal anomalies

QA45.1 Antenatal screening due to raised alphafetoprotein level

QA45.Y Other specified antenatal screening

QA45.Z Antenatal screening, unspecified

QA46 Outcome of delivery

Coding Note: This category is intended for use as an additional code to identify the outcome of delivery on the mother's record.

QA46.0 Single live birth

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.1 Single stillbirth

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.2 Twins, both liveborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.3 Twins, one liveborn and one stillborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.4 Twins, both stillborn

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.5 Triplets, all liveborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.6 Triplets, some liveborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.7 Triplets, all stillborn

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.8 Quadruplets, all liveborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.9 Quadruplets, some liveborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.A Quadruplets, all stillborn

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.B Quintuplets, all liveborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.C Quintuplets, some liveborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.D Quintuplets, all stillborn

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.E Sextuplets, all liveborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.F Sextuplets, some liveborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.G Sextuplets, all stillborn

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.H Other multiple births, all liveborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

QA46.J Other multiple births, some liveborn

Live birth is the complete expulsion or extraction from a woman of a fetus, irrespective of the duration of the pregnancy, which, after such separation, shows signs of life.

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.K Other multiple births, all stillborn

Stillbirth is the complete expulsion or extraction from a woman of a fetus, following its death prior to the complete expulsion or extraction, at 22 or more completed weeks of gestation.

Stillbirths are distinct from cases of induced abortion.

When information on gestational age is unavailable use birthweight 500 grams and more as the criteria.

QA46.Z Outcome of delivery, unspecified

Coding Note: This category is intended for use as an additional code to identify the outcome of delivery on the mother's record.

QA47 Liveborn infants according to place of birth

QA47.0 Singleton, born in hospital

QA47.00 Single liveborn infant, delivered vaginally

QA47.01 Single liveborn infant, delivered by caesarean

QA47.0Y Other specified singleton, born in hospital

QA47.0Z Singleton, born in hospital, unspecified

QA47.1 Singleton, born outside hospital

QA47.2 Singleton, unspecified as to place of birth

QA47.3 Twin, born in hospital

QA47.30 Twin liveborn infant, delivered vaginally

QA47.31 Twin liveborn infant, delivered by caesarean

QA47.3Y Other specified twin, born in hospital

QA47.3Z Twin, born in hospital, unspecified

QA47.4 Twin, born outside hospital

QA47.5 Twin, unspecified as to place of birth

QA47.6 Multiple other than twins, born in hospital

QA47.60 Multiple other than twins, delivered vaginally

QA47.61 Multiple other than twins, delivered by caesarean section

QA47.6Y Other specified multiple other than twins, born in hospital

QA47.6Z Multiple other than twins, born in hospital, unspecified

QA47.7 Multiple other than twins, born outside hospital

QA47.8 Other multiple, unspecified as to place of birth

QA47.Z Liveborn infants according to place of birth, unspecified

QA48 Postpartum care or examination

QA48.0 Care or examination immediately after delivery

Exclusions: Complications predominantly related to the puerperium (JB40‑JB4Z)

QA48.1 Care or examination of lactating mother

Exclusions: Certain specified disorders of breast or lactation associated with childbirth (JB46)

QA48.2 Routine postpartum follow-up

QA48.Y Other specified postpartum care or examination

QA48.Z Postpartum care or examination, unspecified

QA49 Problems related to unwanted pregnancy

Exclusions: Supervision of high-risk pregnancy due to social problems (QA43.6)

QA4A Problems related to multiparity

Exclusions: Supervision of pregnancy with grand multiparity (QA43)

QA4B Contact with health services for menopausal counselling

A reason for encounter to counsel an individual's queries or complaints regarding menopause.

QA4Y Other specified contact with health services for reasons associated with reproduction

QA4Z Contact with health services for reasons associated with reproduction, unspecified

Health care related circumstances influencing the episode of care without injury or harm (QA50‑QB0Z)

Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm (QA50‑QA5Z)

Exclusions: Mode of injury or harm associated with a surgical or other medical procedure (PL11)

QA50 Embolisation without injury or harm

An embolisation without documented injury or harm occurs when a solid object within the venous or arterial circulation propagates to a distal location and becomes lodged there.

Exclusions: Embolisation, as mode of injury or harm (PL11.2)

QA51 Foreign body accidentally left in body without injury or harm

A foreign body is any solid material not normally found in the human body. It is accidentally left in the body if there was no specific intention to keep it in the body.

Exclusions: Foreign body accidentally left in body, as mode of injury or harm (PL11.3)

QA52 Failure of sterile precautions without injury or harm

Standard procedures designed to minimize the risk of hospital acquired infection were not followed or were insufficient, without documented injury or harm.

Exclusions: Failure of sterile precautions, as mode of injury or harm (PL11.4)

QA53 Pressure as potential mode of injury without injury or harm

Pressure as a potential mode of injury, includes factors such as: body positioning, retractors, or other instruments with direct pressure, without documented injury or harm.

Exclusions: Pressure, as mode of injury or harm (PL11.6)

QA5Y Other specified circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm

QA5Z Circumstances associated with a surgical or other medical procedure influencing the episode of care, without injury or harm, unspecified

Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm (QA60‑QA6Z)

Exclusions: Mode of injury or harm associated with a surgical or other medical device, implant or graft (PL12)

QA60 Structural device failure without injury or harm

Mechanical or material device failure not related to the installation of the device without any documented injury or harm.

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

Structural device failure, as mode of injury or harm (PL12.0)

QA61 Functional device failure without injury or harm

A device not working or operating correctly, or that has stopped functioning after a period of function, but without documented injury or harm to the patient.

Exclusions: Retained intrauterine device without injury or harm in non-pregnant uterus (QA21.60)

Retained intrauterine contraceptive device in pregnancy (JA65.5)

Breakage of device without documented injury or harm (QA60)

Functional device failure, as mode of injury or harm (PL12.1)

QA62 Dislodgement, misconnection or de-attachment of a surgical or medical device without injury or harm

A device that has moved out of place, become disconnected, loosened or unstable, but without documented injury or harm.

Exclusions: Dislodgement, misconnection or de-attachment, as mode of injury or harm (PL12.4)

QA63 Obstruction of device without injury or harm

A device that has become obstructed or blocked but without any documented injury or harm.

Exclusions: Obstruction of device, as mode of injury or harm (PL12.3)

QA64 Operator error without injury or harm

Incorrect, or improper maintenance or installation of device without documented injury or harm due to operator error.

Exclusions: Operator error, as mode of injury or harm (PL12.5)

QA65 Combination or interaction of operator error and device failure without injury or harm

Combination of device failure (structural or functional) and process/procedural error (poor training, maintenance, incorrect installation) in device use or maintenance without documented injury or harm.

Exclusions: Combination or interaction of operator error and device failure, as mode of injury or harm (PL12.6)

QA6Y Other specified circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm

QA6Z Circumstances associated with a surgical or other medical device influencing the episode of care without injury or harm, unspecified

Circumstances associated with exposure to a drug, medicament or biological substance influencing the episode of care without injury or harm (QA70‑QA7Z)

Exclusions: Mode of injury or harm associated with exposure to a drug, medicament or biological substance (PL13)

QA70 Overdose of substance without injury or harm

Overdose of a substance occurs when a patient is given more of a prescribed drug or other substance than is intended. Can be the result of inaccurate measurement of drug, including oral administration. No injury or harm occurred as a result.

Exclusions: Overdose of substance, as mode of injury or harm (PL13.0)

QA71 Underdosing without injury or harm

Under-dosing occurs when a patient takes less of a medication than is prescribed by the provider or the manufacturer's instructions without documented injury or harm. This can be the result of inaccurate measurement of a drug, including oral administration. No injury or harm occurred as a result.

Exclusions: Underdosing, as mode of injury or harm (PL13.1)

QA72 Incorrect substance without injury or harm

Incorrect substance administration occurs when a substance is given which was not the intended or prescribed drug and does not result in injury or harm.

Exclusions: Incorrect substance, as mode of injury or harm (PL13.3)

QA73 Incorrect route of administration without injury or harm

Incorrect or wrong route of administration without documented injury or harm.

Exclusions: Incorrect route of drug or medicament, as mode of injury (PL13.50)

QA74 Unspecified appropriateness of dosing or administration without injury or harm

Unspecified administration of dosage or route without documented injury or harm.

Exclusions: Delayed treatment without injury or harm (QA8B)

QA75 Incorrect duration of administration or course of therapy without injury or harm

Incorrect duration of administration or course of therapy including extended period of time or too brief in duration without documented injury or harm.

Exclusions: Incorrect duration of drug or medicament, as mode of injury (PL13.53)

QA76 Medication or substance that is known to be an allergen without injury or harm

Medication that has previously been identified as an allergen to the patient is administered, but does not result in injury or harm.

Exclusions: Medication or substance that is known to be an allergen, as mode of injury or harm (PL13.6)

QA77 Medication or substance that is known to be contraindicated for the patient without injury or harm

Prescription or non-prescription drug or other substance that has a medical reason for why it should not be used that is administered and does not result in injury or harm.

Exclusions: Medication or substance that is known to be an allergen without injury or harm (QA76)

Medication or substance that is known to be contraindicated for the patient, as mode of injury or harm (PL13.7)

QA78 Expired or deteriorated medication or substance without injury or harm

Administration of a medication that has passed the manufacturer’s expiration date. Administration of a medication which has become impaired or inferior in quality, functioning, or condition. No injury or harm occurred as a result.

Exclusions: Expired or deteriorated medication or substance, as mode of injury or harm (PL13.8)

QA79 Drug or substance interactions without injury or harm

A drug interaction is a situation in which a substance affects the activity of another drug when both are administered together. Includes increased effectiveness, decreased effectiveness or a new effect that is not produced from either drug on its own. No injury or harm occurred as a result.

Exclusions: Drug or substance interactions, as mode of injury or harm (PL13.9)

QA7A Inappropriate stoppage or discontinuation of drug without injury or harm

Drug administration cancelled before prescribed or patient stopped taking drug without provider instructions. No injury or harm occurred as a result.

Exclusions: Inappropriate stoppage or discontinuation of drug, as mode of injury or harm (PL13.A)

QA7Y Other specified circumstances associated with exposure to a drug, medicament or biological substance influencing the episode of care without injury or harm

QA7Z Circumstances associated with exposure to a drug, medicament or biological substance influencing the episode of care without injury or harm, unspecified

Circumstances associated with other aspects of care influencing the episode of care without injury or harm (QA80‑QA8Z)

QA80 Non-administration of necessary drug without injury or harm

Prescribed drug not given. Missed dose, drug not started, drug delayed resulting in missed dose, but no documented injury or harm resulted.

Exclusions: Delayed treatment without injury or harm (QA8B)

Non-administration of necessary drug (PL14.0)

QA81 Non-provision of necessary procedure without injury or harm

Medically ordered procedure not performed in the episode of care (interrupted, cancelled).

Exclusions: Delayed treatment without injury or harm (QA8B)

Non provision of necessary procedure (PL14.1)

QA82 Problem associated with physical transfer of patient without injury or harm

Fall, bump, slip, entanglement, drop of patient during movement with healthcare personnel, without documented injury or harm

Exclusions: Problem associated with physical transfer of patient (PL14.2)

QA83 Mismatched blood used in transfusion without injury or harm

Blood product (e.g. packed red blood cells, platelets, plasma) improperly matched with patient; wrong blood product administered to patient without documented injury or harm.

Exclusions: Mismatched blood used in transfusion (PL14.3)

QA84 Other problem with transfusion without injury or harm

Transfusion interruption or delay (e.g. took too long to administer – clotted or had to be discarded); transfusion line issues: cracked, leaked a substantial amount of blood so that insufficient amount reached patient; large amount of air infused without documented injury or harm.

Exclusions: Other problem associated with transfusion (PL14.4)

QA85 Problem with physical restraints without injury or harm

Restraints not attached properly and not effective (e.g. restraints came undone); restraint broken; restraint too tight but problem identified before injury occurred

Exclusions: Problem associated with physical restraints (PL14.5)

QA86 Problem with isolation protocol without injury or harm

Patient not monitored as frequently as required or ordered; or patient mistakenly or inappropriately put on isolation; or isolation technique broken and contamination possible by patient, health provider, or visitor. No injury or harm resulted.

Exclusions: Problem associated with isolation protocol (PL14.6)

QA87 Problem with clinical documentation without injury or harm

Documentation on wrong patient; incomplete documentation; incorrect documentation identified as inconsistent with other source, but without documented injury or harm to the patient.

Exclusions: Problem associated with clinical documentation (PL14.7)

QA88 Problem with clinical software without injury or harm

Software malfunction causing interruption in processing of patient orders, laboratory or other diagnostic results, data entry, electronic communication, or data output, but without documented injury or harm.

Exclusions: Problem associated with clinical software (PL14.8)

QA89 Incorrect diagnosis without injury or harm

Diagnosis changed after further study and as a result, treatment was incorrect; misdiagnosis; conflicting diagnoses

Exclusions: Incorrect diagnosis (PL14.9)

QA8A Delayed diagnosis without injury or harm

Diagnosis not established in a timely manner; symptoms but no diagnosis were documented. In this situation, no documented injury or harm resulted.

Exclusions: Delayed diagnosis (PL14.A)

QA8B Delayed treatment without injury or harm

Delayed commencement of therapy (e.g. drug therapy, physical therapy, occupational therapy, radiation therapy, surgery, psychological or psychiatric therapy, dressing change, irrigation, etc.).

delayed surgery or procedure

delayed administration of drug or medicament

Exclusions: Delayed treatment (PL14.B)

QA8C Problem with transitions of care, hand offs, or handovers without injury or harm

Miscommunication, errors, or no communication when changing setting of care from one patient care unit, department, or institution to another

Exclusions: Problem associated with transitions of care, hand offs, or handovers (PL14.D)

QA8D Patient received diagnostic test or treatment intended for another patient without injury or harm

Patient order for testing or treatment performed on wrong patient (e.g. lab test, diagnostic imaging test, physical or psychological therapy, dressing change, irrigation, etc.).

Patient received drug or medicament meant for another patient, but no harm resulted.

Exclusions: Patient received diagnostic test or treatment intended for another patient (PL14.C)

QA8E Fall in health care without injury or harm

Exclusions: Fall in health care with injury or harm (PL14.E)

QA8F Needle stick without injury or harm

Exclusions: Needle stick associated with injury or harm in therapeutic use (PK81.F)

QA8Y Other specified circumstances associated with other aspects of care influencing the episode of care without injury or harm

QA8Z Circumstances associated with other aspects of care influencing the episode of care without injury or harm, unspecified

QB0Y Other specified health care related circumstances influencing the episode of care without injury or harm

QB0Z Health care related circumstances influencing the episode of care without injury or harm, unspecified

Factors related to medical facilities and other health care (QB10‑QB1Z)

QB10 Medical services not available in home

Exclusions: Difficulty or need for assistance with activities (QF20‑QF2Z)

QB11 Person awaiting admission to adequate facility elsewhere

QB12 Waiting period for investigation or treatment other than awaiting admission to adequate facility elsewhere

QB12.0 Organ transplant candidate

QB12.Y Other specified waiting period for investigation or treatment other than awaiting admission to adequate facility elsewhere

QB12.Z Waiting period for investigation or treatment other than awaiting admission to adequate facility elsewhere, unspecified

QB13 Unavailability or inaccessibility of helping agencies other than health care facilities

QB14 Unavailability or inaccessibility of health care facilities

Exclusions: bed unavailable (QB11)

QB15 Medical services not available in current medical facility

QB16 Respite care

Provision of temporary health-care facilities to a person normally cared for at home.

QB1Y Other specified factors related to medical facilities and other health care

QB1Z Factors related to medical facilities and other health care, unspecified

Donors of organs or tissues (QB20‑QB2Z)

Exclusions: Examination of potential donor of organ or tissue (QA00.4)

Coded Elsewhere: Stem cell donor (QB20)

QB20 Blood donor

Blood donor is a human being who is a source of blood for the purpose of transfusion.

QB21 Bone marrow donor

Bone marrow donor is a human being who is a source of bone marrow for the purpose of transplantation.

QB22 Kidney donor

Kidney donor is a human being, who is a source of a kidney for the purpose of transplantation.

QB23 Cornea donor

Cornea donor is a human being, who is a source of a cornea for the purpose of transplantation.

QB24 Liver donor

Liver donor is a human being, who is a source of a liver for the purpose of transplantation.

QB25 Heart donor

Heart donor is a human being, who is a source of a heart for the purpose of transplantation.

QB2Y Donors of other specified organs or tissues

QB2Z Donors of organs or tissues, unspecified

Fitting, adjustment or management of devices (QB30‑QB3Z)

Exclusions: Contact with health services for issue of repeat prescription (QB92)

Presence of devices other than cardiac or vascular implants (QB51)

malfunction or other complications of device (NE80‑NE8Z)

QB30 Adjustment or management of implanted devices

QB30.0 Adjustment or management of implanted hearing device

QB30.00 Adjustment or management of bone conduction device

QB30.01 Adjustment or management of cochlear device

QB30.0Y Adjustment or management of other implanted hearing device

QB30.0Z Adjustment or management of implanted hearing device, unspecified

QB30.1 Adjustment or management of infusion pump

QB30.2 Adjustment or management of cardiac devices

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

QB30.20 Adjustment or management of cardiac pacemaker

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

QB30.21 Adjustment or management of cardiac resynchronization therapy defibrillator

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

QB30.22 Adjustment or management of cardiac resynchronization therapy pacemaker

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

QB30.23 Adjustment or management of cardioverter-defibrillator

Exclusions: Dysfunction or complication of pacemaker, pacemaker lead or implantable cardioverter defibrillator, not elsewhere classified (NE82)

QB30.2Y Other specified adjustment or management of cardiac devices

QB30.2Z Adjustment or management of cardiac devices, unspecified

QB30.3 Adjustment or management of vascular access device

QB30.4 Adjustment or management of implanted gastric device

QB30.5 Fitting or adjustment of urinary device

QB30.6 Adjustment or management of breast implant

QB30.7 Adjustment or removal of myringotomy stent or tube

QB30.8 Adjustment and management of a neurostimulator

QB30.9 Fitting or adjustment of cerebrospinal fluid drainage device

QB30.A Fitting or adjustment of neuropacemaker

QB30.Y Fitting, adjustment or management of other specified implanted devices

QB30.Z Adjustment or management of implanted devices, unspecified

QB31 Fitting, adjustment or management of external devices

Coded Elsewhere: Fitting or adjustment of urinary device (QB30.5)

Adjustment and management of a neurostimulator (QB30.8)

Fitting or adjustment of cerebrospinal fluid drainage device (QB30.9)

Fitting or adjustment of neuropacemaker (QB30.A)

Fitting or adjustment of devices related to nervous system or special senses (QB30.Z)

QB31.0 Fitting or adjustment of external prosthetic device

Exclusions: presence of prosthetic device (QB50‑QB5Z)

QB31.00 Fitting or adjustment of artificial arm

QB31.01 Fitting or adjustment of artificial leg

QB31.02 Fitting or adjustment of artificial eye

QB31.03 Fitting or adjustment of external breast prosthesis

QB31.0Y Other specified fitting or adjustment of external prosthetic device

QB31.0Z Fitting or adjustment of external prosthetic device, unspecified

QB31.1 Fitting or adjustment of orthopaedic device

QB31.2 Fitting or adjustment of orthodontic device

QB31.3 Fitting or adjustment of dental prosthetic device

QB31.4 Fitting or adjustment of hearing aid

QB31.5 Fitting or adjustment of spectacles or contact lenses

QB31.Y Fitting, adjustment or management of other specified external devices

QB31.Z Fitting, adjustment or management of external devices, unspecified

QB3Z Fitting, adjustment or management of devices, unspecified

Dependence on enabling machines or devices (QB40‑QB4Z)

QB40 Dependence on aspirator

QB41 Dependence on respirator

QB42 Dependence on renal dialysis

Inclusions: renal dialysis status

Exclusions: dialysis preparation, treatment or session (QB94)

QB43 Dependence on artificial heart

QB44 Dependence on wheelchair

QB4Y Dependence on other specified machine or device

QB4Z Dependence on unspecified machine or device

Presence of device, implants or grafts (QB50‑QB5Z)

QB50 Presence of cardiac or vascular implants or grafts

QB50.0 Presence of electronic cardiac devices

Exclusions: Adjustment or management of cardiac devices (QB30.2)

QB50.00 Presence of cardiac pacemaker

QB50.01 Presence of cardiac resynchronization therapy defibrillator

QB50.02 Presence of cardiac resynchronization therapy pacemaker

QB50.03 Presence of cardioverter-defibrillator

QB50.0Y Other specified presence of electronic cardiac devices

QB50.0Z Presence of electronic cardiac devices, unspecified

QB50.1 Presence of aortocoronary bypass graft

QB50.2 Presence of prosthetic heart valve

QB50.3 Presence of xenogenic heart valve

QB50.4 Presence of coronary angioplasty implant or graft

QB50.Y Presence of other specified cardiac or vascular implants or grafts

QB50.Z Presence of unspecified cardiac or vascular implants or grafts

QB51 Presence of devices other than cardiac or vascular implants

Exclusions: Fitting, adjustment or management of devices (QB30‑QB3Z)

QB51.0 Presence of a neurostimulator

QB51.1 Presence of urogenital implants

QB51.2 Presence of intraocular lens

QB51.3 Presence of otological or audiological implants

QB51.4 Presence of artificial larynx

QB51.5 Presence of endocrine implants

Inclusions: presence of insulin pump

QB51.6 Presence of tooth-root or mandibular implants

QB51.7 Presence of orthopaedic joint implants

QB51.8 Presence of artificial eye

QB51.9 Presence of artificial limb

QB51.A Presence of dental prosthetic device

QB51.B Presence of external hearing-aid

QB51.C Presence of contraceptive device

Exclusions: Contact with health services for insertion of contraceptive device (QA21.2)

Surveillance of contraceptive device (QA21.6)

QB51.D Presence of cerebrospinal fluid drainage device

QB51.Y Presence of other specified devices other than cardiac or vascular implants

QB5Z Presence of unspecified device

Surgical or postsurgical states (QB60‑QB6Z)

Exclusions: Convalescence (QB70‑QB7Z)

Coded Elsewhere: After-cataract (9B10.22)

Presence of intraocular lens (QB51.2)

Presence of cataract surgery (9B1Z)

QB60 Presence of arthrodesis

QB61 Presence of artificial opening

Exclusions: Malfunction or complication of external stoma of urinary tract (GC74)

Attention to artificial openings (QB62)

Tracheostomy malfunction (CB60)

Malfunction or complication of external stoma of digestive organs (DE12)

QB61.0 Presence of tracheostomy

QB61.1 Presence of thoracostomy

QB61.2 Presence of gastrostomy

QB61.3 Presence of enterostomy

QB61.30 Presence of ileostomy

QB61.3Y Other specified presence of enterostomy

QB61.3Z Presence of enterostomy, unspecified

QB61.4 Presence of colostomy

QB61.5 Presence of cystostomy

QB61.6 Presence of nephrostomy

QB61.7 Presence of ureterostomy

QB61.8 Presence of urethrostomy

QB61.Y Presence of other artificial opening

QB61.Z Presence of artificial opening, unspecified

QB62 Attention to artificial openings

Exclusions: fitting and adjustment of prosthetic and other devices (QB30‑QB3Z)

complications of external stoma (CB60)

artificial opening status only, without need for care (QB61)

Malfunction or complication of external stoma of digestive organs (DE12)

Malfunction or complication of external stoma of urinary tract (GC74)

QB62.0 Attention to tracheostomy

QB62.1 Attention to gastrostomy

QB62.2 Attention to ileostomy

QB62.3 Attention to colostomy

QB62.4 Attention to cystostomy

QB62.5 Attention to artificial vagina

QB62.6 Attention to nephrostomy

QB62.7 Attention to ureterostomy

QB62.8 Attention to urethrostomy

QB62.Y Attention to other artificial openings

QB62.Z Attention to artificial openings, unspecified

QB63 Presence of transplanted organ or tissue

Inclusions: organ or tissue replaced by heterogenous or homogenous transplant

Exclusions: Failure or rejection of transplanted organs or tissues (NE84)

Presence of cardiac or vascular implants or grafts (QB50)

Presence of xenogenic heart valve (QB50.3)

QB63.0 Presence of transplanted kidney

Inclusions: kidney transplant status

QB63.1 Presence of transplanted heart

Exclusions: Presence of heart-valve replacement other than prosthetic or xenogenic (QB50)

QB63.2 Presence of transplanted lung

QB63.3 Presence of transplanted liver

QB63.4 Presence of transplanted skin

QB63.5 Presence of transplanted bone

QB63.6 Presence of transplanted bone marrow

QB63.7 Presence of transfused blood

QB63.8 Presence of transplanted stem cell

QB63.9 Presence of transplanted cornea

QB63.Y Presence of other transplanted organ or tissue

QB63.Z Presence of transplanted organ or tissue, unspecified

QB6Y Other specified surgical or postsurgical states

QB6Z Surgical or postsurgical states, unspecified

Convalescence (QB70‑QB7Z)

Convalescence is the period in which the body recovers from a serious illness, injury or surgery.

QB70 Convalescence following chemotherapy

QB71 Convalescence following psychotherapy

QB72 Convalescence following treatment of fracture

QB73 Convalescence following combined treatment

Convalescence following any combination of rehabilitation treatments including cardiac rehabilitation, alcohol rehabilitation, drug rehabilitation, psychotherapy, and physical therapy

QB7Y Other specified convalescence

QB7Z Convalescence, unspecified

Contact with health services for specific surgical interventions (QB80‑QB8Z)

Coding Note: Codes in this category are intended for use to indicate a reason for care when no specific diagnosis has been documented. They may be used for patients who have already been treated for a disease or injury, but who are receiving follow-up or prophylactic care, convalescent care, or care to consolidate the treatment, to deal with residual states, to ensure that the condition has not recurred, or to prevent recurrence.

Exclusions: follow-up examination for medical surveillance after treatment (QA00‑QA0Z)

QB80 Contact with health services for prophylactic surgery

QB80.0 Contact with health services for prophylactic surgery for risk-factors related to malignant neoplasms

QB80.Y Other specified contact with health services for prophylactic surgery

QB80.Z Contact with health services for prophylactic surgery, unspecified

QB81 Contact with health services for plastic surgery for unacceptable cosmetic appearance other than hair transplant

Exclusions: plastic and reconstructive surgery following healed injury or operation (QB83)

QB82 Contact with health services for routine or ritual circumcision

QB83 Follow-up care involving plastic surgery

Inclusions: plastic and reconstructive surgery following healed injury or operation

repair of scarred tissue

QB84 Follow-up care involving removal of fracture plate or other internal fixation device

Exclusions: removal of external fixation device (QB80‑QB8Z)

QB85 Attention to surgical dressings, drains or sutures

QB86 Contact with health services for hair transplant

QB8Y Contact with health services for other specified surgical interventions

Coding Note: Codes in this category are intended for use to indicate a reason for care when no specific diagnosis has been documented. They may be used for patients who have already been treated for a disease or injury, but who are receiving follow-up or prophylactic care, convalescent care, or care to consolidate the treatment, to deal with residual states, to ensure that the condition has not recurred, or to prevent recurrence.

QB8Z Contact with health services for specific surgical interventions, unspecified

Coding Note: Codes in this category are intended for use to indicate a reason for care when no specific diagnosis has been documented. They may be used for patients who have already been treated for a disease or injury, but who are receiving follow-up or prophylactic care, convalescent care, or care to consolidate the treatment, to deal with residual states, to ensure that the condition has not recurred, or to prevent recurrence.

Contact with health services for nonsurgical interventions not involving devices (QB90‑QB9Z)

QB90 Contact with health services for ear piercing

QB91 Contact with health services for piercing of body site other than ear

QB92 Contact with health services for issue of repeat prescription

Exclusions: Issue of medical certificate (QA01.7)

repeat prescription for contraceptive (QA21.5)

QB93 Contact with health services for orthodontic care

QB94 Care involving dialysis

Care involving dialysis includes the preparation and maintenance of the patient and carer(s) on dialysis whether extracorporeal or peritoneal dialysis. This includes, but is not confined to: education, counselling, assessment and management of co-morbidities, prevention and management of infections (particularly blood borne) and psychosocial assessment and support.

Inclusions: dialysis preparation and treatment

Exclusions: renal dialysis status (QB42)

QB94.0 Preparatory care for dialysis

Preparatory care for dialysis may include the assessment, education and counselling of the patient and carer(s) to facilitate psychosocial adjustment, choice of dialysis modality (including site – home, satellite, hospital) and timing of commencement, identification and management of social and physical barriers to dialysis or specific modalities. This may include preparation of the patient for dialysis access modalities including creation of fistula and/or insertion of dialysis catheter.

QB94.1 Care involving extracorporeal dialysis

QB94.2 Care involving peritoneal dialysis

QB94.Y Care involving other specified dialysis

QB94.Z Care involving dialysis, unspecified

QB95 Care involving use of rehabilitation procedures

Exclusions: Contact with health services for counselling (QA10‑QA1Z)

QB95.0 Cardiac rehabilitation

Cardiac rehabilitation is a medically supervised program that helps improve the health and well-being of people who have heart problems.

Cardiac rehabilitation aims to reverse limitations experienced by patients who have suffered the adverse pathophysiologic and psychological consequences of cardiac events.

QB95.1 Physical rehabilitation

Exclusions: Cardiac rehabilitation (QB95.0)

QB95.2 Alcohol rehabilitation

Alcohol rehabilitation is defined as the process that begins when alcohol users come into contact with a health provider or service, and continues through a succession of specific interventions until the highest attainable level of health and well-being is reached.

QB95.3 Drug rehabilitation

Drug rehabilitation is defined as the process that begins when drug users come into contact with a health provider or service, and continues through a succession of specific interventions until the highest attainable level of health and well-being is reached.

Exclusions: Tobacco rehabilitation (QB95.8)

QB95.4 Psychotherapy

QB95.5 Speech therapy

QB95.6 Orthoptic training

QB95.7 Occupational therapy or vocational rehabilitation

QB95.8 Tobacco rehabilitation

QB95.Y Care involving use of other specified rehabilitation procedures

QB95.Z Care involving use of rehabilitation procedures, unspecified

QB96 Radiotherapy session

QB97 Chemotherapy session for neoplasm

QB98 Blood transfusion without reported diagnosis

QB99 Apheresis

QB9A Preparatory care for subsequent treatment

Exclusions: Preparatory care for dialysis (QB94.0)

QB9B Palliative care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of pain and other problems – physical, psychosocial and spiritual.

QB9C Allergen immunotherapy

Allergen immunotherapy (AIT) is the stimulation of the immune system with the administration of gradually increasing doses of the substance/allergen to which the patient is allergic. AIT is indicated in the treatment of many allergic conditions, such as allergic rhinitis, allergic asthma, allergic conjunctivitis, IgE-mediated food allergies among others.

QB9Y Other specified contact with health services for nonsurgical interventions not involving devices

QB9Z Contact with health services for nonsurgical interventions not involving devices, unspecified

Contact with health services related to immunizations or certain other prophylactic measures (QC00‑QC0Z)

QC00 Need for immunization against single bacterial diseases

Exclusions: Need for immunization against combinations of infectious diseases (QC03)

Immunization not carried out (QC04)

QC00.0 Need for immunization against cholera alone

QC00.1 Need for immunization against typhoid-paratyphoid alone

QC00.2 Need for immunization against tuberculosis

QC00.3 Need for immunization against plague

QC00.4 Need for immunization against tularaemia

QC00.5 Need for immunization against tetanus alone

QC00.6 Need for immunization against diphtheria alone

QC00.7 Need for immunization against pertussis alone

QC00.Y Other specified need for immunization against single bacterial diseases

QC00.Z Need for immunization against single bacterial diseases, unspecified

QC01 Need for immunization against certain single viral diseases

Exclusions: Need for immunization against combinations of infectious diseases (QC03)

Immunization not carried out (QC04)

QC01.0 Need for immunization against poliomyelitis

QC01.1 Need for immunization against arthropod-borne viral encephalitis

QC01.2 Need for immunization against rabies

QC01.3 Need for immunization against yellow fever

QC01.4 Need for immunization against measles alone

QC01.5 Need for immunization against rubella alone

QC01.6 Need for immunization against viral hepatitis

QC01.7 Need for immunization against mumps alone

QC01.8 Need for immunization against influenza

QC01.9 Need for immunization against COVID-19

Exclusions: Immunization not carried out (QC04)

QC01.Y Other specified need for immunization against certain single viral diseases

QC01.Z Need for immunization against certain single viral diseases, unspecified

QC02 Need for immunization against certain specified single infectious diseases

Exclusions: Need for immunization against combinations of infectious diseases (QC03)

Immunization not carried out (QC04)

QC02.0 Need for immunization against leishmaniasis

QC02.Y Other specified need for immunization against certain specified single infectious diseases

QC02.Z Need for immunization against certain specified single infectious diseases, unspecified

QC03 Need for immunization against combinations of infectious diseases

Exclusions: Immunization not carried out (QC04)

QC03.0 Need for immunization against cholera with typhoid-paratyphoid

QC03.1 Need for immunization against diphtheria-tetanus-pertussis, combined

QC03.2 Need for immunization against diphtheria-tetanus-pertussis with typhoid-paratyphoid

QC03.3 Need for immunization against diphtheria-tetanus-pertussis with poliomyelitis

QC03.4 Need for immunization against measles-mumps-rubella

QC03.Y Other specified need for immunization against combinations of infectious diseases

QC03.Z Need for immunization against combinations of infectious diseases, unspecified

QC04 Immunization not carried out

QC04.0 Immunization not carried out due to patient having had the disease

QC04.1 Immunization not carried out because of acute illness

QC04.2 Immunization not carried out because of chronic illness or condition of patient

QC04.3 Immunization not carried out because of immune-compromised state of patient

QC04.4 Immunization not carried out because of patient allergy to vaccine or component

QC04.5 Immunization not carried out because of patient refusal

QC04.6 Immunization not carried out because of caregiver refusal

QC04.7 Immunization not carried out due to lack of availability

QC04.Y Immunization not carried out for other reasons

QC04.Z Immunization not carried out for unspecified reason

QC05 Need for certain specified other prophylactic measures

Exclusions: Contact with health services for prophylactic surgery (QB80)

Allergen immunotherapy (QB9C)

QC05.0 Isolation

Isolation is the 'separation, for the period of communicability, of infected persons from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible to infection or who may spread agent to others'. Isolation measures can be undertaken in hospitals or homes, as well as in alternative facilities.

QC05.1 Prophylactic immunotherapy

QC05.Y Other specified prophylactic measures

QC05.Z Prophylactic measures, unspecified

QC06 Underimmunization status

QC0Y Other specified contact with health services related to immunizations or certain other prophylactic measures

QC0Z Contact with health services related to immunizations or certain other prophylactic measures, unspecified

Interventions not carried out (QC10‑QC1Z)

Exclusions: Immunization not carried out (QC04)

Non provision of necessary procedure associated with injury or harm (PL14.1)

Non-provision of necessary procedure without injury or harm (QA81)

QC10 Procedure not carried out because of contraindication

QC11 Procedure not carried out because of patient's decision for reasons of belief or group pressure

QC12 Procedure not carried out because of patient's decision for reasons other than belief or group pressure

QC1Y Intervention not carried out for other reasons

QC1Z Intervention not carried out, unspecified reason

Contact with health services associated with the health of others (QC20‑QC2Z)

QC20 Person consulting on behalf of another person

Exclusions: anxiety (normal) about sick person in family (QE50)

QC20.0 Partner illness problem

QC20.1 Illness problem with child

QC20.Y Other specified person consulting on behalf of another person

QC20.Z Person consulting on behalf of another person, unspecified

QC21 Healthy person accompanying sick person

QC22 Health supervision or care of abandoned infant

QC2Y Other specified contact with health services associated with the health of others

QC2Z Contact with health services associated with the health of others, unspecified

QC30 Malingering

Malingering is the feigning, intentional production or significant exaggeration of physical or psychological symptoms, or intentional misattribution of genuine symptoms to an unrelated event or series of events when this is specifically motivated by external incentives or rewards such as escaping duty or work; mitigating punishment; obtaining medications or drugs; or receiving unmerited recompense such as disability compensation or personal injury damages award

Exclusions: peregrinating patient (6D50)

Factitious disorders (6D50‑6D5Z)

Bodily distress disorder (6C20)

Factitious disorder imposed on another (6D51)

Factitious disorder imposed on self (6D50)

Hypochondriasis (6B23)

Personal or family history or late effect of prior health problems (QC40‑QC8Z)

Exclusions: follow-up examination (QA00‑QA0Z)

Maternal care for known or suspected fetal abnormality or damage (JA85)

Convalescence (QB70‑QB7Z)

Special screening examination for infectious diseases (QA08)

Mental, behavioural or neurodevelopmental disorders (Chapter 06)

Special screening examination for neoplasms (QA09)

Special screening examination for other diseases or disorders (QA0A)

Occupational exposure to risk-factors (QD84)

Personal history of health problems (QC40‑QC4Z)

Exclusions: Problems associated with health behaviours (QE10‑QE2Z)

QC40 Personal history of malignant neoplasm

Exclusions: Convalescence (QB70‑QB7Z)

QC40.0 Personal history of malignant neoplasm of digestive organs

QC40.1 Personal history of malignant neoplasm of trachea, bronchus or lung

QC40.2 Personal history of malignant neoplasm of respiratory or intrathoracic organs other than the digestive organs, trachea, bronchus or lung

QC40.3 Personal history of malignant neoplasm of breast

QC40.4 Personal history of malignant neoplasm of genital organs

QC40.5 Personal history of malignant neoplasm of urinary tract

QC40.6 Personal history of leukaemia

QC40.7 Personal history of other malignant neoplasms of lymphoid, haematopoietic or related tissues

QC40.Y Personal history of malignant neoplasm of other specified site

QC40.Z Personal history of malignant neoplasm of unspecified site

QC41 Personal history of non-malignant neoplasms

Exclusions: Personal history of malignant neoplasm (QC40)

QC42 Personal history of infectious or parasitic diseases

QC42.0 Personal history of COVID-19

QC42.Y Other specified personal history of infectious or parasitic diseases

QC42.Z Personal history of infectious or parasitic diseases, unspecified

QC43 Personal history of diseases of the blood or blood-forming organs

QC44 Personal history of diseases of the immune system

QC44.0 Personal history of anaphylaxis

QC44.1 Personal history of food-induced allergy or hypersensitivity

QC44.2 Personal history of allergy to drugs, medicaments or biological substances

QC44.3 Personal history of allergy, other than to drugs or biological substances

Exclusions: Personal history of allergy to drugs, medicaments or biological substances (QC44.2)

QC44.Y Other specified personal history of diseases of the immune system

QC44.Z Personal history of diseases of the immune system, unspecified

QC45 Personal history of endocrine, nutritional or metabolic diseases

QC46 Personal history of mental or behavioural disorder

QC47 Personal history of diseases of the nervous system or sense organs

Exclusions: Personal history of allergy or hypersensitivity involving the eye and adnexa (QC44)

QC48 Personal history of medical treatment

QC48.0 Personal history of long-term use of anticoagulants

QC48.Y Other specified personal history of medical treatment

QC48.Z Personal history of medical treatment, unspecified

QC49 Personal history of noncompliance with medical treatment or regimen

QC4A Personal history of poor personal hygiene

QC4B Personal history of self-harm

QC4Y Personal history of other specified health problems

QC4Z Personal history of health problems, unspecified

QC50 Late effect of prior health problem, not elsewhere classified

Code used to indicate that a prior health problem is now associated with a late effect causing current symptoms or conditions. This concept excludes prior health problems that are NOT causing a current symptom or condition.

Coding Note: Code also the causing condition

Exclusions: Personal history of health problems (QC40‑QC4Z)

Coded Elsewhere: Sequelae of complication of pregnancy, childbirth or the puerperium (JB65)

Sequelae of tuberculosis (1G80)

Sequelae of poliomyelitis (1G83)

Sequelae of leprosy (1G82)

Sequelae of diphtheria (1G85)

Sequelae of trachoma (1G81)

Sequelae of viral encephalitis (1G84)

Family history of health problems (QC60‑QC6Z)

QC60 Family history of infectious diseases

QC61 Family history of malignant neoplasm

QC61.0 Family history of malignant neoplasm of digestive organs

QC61.1 Family history of malignant neoplasm of trachea, bronchus or lung

QC61.2 Family history of malignant neoplasm of respiratory or intrathoracic organs other than digestive organs, trachea, bronchus or lung

QC61.3 Family history of malignant neoplasm of breast

QC61.4 Family history of malignant neoplasm of genital organs

QC61.5 Family history of malignant neoplasm of urinary tract

QC61.6 Family history of leukaemia

QC61.7 Family history of malignant neoplasms of lymphoid, haematopoietic or related tissues

QC61.Y Other specified family history of malignant neoplasm

QC61.Z Family history of malignant neoplasm, unspecified

QC62 Family history of diseases of the blood or blood-forming organs

QC63 Family history of disorders involving the immune mechanism

QC64 Family history of endocrine, nutritional or metabolic diseases

QC64.0 Family history of diabetes mellitus

QC64.Y Other specified family history of endocrine, nutritional or metabolic diseases

QC64.Z Family history of endocrine, nutritional or metabolic diseases, unspecified

QC65 Family history of mental or behavioural disorder

QC66 Family history of eye or ear disorders

QC67 Family history of ischaemic heart disease or other diseases of the circulatory system

QC68 Family history of consanguinity

QC69 Family history of stroke

QC6Y Family history of other specified health problems

QC6Z Family history of health problems, unspecified

QC8Y Other specified personal or family history or late effect of prior health problems

QC8Z Personal or family history or late effect of prior health problems, unspecified

Risk factors associated with infectious or certain other conditions (QC90‑QD2Z)

QC90 Contact with or exposure to communicable diseases

QC90.0 Contact with or exposure to intestinal infectious diseases

QC90.00 Exposure to cholera

QC90.0Y Other specified contact with or exposure to intestinal infectious diseases

QC90.0Z Contact with or exposure to intestinal infectious diseases, unspecified

QC90.1 Contact with or exposure to tuberculosis

QC90.2 Contact with or exposure to infections with a predominantly sexual mode of transmission

QC90.3 Contact with or exposure to rabies

QC90.4 Contact with or exposure to rubella

QC90.5 Contact with or exposure to viral hepatitis

QC90.6 Contact with or exposure to human immunodeficiency virus

Exclusions: Asymptomatic human immunodeficiency virus infection (1C62.0)

QC90.7 Contact with or exposure to pediculosis, acariasis or other infestations

QC90.Y Contact with or exposure to other specified communicable diseases

QC90.Z Contact with or exposure to communicable diseases, unspecified

Carrier of infectious disease agent (QD00‑QD0Z)

Coded Elsewhere: Carrier of viral hepatitis (obsolete concept) (1E51.Y)

QD00 Carrier of salmonella typhi

QD01 Carrier of intestinal infectious agents

QD01.0 Asymptomatic enteric carriage of Entamoeba

QD01.Y Other specified carrier of intestinal infectious agents

QD01.Z Carrier of intestinal infectious agents, unspecified

QD02 Carrier of corynebacterium diphtheriae

QD03 Carrier of infectious agents with a predominantly sexual mode of transmission

QD04 Asymptomatic colonization of the skin by virulent or therapy resistant bacteria

The presence on the skin of bacteria which may pose an elevated risk of disease either to the carrier or to others as a result of therapy resistance or increased virulence.

Exclusions: Certain skin disorders attributable to bacterial infection (EA40‑EA5Z)

QD0Y Carrier of other specified infectious disease agent

QD0Z Carrier of infectious disease agent, unspecified

QD2Y Other specified health status associated with infectious or certain specified conditions

QD2Z Unspecified health status associated with infectious or certain specified conditions

Concern about body appearance (QD30‑QD3Z)

Exclusions: Body dysmorphic disorder (6B21)

QD30 Concern about breast appearance

Exclusions: Body dysmorphic disorder (6B21)

QD31 Contact with health services for concerns about body image related to pregnancy

QD3Y Other specified concern about body appearance

QD3Z Concern about body appearance, unspecified

Factors influencing health status (QD50‑QF2Z)

Problems associated with finances (QD50‑QD5Z)

QD50 Poverty

QD51 Low income

QD5Y Other specified problems associated with finances

QD5Z Problems associated with finances, unspecified

Problems associated with drinking water or nutrition (QD60‑QD6Z)

QD60 Problems associated with inadequate drinking-water

Exclusions: Effects of thirst (NF07.1)

QD61 Inadequate food

Exclusions: Effects of hunger (NF07.0)

Problems with inappropriate diet or eating habits (QE23)

malnutrition (5B50‑5B7Z)

QD6Z Problems associated with drinking water or nutrition, unspecified

Problems associated with the environment (QD70‑QD7Z)

QD70 Problems associated with the natural environment or human-made changes to the environment

Exclusions: Occupational exposure to risk-factors (QD84)

Coded Elsewhere: Problems associated with inadequate drinking-water (QD60)

QD70.0 Problems associated with exposure to noise

QD70.1 Problems associated with exposure to air pollution

Exclusions: Problems associated with exposure to tobacco smoke (QD70.5)

QD70.2 Problems associated with exposure to water pollution

Exclusions: Problems associated with inadequate drinking-water (QD60)

QD70.3 Problems associated with exposure to soil pollution

QD70.4 Problems associated with exposure to radiation

QD70.5 Problems associated with exposure to tobacco smoke

Exclusions: Tobacco use (QE13)

Personal history of psychoactive substance abuse (QC46)

Disorders due to use of nicotine (6C4A)

Coded Elsewhere: Exposure to tobacco smoke in the perinatal period (KD37)

QD70.6 Problems associated with inadequate access to electricity

Inadequate power that may restrict healthy living.

QD70.Z Problems associated with the natural environment or human-made changes to the environment, unspecified

QD71 Problems associated with housing

Exclusions: Problems associated with inadequate drinking-water (QD60)

QD71.0 Homelessness

QD71.1 Inadequate housing

Exclusions: Problems associated with the natural environment or human-made changes to the environment (QD70)

QD71.2 Problems related to living in residential institution

Exclusions: Institutional upbringing (QE94)

QD71.Z Problems associated with housing, unspecified

QD7Y Other specified problems associated with the environment

QD7Z Problems associated with the environment, unspecified

Problems associated with employment or unemployment (QD80‑QD8Z)

Exclusions: problems related to housing and economic circumstances (QD71)

Coded Elsewhere: Problem associated with relationships with people at work (QE50.2)

QD80 Problem associated with unemployment

QD81 Problem associated with change of job

QD82 Problem associated with threat of job loss

QD83 Problem with employment conditions

QD83.0 Problem associated with uncongenial work

QD83.1 Problem associated with stressful work schedule

QD83.Y Other specified problem with employment conditions

QD83.Z Problem with employment conditions, unspecified

QD84 Occupational exposure to risk-factors

QD84.0 Occupational exposure to dust

Occupational exposure to dust is exposure to dust during work, at the work location, or from the work location. The primary route of exposure is inhalation.

Dusts are technically defined as dry particle aerosols produced by mechanical processes such as breaking, grinding, and pulverizing. Dusts may be of biological or nonbiological origin.

QD84.1 Occupational exposure to toxic agents in agriculture

QD84.2 Occupational exposure to toxic agents in industries other than agriculture

QD84.3 Occupational exposure to vibration

QD84.4 Occupational exposure to ergonomic risk

QD84.Y Other specified occupational exposure to risk-factors

QD84.Z Occupational exposure to risk-factors, unspecified

QD85 Burnout

Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one’s job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.

Exclusions: Adjustment disorder (6B43)

Disorders specifically associated with stress (6B40‑6B4Z)

Anxiety or fear-related disorders (6B00‑6B0Z)

Mood disorders (6A60‑6A8Z)

QD8Y Other specified problems associated with employment or unemployment

QD8Z Problems associated with employment or unemployment, unspecified

Problems associated with education (QD90‑QD9Z)

Exclusions: factors associated with psychological development (Chapter 06)

Coded Elsewhere: Relationships with teachers or classmates (QE50.1)

QD90 Problem associated with illiteracy or low-level literacy

QD91 Problem associated with education unavailable or unattainable

QD92 Problem with educational progress

Exclusions: Disorders of intellectual development (6A00)

QD9Y Other specified problems associated with education

QD9Z Problems associated with education, unspecified

Problems associated with social or cultural environment (QE00‑QE0Z)

Coded Elsewhere: Acute stress reaction (QE84)

QE00 Acculturation difficulty

Problems resulting from the inability to adjust to a different culture or environment.

Exclusions: Disorders specifically associated with stress (6B40‑6B4Z)

QE01 Stress, not elsewhere classified

Exclusions: Problems associated with employment or unemployment (QD80‑QD8Z)

QE02 Social role conflict

QE03 Social exclusion or rejection

Exclusion and rejection on the basis of personal characteristics such as physical appearance, sexual orientation, gender identity and expression, illness or behaviour.

Exclusions: Target of perceived adverse discrimination or persecution (QE04)

QE04 Target of perceived adverse discrimination or persecution

Persecution or discrimination, perceived as reality by an individual or real, on the basis of membership in some group (such as defined by skin colour, religion, ethnic origin, sexual orientation, gender identity and expression, etc.) rather than personal characteristics

Exclusions: Social exclusion or rejection (QE03)

QE0Y Other specified problems associated with social or cultural environment

QE0Z Problems associated with social or cultural environment, unspecified

Problems associated with health behaviours (QE10‑QE2Z)

Exclusions: Difficulty or need for assistance with general life tasks or life management (QF21)

Hazardous substance use (QE10‑QE1Z)

Hazardous substance use is a pattern of psychoactive substance use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of substance use, from the amount used on a given occasion, from risky behaviours associated with substance use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous substance use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of substance use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to substance use (6C40‑6C4Z)

QE10 Hazardous alcohol use

A pattern of alcohol use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of alcohol use, from the amount used on a given occasion, or from risky behaviours associated with alcohol use or the context of use, or from a combination of these. The risk may be related to short-term effects of alcohol or to longer-term cumulative effects on physical or mental health or functioning. Hazardous alcohol use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of alcohol use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of alcohol (6C40)

QE11 Hazardous drug use

A pattern of use of psychoactive substance(s) other than nicotine or alcohol that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of substance use, from the amount used on a given occasion, from risky behaviours associated with substance use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous drug use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of drug use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to substance use (6C40‑6C4Z)

QE11.0 Hazardous use of opioids

A pattern of opioid use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of opioid use, from the amount used on a given occasion, from risky behaviours associated with opioid use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of opioids or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of opioids has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of opioid use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of opioids (6C43)

QE11.1 Hazardous use of cannabis

A pattern of cannabis use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of cannabis use, from the amount used on a given occasion, from risky behaviours associated with cannabis use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of cannabis or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of cannabis has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of cannabis use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of cannabis (6C41)

QE11.2 Hazardous use of sedatives, hypnotics or anxiolytics

A pattern of use of sedatives, hypnotics or anxiolytics that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of sedatives, hypnotics or anxiolytics, from the amount used on a given occasion, from risky behaviours associated with use of sedatives, hypnotics or anxiolytics or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of sedatives, hypnotics or anxiolytics or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of sedatives, hypnotics or anxiolytics has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use of sedatives, hypnotics or anxiolytics often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of sedatives, hypnotics or anxiolytics (6C44)

QE11.3 Hazardous use of cocaine

A pattern of cocaine use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of cocaine use, from the amount used on a given occasion, from risky behaviours associated with cocaine use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of cocaine or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of cocaine has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of cocaine use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of cocaine (6C45)

QE11.4 Hazardous use of stimulants including amphetamines or methamphetamine

A pattern of use of stimulants including amphetamines and methamphetamine that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of stimulants including amphetamines and methamphetamine, from the amount used on a given occasion, from risky behaviours associated with use of stimulants including amphetamines and methamphetamine or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of stimulants including amphetamines and methamphetamine or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of stimulants including amphetamines and methamphetamine has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use of stimulants including amphetamines and methamphetamine often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone (6C46)

QE11.5 Hazardous use of caffeine

A pattern of caffeine use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of caffeine use, from the amount used on a given occasion, from risky behaviours associated with caffeine use or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of caffeine or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of caffeine has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of caffeine use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of caffeine (6C48)

QE11.6 Hazardous use of MDMA or related drugs

A pattern of use of MDMA (3,4-methylenedioxymethamphetamine) or related drugs that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of MDMA or related drugs, from the amount used on a given occasion, from risky behaviours associated with use of MDMA or related drugs or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of MDMA or related drugs or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of MDMA or related drugs has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use of MDMA or related drugs often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of MDMA or related drugs, including MDA (6C4C)

QE11.7 Hazardous use of dissociative drugs including ketamine or PCP

A pattern of use of dissociative drugs including ketamine and PCP (phencyclidine) that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of dissociative drugs including ketamine and PCP, from the amount used on a given occasion, from risky behaviours associated with use of dissociative drugs including ketamine and PCP or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of dissociative drugs including ketamine and PCP or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of dissociative drugs including ketamine and PCP has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of use of dissociative drugs including ketamine and PCP often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP] (6C4D)

QE11.8 Hazardous use of other specified psychoactive substances

A pattern of use of other specified psychoactive substances that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of the substance, from the amount used on a given occasion, from risky behaviours associated with use of the substance or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the specified substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of other specified psychoactive substances has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of substance use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of other specified psychoactive substances, including medications (6C4E)

QE11.9 Hazardous use of unknown or unspecified psychoactive substances

A pattern of use of unknown or unspecified psychoactive substances that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. The increased risk may be from the frequency of use of the substance, from the amount used on a given occasion, from risky behaviours associated with use of the substance or the context of use, from a harmful route of administration, or from a combination of these. The risk may be related to short-term effects of the unknown or unspecified substance or to longer-term cumulative effects on physical or mental health or functioning. Hazardous use of unknown or unspecified psychoactive substances has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of substance use often persists in spite of awareness of increased risk of harm to the user or to others.

Exclusions: Disorders due to use of unknown or unspecified psychoactive substances (6C4G)

QE11.Y Other specified hazardous drug use

QE11.Z Hazardous drug use, unspecified

QE12 Hazardous nicotine use

A pattern of nicotine use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals. Most often nicotine is consumed in the form of tobacco, but there are also other forms of nicotine delivery (e.g., nicotine vapour). Hazardous nicotine use has not yet reached the level of having caused harm to physical or mental health of the user or others around the user. The pattern of nicotine use often persists in spite of awareness of increased risk of harm to the user or to others. This category is not intended to include the use of nicotine replacement therapies under medical supervision when these are used as part of attempts to stop or reduce smoking.

Exclusions: Tobacco use (QE13)

Disorders due to use of nicotine (6C4A)

QE13 Tobacco use

Exclusions: Disorders due to use of nicotine (6C4A)

Use of Nicotine in non-tobacco forms (QE12)

QE1Y Other specified hazardous substance use

QE1Z Hazardous substance use, unspecified

QE20 Lack of physical exercise

QE21 Hazardous gambling or betting

Hazardous gambling and betting refers to a pattern of gambling or betting that appreciably increases the risk of harmful physical or mental health consequences to the individual or to others around the individual. The increased risk may be from the frequency of gambling or betting, the amount of time spent on these activities, the context of gambling or betting, the neglect of other activities and priorities, risky behaviours associated with gambling or betting or its context, the adverse consequences of gambling or betting, or from the combination of these factors. The pattern of gambling or betting often persists in spite of awareness of increased risk of harm to the individual or to others. This category may be used when the pattern of gambling or betting warrants attention and advice from health professionals but does not meet the diagnostic requirements for Gambling Disorder.

Exclusions: Gambling disorder (6C50)

QE22 Hazardous gaming

Hazardous gaming refers to a pattern of gaming, either online or offline, that appreciably increases the risk of harmful physical or mental health consequences to the individual or to others around the individual. The increased risk may be from the frequency of gaming, the amount of time spent on these activities, the neglect of other activities and priorities, risky behaviours associated with gaming or its context, the adverse consequences of gaming, or from the combination of these factors. The pattern of gaming often persists in spite of awareness of increased risk of harm to the individual or to others. This category may be used when the pattern of gaming behaviour warrants attention and advice from health professionals but does not meet the diagnostic requirements for Gaming Disorder.

Exclusions: Gaming disorder (6C51)

QE23 Problems with inappropriate diet or eating habits

Exclusions: malnutrition and other nutritional deficiencies (5B50‑5C3Z)

Inadequate food (QD61)

Feeding or eating disorders (6B80‑6B8Z)

QE24 Problems with hygiene behaviours

QE25 Problems with oral health behaviours

QE26 Problem with sun exposure behaviour

QE27 Problem with behaviours related to psychological health or wellbeing

QE28 Problem with health literacy

QE2Y Problems with other specified health-related behaviours

QE2Z Problem with health-related behaviours, unspecified

Problems associated with social insurance or welfare (QE30‑QE3Z)

QE30 Insufficient social insurance support

QE30.0 Insufficient social insurance support, aged

QE30.1 Insufficient social insurance support, disability

QE30.2 Insufficient social insurance support, unemployment

QE30.3 Insufficient social insurance support, family support

QE30.Z Insufficient social insurance support, unspecified

QE31 Insufficient social welfare support

QE31.0 Insufficient social welfare support, child protection

QE31.1 Insufficient social welfare support, protection against domestic violence

QE31.2 Insufficient social welfare support, protection against homelessness

QE31.3 Insufficient social welfare support, post prison services

QE31.Z Insufficient social welfare support, unspecified

QE3Y Other specified problems associated with social insurance or welfare

QE3Z Problems associated with social insurance or welfare, unspecified

Problems associated with the justice system (QE40‑QE4Z)

QE40 Problem associated with conviction in civil or criminal proceedings without imprisonment

QE41 Problem associated with imprisonment and other incarceration

QE42 Problem associated with release from prison

QE4Y Other specified problems associated with the justice system

QE4Z Problems associated with the justice system, unspecified

Problems associated with relationships (QE50‑QE5Z)

QE50 Problem associated with interpersonal interactions

QE50.0 Problem associated with relationship with friend

QE50.1 Relationships with teachers or classmates

QE50.10 Dissatisfaction with school environment

QE50.1Y Other specified relationships with teachers or classmates

QE50.1Z Relationships with teachers or classmates, unspecified

QE50.2 Problem associated with relationships with people at work

QE50.3 Relationships with neighbours, tenant or landlord

QE50.4 Relationship with parents, in-laws or other family members

Exclusions: Caregiver-child relationship problem (QE52.0)

Problems associated with upbringing (QE90‑QE9Z)

Problem associated with interactions with spouse or partner (QE51)

QE50.5 Discord with counsellors

QE50.6 Inadequate social skills

Exclusions: Mental, behavioural or neurodevelopmental disorders (Chapter 06)

QE50.7 Personality difficulty

Personality difficulty refers to pronounced personality characteristics that may affect treatment or health services but do not rise to the level of severity to merit a diagnosis of Personality disorder. Personality difficulty is characterised by long-standing difficulties (e.g., at least 2 years), in the individual’s way of experiencing and thinking about the self, others and the world. In contrast to Personality disorders, these difficulties are manifested in cognitive and emotional experience and expression only intermittently (e.g., during times of stress) or at low intensity. The difficulties are associated with some problems in functioning but these are insufficiently severe to cause notable disruption in social, occupational, and interpersonal relationships and may be limited to specific relationships or situations.

Exclusions: Personality disorder (6D10)

QE50.Y Other specified problem associated with interpersonal interactions

QE51 Problem associated with interactions with spouse or partner

QE51.0 Relationship distress with spouse or partner

Substantial and sustained dissatisfaction with a spouse or intimate partner associated with significant disturbance in functioning.

QE51.1 History of spouse or partner violence

Non-accidental acts of physical force, forced or coerced sexual acts, verbal or symbolic acts, or significant caregiving omissions that result in harm to a spouse or intimate partner or that have a reasonable potential for harm.

QE51.Y Other specified problem associated with interactions with spouse or partner

QE51.Z Problem associated with interactions with spouse or partner, unspecified

QE52 Problem associated with interpersonal interactions in childhood

QE52.0 Caregiver-child relationship problem

Substantial and sustained dissatisfaction within a caregiver-child relationship, including a parental relationship, associated with significant disturbance in functioning.

QE52.1 Loss of love relationship in childhood

Loss of an emotionally close relationship, such as of a parent, a sibling, a very special friend or a loved pet, by death or permanent departure or rejection.

QE52.Y Other specified problem associated with interpersonal interactions in childhood

QE52.Z Problem associated with interpersonal interactions in childhood, unspecified

QE5Y Other specified problems associated with relationships

QE5Z Problems associated with relationships, unspecified

Problems associated with absence, loss or death of others (QE60‑QE6Z)

QE60 Absence of family member

QE61 Disappearance or death of family member

Exclusions: Prolonged grief disorder (6B42)

QE61.0 Loss or death of child

Exclusions: Prolonged grief disorder (6B42)

QE61.Y Disappearance or death of other family member

QE62 Uncomplicated bereavement

QE6Y Other specified problems associated with absence, loss or death of others

QE6Z Problems associated with absence, loss or death of others, unspecified

QE70 Problems related to primary support group, including family circumstances

Exclusions: Problems associated with upbringing (QE90‑QE9Z)

Problems associated with harmful or traumatic events (QE80‑QE8Z)

QE70.0 Inadequate family support

QE70.1 Disruption of family by separation or divorce

QE70.2 Dependent relative needing care at home

QE70.Z Problems related to primary support group, including family circumstances, unspecified

Problems associated with harmful or traumatic events (QE80‑QE8Z)

Exclusions: Disorders specifically associated with stress (6B40‑6B4Z)

Coded Elsewhere: Personal history of psychological trauma, not elsewhere classified (QC4Y)

Personal history of physical trauma other than self-harm (QC4Y)

QE80 Victim of crime or terrorism

QE81 Exposure to disaster, war or other hostilities

Exclusions: Target of perceived adverse discrimination or persecution (QE04)

QE82 Personal history of maltreatment

Personal history of non-accidental acts of physical force, forced or coerced sexual acts, verbal or symbolic acts, or significant caregiving omissions that result in harm or have a reasonable potential for harm. These categories are applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence (QE51.1)

QE82.0 Personal history of physical abuse

Personal history of non-accidental acts of physical force that result, or have reasonable potential to result, in physical harm or that evoke significant fear. This category is applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence, physical (QE51.1)

QE82.1 Personal history of sexual abuse

Personal history of forced or coerced sexual acts, sexual acts with someone who is unable to consent, or sexual acts involving a child that are intended to provide sexual gratification to an adult. This category is applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence, sexual (QE51.1)

QE82.2 Personal history of psychological abuse

Personal history of non-accidental verbal or symbolic act that results in significant psychological harm. This category is applied to the victim of the maltreatment, not the perpetrator.

Exclusions: History of spouse or partner violence, psychological (QE51.1)

QE82.3 Personal history of neglect

Personal history of egregious acts or omissions by a caregiver that deprive a child of needed age-appropriate care or an adult who is incapable of self-care and that result, or have reasonable potential to result, in physical or psychological harm. This category is applied to the victim of the neglect, not the perpetrator.

QE82.Y Other specified personal history of maltreatment

QE82.Z Personal history of maltreatment, unspecified

QE83 Personal frightening experience in childhood

QE84 Acute stress reaction

Acute stress reaction refers to the development of transient emotional, somatic, cognitive, or behavioural symptoms as a result of exposure to an event or situation (either short- or long-lasting) of an extremely threatening or horrific nature (e.g., natural or human-made disasters, combat, serious accidents, sexual violence, assault). Symptoms may include autonomic signs of anxiety (e.g., tachycardia, sweating, flushing), being in a daze, confusion, sadness, anxiety, anger, despair, overactivity, inactivity, social withdrawal, or stupor. The response to the stressor is considered to be normal given the severity of the stressor, and usually begins to subside within a few days after the event or following removal from the threatening situation.

Inclusions: acute crisis reaction

acute reaction to stress

Exclusions: Post traumatic stress disorder (6B40)

QE8Y Other specified problems associated with harmful or traumatic events

QE8Z Problems associated with harmful or traumatic events, unspecified

Problems associated with upbringing (QE90‑QE9Z)

QE90 Inadequate parental supervision or control

Lack of parental knowledge of what the child is doing or where the child is; poor control; lack of concern, understanding or comprehension or lack of attempted intervention when the child is in risky situations.

QE91 Parental overprotection

QE92 Altered pattern of family relationships in childhood

Departure of a family member or arrival of a new person into a family resulting in adverse change in child's relationships. May include new relationship or marriage by a parent, death or illness of a parent, illness or birth of a sibling.

QE93 Removal from home in childhood

QE94 Institutional upbringing

Group foster care in which parenting responsibilities are largely taken over by some form of institution (such as residential nursery, orphanage, or children's home), or therapeutic care over a prolonged period in which the child is in a hospital, convalescent home or the like, without at least one parent living with the child.

QE95 Inappropriate parental pressure or other abnormal qualities of upbringing

Parents forcing the child to be different from the local norm, either sex-inappropriate (e.g. dressing a boy in girl's clothes), age-inappropriate (e.g. forcing a child to take on responsibilities above her or his own age) or otherwise inappropriate (e.g. pressing the child to engage in unwanted or too difficult activities).

QE96 Events resulting in loss of self-esteem in childhood

Events resulting in a negative self-reappraisal by the child such as failure in tasks with high personal investment; disclosure or discovery of a shameful or stigmatizing personal or family event; or other humiliating experiences.

QE9Y Other specified problems associated with upbringing

QE9Z Problems associated with upbringing, unspecified

Acquired absence of body structure (QF00‑QF0Z)

QF00 Acquired absence of limb

Inclusions: postoperative loss of limb

post traumatic loss of limb

Exclusions: Other acquired deformities of limbs (FA31)

Congenital absence of thigh or lower leg with foot present (LB9A.3)

Congenital absence of both lower leg and foot (LB9A.7)

Congenital absence of upper arm or forearm with hand present (LB99.4)

QF01 Acquired absence of organs

Exclusions: postoperative absence of endocrine glands (5D40‑5D46)

postoperative absence of spleen (3B81.1)

QF01.0 Acquired absence of breast

Coded Elsewhere: Traumatic amputation of breast (NB33.1)

QF01.1 Acquired absence of genital organs

Coded Elsewhere: Aetiological considerations associated with a medical condition, injury, or the effects of surgery or radiation treatment (HA40.0)

QF01.10 Acquired absence of female genital organs

Coded Elsewhere: Traumatic amputation of entire vulva (NB93.24)

Traumatic amputation of part of vulva (NB93.25)

Female Genital Mutilation (GC51)

QF01.11 Acquired absence of male genital organs

Coded Elsewhere: Traumatic amputation of entire penis (NB93.20)

Traumatic amputation of part of penis (NB93.21)

Traumatic amputation of entire testes or scrotum (NB93.22)

Traumatic amputation of part of testes or scrotum (NB93.23)

QF01.Y Other specified acquired absence of organs

QF01.Z Acquired absence of organs, unspecified

QF0Y Other specified acquired absence of body structure

QF0Z Acquired absence of body structure, unspecified

QF10 Limited function or disability of body organ or system

Exclusions: Difficulty or need for assistance with activities (QF20‑QF2Z)

Difficulty or need for assistance with activities (QF20‑QF2Z)

Identifies activities for which the person needs assistance or has such difficulty with, that it affects their need for health services or their treatment.

Exclusions: Dependence on enabling machines or devices (QB40‑QB4Z)

QF20 Difficulty or need for assistance with learning

QF21 Difficulty or need for assistance with general life tasks or life management

Inclusions: difficulty with carrying out tasks and daily routine

QF22 Difficulty or need for assistance with communication

QF23 Difficulty or need for assistance with mobility

Exclusions: Abnormalities of gait and mobility (MB44)

QF24 Difficulty or need for assistance with self-care

QF25 Difficulty or need for assistance with relationships

QF26 Difficulty or need for assistance with household tasks

QF27 Difficulty or need for assistance at home and no other household member able to render care

QF28 Difficulty or need for assistance with work activities

QF29 Difficulty or need for assistance with major areas of life

QF2A Difficulty or need for assistance with community participation

QF2B Need for continuous supervision

Exclusions: Difficulty or need for assistance at home and no other household member able to render care (QF27)

QF2Y Difficulty or need for assistance with other specified activity

QF2Z Difficulty or need for assistance with unspecified activity

QF4Y Other specified factors influencing health status or contact with health services

QF4Z Factors influencing health status or contact with health services, unspecified

CHAPTER 25

Codes for special purposes

This chapter has 17 four-character categories.

Code range starts with RA00

This chapter contains the following top level blocks:

* International provisional assignment of new diseases of uncertain aetiology and emergency use
* National provisional assignment of new diseases of uncertain aetiology

International provisional assignment of new diseases of uncertain aetiology and emergency use (RA00‑RA09)

RA00 Conditions of uncertain aetiology and emergency use

RA00.0 Vaping related disorder

Disorder resulting from inhaling a vaporized solution (aerosol) which frequently contains flavourants, usually dissolved into Propylene Glycol or Glycerin, or both, and may or may not contain doses of nicotine, and other substances and additives with the use of electronic nicotine delivery systems (ENDS) or electronic non-nicotine delivery systems (ENNDS).

In the affected individual, infections as cause of the damage are unlikely or should have been excluded.

Relevant findings include proof of presence of pulmonary infiltrate, such as opacities, on plain film chest radiograph or ground-glass opacities on chest CT.

RA01 COVID-19

As definition may evolve, the URL for the Global surveillance document will be added as the short description

RA01.0 COVID-19, virus identified

Coding Note: Use this code when infection with the COVID-19 virus (SARS-CoV-2) has been confirmed by laboratory testing irrespective of severity of clinical signs or symptoms.

Inclusions: Coronavirus disease 2019

COVID-19 NOS

Exclusions: Coronavirus infection, unspecified site (1D92)

Middle East respiratory syndrome (1D64)

Severe acute respiratory syndrome (1D65)

RA01.1 COVID-19, virus not identified

Coding Note: Use this code when COVID-19 is diagnosed clinically or epidemiologically but laboratory testing is inconclusive or not available.

Exclusions: COVID-19, virus identified (RA01.0)

Coronavirus infection, unspecified site (1D92)

Special screening examination for other viral diseases (QA08.5)

suspected but ruled out by negative laboratory results (QA02)

confirmed by laboratory testing (RA01.0)

RA02 Post COVID-19 condition

Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms, and that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others, and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time.

Coding Note: This optional code serves to allow the establishment of a link with COVID-19. This code is not to be used in cases that still are presenting COVID-19.

RA03 Multisystem inflammatory syndrome associated with COVID-19

Exclusions: Kawasaki syndrome (4A44.5)

Mucocutaneous lymph node syndrome (4A44.5)

RA04 International emergency code 05

RA05 International emergency code 06

RA06 International emergency code 07

RA07 International emergency code 08

RA08 International emergency code 09

RA09 International emergency code 10

National provisional assignment of new diseases of uncertain aetiology (RA20‑RA26)

RA20 National emergency code 01

RA21 National emergency code 02

RA22 National emergency code 03

RA23 National emergency code 04

RA24 National emergency code 05

RA25 National emergency code 06

RA26 National emergency code 07

CHAPTER 26

Supplementary Chapter Traditional Medicine Conditions

This chapter has 1116 four-character categories.

Code range starts with SA00

**This supplementary chapter is a subclassification for optional use. This chapter is not intended for mortality reporting. Coding should always include also a category from the chapters 1-24 of ICD.**

This chapter contains the following top level blocks:

* Module I
* NOT TO BE TRANSLATED - PLEASE NOTE: This whole section is currently under development and is NOT to be translated for now. Title: Module II

Module I (SA00‑SJ1Z)

This module refers to disorders and patterns which originated in ancient Chinese Medicine and are commonly used in China, Japan, Korea, and elsewhere around the world. This list represents a union set of harmonized traditional medicine conditions of the Chinese, Japanese, and Korean classifications. For an extended list of traditional medicine conditions, please refer to the International Classification of Traditional Medicine (ICTM).

\*\*Definitions:\*\*

A disorder in traditional medicine, disorder (TM1)[1], refers to a set of dysfunctions in any of the body systems which presents with associated manifestations, i.e. a single or a group of specified signs, symptoms, or findings. Each disorder (TM1) may be defined by its symptomatology, etiology, course and outcome, or treatment response.

1. Symptomatology: signs, symptoms or unique findings by traditional medicine diagnostic methods, including inspection such as tongue examination, history taking (inquiry), listening and smelling examination, palpation such as pulse taking, abdominal examination, and other methods.

2. TM Etiology: the underlying traditional medicine explanatory style, such as environmental factors (historically known in TM translations as the external contractions), emotional factors (historically known in TM translations as the seven emotions), or other pathological factors, processes, and products.

3. Course and outcome: a unique path of development of the disorder (TM1) over time. 4 Treatment response: known response to traditional medicine interventions. In defining a disorder (TM1), symptomology and etiology are required. Course and outcome, and treatment response are optional.

A pattern in traditional medicine, pattern (TM1), refers to the complete clinical presentation of the patient at a given moment in time including all findings. Findings may include symptomology or patient constitution, among other things.

1. Symptomatology (as above).

2. Constitution: the characteristics of an individual, including structural and functional characteristics, temperament, ability to adapt to environmental changes, or susceptibility to various health conditions. This is relatively stable, being in part genetically determined while partially acquired.

[1]:'TM1' refers to Traditional Medicine conditions - Module I. The (TM1) designation is used throughout this chapter for every traditional medicine diagnostic category in order to be clearly distinguishable from conventional medicine concepts.

Traditional medicine disorders (TM1) (SA00‑SE5Z)

A disorder in traditional medicine, disorder (TM1), refers to a set of dysfunctions in any of the body systems which presents with associated manifestations, i.e. a single or a group of specified signs, symptoms, or findings. Each disorder (TM1) may be defined by its symptomology, etiology, course and outcome, or treatment response (please refer to chapter definition for further details).

Organ system disorders (TM1) (SA00‑SB2Z)

Liver system disorders (TM1) (SA00‑SA0Z)

This section contains a series of TM disorders that are all attributable to dysfunction of the liver system. The system consists of the organs liver and gallbladder, tendons, nails, eyes, related meridians and collaterals.

SA00 Hypochondrium pain disorder (TM1)

A disorder characterized by pain on one or both sides of the hypochondrium. It may be explained by qi dysfunction or disharmony in the meridians of the hypochondrium.

SA01 Jaundice disorder (TM1)

A disorder characterized by yellow and dark appearance of sclera, skin and urine. They may be explained by dysfunction of liver and spleen systems, and gallbladder, which caused by invading of exogenous pathogenic including dampness, fire or pestilence, and interior injury due to drinking of alcohol or improper diet, or different kinds of dampness, blood stasis and qi stagnation.

Inclusions: Acute jaundice

Yang jaundice

Yin jaundice

SA02 Liver distension disorder (TM1)

A disorder characterized by mass or pain in the right hypochondrium relieved with pressure. It may be explained by stagnation of qi and blood and may be a sequelae of other liver system disorders.

SA03 Tympanites disorder (TM1)

A disorder characterized by severe abdominal distention with taut, yellowish skin, or prominent veins over the abdominal wall. It relates to liver, spleen and kidney system, may be explained by decreased circulation of qi, blood, or water, which cause the fluid or gas accumulation in the peritoneal cavity, an abdominal mass, or intestinal infection.

SA04 Liver abscess disorder (TM1)

A disorder characterized by sudden onset of fever, a mass or pain in the right, lower hypochondrium. It may be explained by accumulation of fire, heat, toxin, parasites, or other infection, which lead to putrefaction of qi or blood in liver, and cause internal abscess.

SA05 Gallbladder distension disorder (TM1)

A disorder characterized by recurrent pain with discomfort and distention in the right upper quadrant of the abdomen which may be accompanied by flatulence. It may be explained by stagnation of gallbladder qi, which is caused by obstruction of dampness, heat, phlegm and blood stasis in gallbladder, or emotional upset.

SA0Y Other specified liver system disorders (TM1)

SA0Z Liver system disorders (TM1), unspecified

Heart system disorders (TM1) (SA10‑SA4Z)

This section contains a series of TM disorders that are all attributable to dysfunction of heart system. The system consists of the heart, vessels, tongue and related meridians and collaterals.

Palpitation disorders (TM1) (SA10‑SA1Z)

A group of disorders characterized by irregular beating of the heart. They may be explained by any dysfunction of qi activity in the chest affecting the functions of the heart system such as from environmental factors, emotional factors, or other pathological processes or products.

SA10 Inducible palpitation disorder (TM1)

A disorder characterized by a sensation of rapid and forceful beating of the heart ascribed to being frightened. It may be explained by excessive mental stimulus or severe stress causing qi deficiency of the heart and gallbladder systems, heart system qi, blood deficiency, or phlegm accumulation and stasis.

Inclusions: Fright palpitation disorder (TM1)

SA11 Spontaneous palpitation disorder (TM1)

A disorder characterized by a sensation of rapid and forceful beating of the heart without specific cause. The state of spontaneous palpitation disorder is more severe than that of inducible palpitation disorder in terms of duration, frequency and degree of symptoms.

Inclusions: Fearful throbbing disorder (TM1)

SA1Y Other specified palpitation disorders (TM1)

SA1Z Palpitation disorders (TM1), unspecified

Chest impediment disorders (TM1) (SA20‑SA2Z)

A group of disorders characterized by a sensation of squeezing, tightness pressure or paroxysmal pain in the chest. They may be explained by qi stagnation, blood stasis and phlegm obstruction as excess or the insufficiency of qi, yin, yang, or blood.

Inclusions: Heart pain disorder (TM1)

Chest impediment disorder (TM1)

SA20 True heart pain disorder (TM1)

A disorder characterized by persistent, sharp pain in the chest accompanied by sweating, cold limbs, white complexion and blue lips, faint and barely perceptible pulse. It may be explained by stagnation or obstruction of qi, yang, or blood in the chest, deficiency of qi, blood, yin or yang, an accumulation of phlegm blocking the movement of qi, or cold.

SA2Y Other specified chest impediment disorders (TM1)

SA2Z Chest impediment disorders (TM1), unspecified

SA4Y Other specified heart system disorders (TM1)

SA4Z Heart system disorders (TM1), unspecified

Spleen system disorders (TM1) (SA50‑SA5Z)

This section contains a series of TM disorders that are all attributable to dysfunction of the spleen system. The system consists of the spleen and stomach organs, muscle, lips, mouth, related meridians and collaterals.

SA50 Dysphagia disorder (TM1)

A disorder characterized by difficulty swallowing with resulting in food being stuck in the throat, commonly encountered symptom of esophagopathy and other disorders involving the stomach, chest, diaphragm, oral cavity, throat and heart as well as impediment, flaccidity, paralysis and stroke. It may be explained by stagnation of qi, fire, phlegm or fluid consumption.

Inclusions: Choke disorder (TM1)

SA51 Stomach ache disorder (TM1)

A disorder characterized by pain in the upper abdomen (beneath the xiphoid process). It may be explained by invasion of external cold or heat factors and improper diet; deficiency of yin, yang, qi and blood, qi stagnation and blood stasis that lead to failure of the stomach system qi to descend normally.

SA52 Epigastric distension disorder (TM1)

A disorder characterized by long-term distention, swelling, or epigastric fullness. It may be explained by decreased function of the spleen and stomach systems, obstruction of qi activity due to accumulation of phlegm and blood stasis, or other long-term disorders of the stomach system.

SA53 Epigastric upset disorder (TM1)

A disorder characterized by the sensation of emptiness in the stomach similar to, but not explained by, hunger, pain or heartburn. It may be explained by improper diet, the environmental factors of fire or cold entering the stomach system, deficiency of yin or blood, or disharmony of the liver and stomach systems.

SA54 Food retention disorder (TM1)

A disorder characterized by epigastric or abdominal distension, discomfort, vomiting, constipation, or diarrhea. It may be explained by excessive intake of food or accumulation of food.

SA55 Diarrhea disorder (TM1)

A disorder characterized by passing three or more loose or liquid stools per day, or as having abnormally frequent bowel movements. It may be explained by wind, cold, dampness, fire or heat factors, improper diet, emotional upset, or deficiency of yang qi in the spleen or kidney systems.

SA56 Dysentery disorder (TM1)

A disorder characterized by potentially recurrent abdominal pain, straining during bowel movement, or diarrhea with mucus or blood. It may be explained by communicable and toxic damp heat in the intestines.

SA57 Constipation disorder (TM1)

A disorder characterized by difficult or prolonged defecation. It may be explained by the accumulation of fire or heat factor in the stomach or intestines systems, yang deficiency related accumulation of cold factor, deficiency of qi, blood, yin or fluid, or an abdominal mass.

SA58 Abdominal pain disorder (TM1)

A disorder characterized by pain in the abdomen. It may be explained by environmental factors, parasitic infection, improper diet, calculus, deficiency or stagnation of qi or blood, or fecal retention.

Exclusions: Lower abdominal colic disorder (TM1)

SA59 Intestinal abscess disorder (TM1)

A disorder characterized by fever, paroxysmal pain, and mass in the lower right quadrant of the abdomen. It may be explained by accumulation of fire or heat factors.

SA5Y Other specified spleen system disorders (TM1)

SA5Z Spleen system disorders (TM1), unspecified

Lung system disorders (TM1) (SA60‑SA8Z)

This section contains a series of TM disorders that are all attributable to dysfunction of the lung system. The system consists of the lung and large intestine organs, skin, body hair, nose, related meridians and collaterals.

SA60 Common cold disorder (TM1)

A disorder characterized by fever, chills, generalized body pain, stuffy nose, sneezing, throat irritation or cough. It may be explained by wind entering the lung system or invading the body defense exterior.

Exclusions: Seasonal cold disorder (TM1)

Cough disorders (TM1) (SA70‑SA7Z)

A disorder characterized by the presence of cough. It may be explained by external and internal factors entering the lung system, lung irritation by contaminated air, an accumulation of phlegm or fluid in the lung, or deficiency of qi and yin associated with reverse flow of lung system qi.

SA70 Cough with dyspnea disorder (TM1)

A disorder characterized by cough with reverse flow of qi in the airways, also known as cough with qi reflux. It may be explained by the reverse flow of lung system qi.

Exclusions: Panting disorder (TM1)

Dyspnea disorder (TM1)

SA7Y Other specified cough disorders (TM1)

SA7Z Cough disorders (TM1), unspecified

SA80 Dyspnea disorder (TM1)

A disorder characterized by difficult and labored breathing. It may be explained by the external and internal factors such as cold, wind or fire, or an accumulation of phlegm.

Exclusions: Cough with dyspnea disorder (TM1)

SA81 Wheezing disorder (TM1)

A disorder characterized by the sudden onset of shortness of breath with a rough, whistling sound in the airways which may be recurrent. It may be explained by irritation of the lungs associated with the production of phlegm or fluid, airway obstruction, environmental factors, improper diet, or emotional factors.

SA82 Lung distension disorder (TM1)

A disorder characterized by persistent distension of the lung, manifested by a sensation of pressure in the chest, chronic cough, shortness of breath or panting, or rib cage expansion, or purple lips and tongue. It may be explained by long term obstruction of the lung system qi or prolonged expansion of the lungs. This may be a long term sequelae of coughing, panting or wheezing.

SA83 Pleural fluid retention disorder (TM1)

A disorder characterized by distention and fullness of the chest and hypochondrium, cough with stretching pain. It may be explained by tuberculosis or cancer of the lung and chest and certain systemic diseases, resulting in retention of fluid in the chest cavity and dysfunction of qi activity.

SA84 Lung heat disorder (TM1)

A disorder characterized by sudden onset of fever, cough, restlessness, thirst, and chest pain. It may be explained by invasion of the wind-heat factor into the lung system, or with consequent stagnation of heat in the lung leading to failure of the lung system in clearing, depurating and descending.

SA85 Lung withering disorder (TM1)

A disorder characterized by shortness of breath, and expectoration of turbid saliva. It may be explained by chronic cough which impairs the lung system qi and consumes fluid, resulting in withering and weakness of the lung lobe.

SA86 Chest bind disorder (TM1)

A disorder characterized by local rigidity, fullness or tenderness in the chest or abdomen, including both major and minor chest bind disorder. It may be explained by the environmental factors of fire or cold associated with an accumulation of fluid, phlegm or stagnant food.

SA8Y Other specified lung system disorders (TM1)

SA8Z Lung system disorders (TM1), unspecified

Kidney system disorders (TM1) (SA90‑SB0Z)

This section contains a series of TM disorders that are all attributable to dysfunction of the kidney system. The system consists of the kidney and bladder organs, bones, hair, ears, genitalia, anus, marrow, related meridians and collaterals.

Strangury disorders (TM1) (SA90‑SA9Z)

A disorder characterized by frequent, painful and difficult urination with decreased output despite a sense of urgency. It may be explained by various factors such as dampness heat, yin deficiency, qi deficiency, fire stagnation, stone that disturbs qi activity of the bladder system.

SA90 Stony stranguria disorder (TM1)

A disorder characterized by stones in the urine, painful and difficult urination that is due to the passage of urinary calculi, abdominal or back pain and sometimes colic that may radiate to the perineum or uremia. It may be explained by accumulation of dampness-heat in the lower energizer which steams and transforms turbid urine into stones retained in the kidney.

SA91 Heat stranguria disorder (TM1)

A disorder characterized by urgency and frequency of painful urination with acute onset, chills and fever, lumbar pain and cramps, and distension in the lower abdomen. It may be explained by dampness-heat resulting in the failure of the bladder system to transform qi.

SA9Y Other specified strangury disorders (TM1)

SA9Z Strangury disorders (TM1), unspecified

SB00 Kidney stagnation disorder (TM1)

A disorder characterized by a cold feeling in the waist and may be accompanied by heaviness in the lumbar region. It may be explained by sustained cold dampness.

SB01 Flooding urine disorder (TM1)

A disorder characterized by thirst and increased volume of diluted urine. It may be explained by deficiency of the kidney system leading to loss of control of urination.

SB02 Enuresis disorder (TM1)

A disorder characterized by involuntary urination during sleep. They may be explained by dysfunction of the kidney system qi or the combination of dampness, heat and blood stasis associated with bladder system dysfunction.

SB03 Turbid urine disorder (TM1)

A disorder characterized by cloudy or rice water urine. It may be explained by disorders or infections of the kidney, injury, dampness or heat moving downward in the body, or dysfunction of the spleen or kidney systems.

SB04 Dribbling urinary block disorder (TM1)

A disorder characterized by partial or complete obstruction of urinary flow. It may be explained by deficient bladder system qi or a blocked urinary passage, such as in prostatic hypertrophy.

SB05 Block and repulsion disorder (TM1)

A disorder characterized by vomiting and urinary obstruction. It may be explained by dysfunction of the kidney system failing to transform qi, and turbid dampness invading the stomach.

SB06 Edema disorders (TM1)

A disorder characterized by acute or chronic edema. It may be explained by the dysfunction of the kidney system or related to the dysfunction of spleen and lung systems.

SB06.0 Kidney edema disorder (TM1)

A chronic disorder characterized by long term swelling of lower limbs, low back pain, aversion to cold, frequent urination. It may be explained by the kidney system dysfunction.

SB06.1 Wind edema disorder (TM1)

A disorder characterized by the sudden onset of localized swelling, pain in the joints, aversion to wind. It may by explained by the weather factor of wind entering the body, associated with spasm of the blood vessels, blood stasis and water retention.

SB06.Y Other specified edema disorders (TM1)

SB06.Z Edema disorders (TM1), unspecified

SB07 Lower abdominal colic disorder (TM1)

A disorder characterized by intense, paroxysmal pain in the lower abdomen, constipation or urinary retention. It may be explained by dysfunction of liver system qi, deficiency of healthy qi particularly in infants or elderly, entry of bowels into the scrotum due to increased abdominal pressure, traumatic injury or blood stasis in the scrotum after surgery, or congenital malformation.

Inclusions: Hernia (TM1)

Exclusions: Abdominal pain disorder (TM1)

SB08 Premature ejaculation disorder (TM1)

A disorder characterized by ejaculation within the first minute of sexual intercourse. It may be explained by kidney system qi insecurity.

SB09 Involuntary ejaculation disorder (TM1)

A disorder characterized by spontaneous emission of semen occurring at least four times per month. It may be explained by decreased ability of the kidney system to store essence.

SB0A Persistent erection disorder (TM1)

A disorder characterized by abnormal persistent erection with penile tenderness. It may be explained by liver fire, blood stasis, dampness and heat accumulation, yin deficiency fire in the lower part of the body.

SB0B Impotence disorder (TM1)

A disorder characterized by an inability to initiate or maintain an erection, or inability to have sexual intercourse. It may be explained by deficiency of fire in the life gate, deficiency of liver and kidney function, fear or depression.

SB0C Male infertility disorder (TM1)

A disorder characterized by inability to conceive after two years of normal sexual intercourse with average frequency, with a partner with healthy reproductive function. They may be explained by deficiency of kidney system function, stagnation of liver system qi, stagnation of phlegm and dampness, or blood stasis associated with dysfunction of the thoroughfare and conception meridian.

SB0Y Other specified kidney system disorders (TM1)

SB0Z Kidney system disorders (TM1), unspecified

SB2Y Other specified organ system disorders (TM1)

SB2Z Organ system disorders (TM1), unspecified

Other body system disorders (TM1) (SB30‑SD6Z)

Skin and mucosa system disorders (TM1) (SB30‑SB7Z)

This section comprises a range of TM disorders grouped together on the basis of their occurring in the skin and mucosa system.

SB30 Dampness sore disorder (TM1)

A disorder characterized by a skin rash that is commonly recurrent with exudation, incrustation or itching skin. It may be explained by wind, dampness or heat affecting the skin.

SB31 Impetigo disorder (TM1)

A disorder characterized by crusty pustules on the skin, suppuration, yellow exudate, and itching. It may be explained by dampness-heat affecting the spleen or lung systems or other infections.

Furuncle disorders (TM1) (SB40‑SB4Z)

A group of disorders characterized by an acute, easy to change and a greater risk of acute suppurative disease, usually occurring on the face or limbs, appearing small, deep-rooted, hard, swollen, painful and scorching, tending to drain or discharge pus and injuring the sinews and bones. They may be explained by injury as a wound due to stabbing of bamboo and wood, or invasion of pestilence or fire toxin, associated with stagnation of qi and blood.

SB40 Septicemic furunculosis disorder (TM1)

A disorder characterized as complication of furuncle disorder in which the infection spreads to the blood, leading to diffuse swelling, chills, fever, or restlessness with potential coma or delirium. It may be explained by improper initial treatment, such as squeezing of the furuncle, or excess fire or heat affecting the furuncle.

SB4Y Other specified furuncle disorders (TM1)

SB4Z Furuncle disorders (TM1), unspecified

SB50 Bed sore disorder (TM1)

A disorder characterized by localized, superficial skin injury commonly occurring at the coccyx, elbow or spine. It may be explained by prolonged confinement to bed with decreased circulation of qi and blood or pressure, malnutrition or friction of the skin. Recovery is often prolonged due to decreased circulation and continued pressure.

Abscess disorders (TM1) (SB60‑SB6Z)

A group of disorders characterized by inflammation and accumulation of pus associated with a severe local infection, and it occurs between the surface and the flesh in acute suppurative disease. They may be explained by parasitic infection, or heat toxin that is external or endogenous.

SB60 Deep multiple abscess disorder (TM1)

A disorder characterized by diffusive swelling, light fever with pain, normal skin color with pus inside. It may be explained by pathogenic factors such as heat or dampness that run into the blood vessels and stays in the deep part of the muscles.

SB61 Anal abscess disorder (TM1)

A disorder characterized by fever, chills, red and swollen anus with burning sensation, pain, and the occurrence of an anal fistula after pustulation. It may be explained by excessive intake of rich or spicy food with downward flow of dampness heat, or accumulation of dampness phlegm, or retention of toxic pathogenic factors in the surrounding area to the anal canal or rectum, stagnation of qi and blood, complicated by heat toxin that putrefies the blood and causes an abscess.

SB6Y Other specified abscess disorders (TM1)

SB6Z Abscess disorders (TM1), unspecified

SB70 Headed carbuncle disorder (TM1)

A disorder characterized by the beginning of the skin miliary pus head, inflammatory swelling, quickly spreading deeper and around, forming an acute suppurative disease with profuse pus. It may be explained by accumulation of heat toxin and stagnation of qi and blood.

SB71 Foot dampness itch disorder (TM1)

A disorder characterized by blisters on the toes with ulceration and subjective feeling of severe itching. It may be explained by dampness or heat moving downward within the body, or wind dryness due to blood deficiency complicated by virulent toxin.

SB72 Tinea circinate disorder (TM1)

A disorder characterized by a rash or red bumps or blisters, crusty, peeling skin or itching. It may be explained by an accumulation of dampness and heat complicated by viral infection.

SB73 Dry skin disorder (TM1)

A disorder characterized by dry skin resembling snake skin, with scanty sweating. It may be congenital or explained by malnourishment or deficient blood to the skin associated with wind dryness.

SB74 Gangrene disorder (TM1)

A disorder characterized by cold and numbness of lower limbs at the early stage, necrosis or loss of the fingers and toes, gangrenous and suppurative toes and fingers, difficulty to heal. It may be explained by congenital deficiency, deficiency of healthy qi, invasion of cold and dampness factors leading to obstruction of meridians with unsmooth flow of qi and blood.

SB75 Wart disorder (TM1)

A disorder characterized as a benign, superficial skin growth. It may be explained by wind, dampness, heat or fire affecting the skin or viral infection.

SB76 Hand dampness itch disorder (TM1)

A disorder characterized by rough or thick blisters on the hands with peeling, fissure, pain or itchy skin. It may be explained by wind or dampness affecting the skin, or blood deficiency associated with wind dryness.

SB77 Erysipelas disorder (TM1)

A disorder characterized by the sudden onset of patches of a red, warm, swollen or painful rash on the skin. It is usually caused by fire toxin due to skin or membrane injury, which combines with blood heat and is retained in the skin.

SB78 Cellulitis disorder (TM1)

A disorder characterized by acute, diffuse and suppurative inflammation of the subcutaneous tissue. It may be explained by numerous factors, such as wind, dampness, heat, fire, infection or injury.

SB79 Thrush disorder (TM1)

A disorder characterized by flake-shaped crusts in the oral cavity that looks like goose mouth. It may be explained by an attack of virulent toxin and accumulation of heat in the heart and spleen systems which attack the mouth and tongue.

SB7A Herpes zoster disorder (TM1)

A disorder characterized as a painful, blistering skin rash which is typically unilateral and confined to one or more dermatomes, in a snake shaped pattern around waist or hypochondrium. It is explained by dampness-heat in the liver and spleen systems which accumulates in the skin along meridians, complicated by an attack of virulent toxin.

SB7B Interior haemorrhoid disorder (TM1)

A disorder characterised by varicosities above the anal dentate line covered with membrane, blood, or stool, prolapse of hemorrhoids, or constipation. It may be explained by wind, dampness, fire, internal accumulation of heat, qi sinking due to spleen system deficiency, or constipation associated with stagnation of qi or blood in the anus.

SB7C Fissured anus disorder (TM1)

A disorder characterized by a tear or ulceration of the anal skin or subcutaneous tissue. It may be explained by intestinal dryness or fire or heat retention, deficiency of yin fluid, dry feces or downward flow of dampness heat.

SB7Y Other specified skin and mucosa system disorders (TM1)

SB7Z Skin and mucosa system disorders (TM1), unspecified

Female reproductive system disorders (TM1) (including childbirth) (SB80‑SC4Z)

This section contains TM disorders associated with menstruation, fertility, pregnancy, puerperium, menopause and other aspects of the female reproductive systems. These may be caused by anatomical particularity of the female reproductive organs and physiologic change in pubertal development, menstruation, pregnancy, parturition and lactation.

Menstruation associated disorders (TM1) (SB80‑SB9Z)

This section contains a variety of TM disorders that differ in severity and clinical form but are all attributable to emmeniopathy. They are classified into four major categories: irregular menorrhea, abnormal bleeding, dysmenorrhea and menopausal disorders. Particularly abnormal bleeding is subdivided by criteria of abnormality in menstrual cycle, amount and form.

Menstruation cycle disorders (TM1) (SB80‑SB8Z)

This section contains TM disorders associated with abnormalities of the menstrual cycles.

SB80 Advanced menstruation disorder (TM1)

A disorder characterized by an irregular menstrual cycle which is early by seven days or more for at least two consecutive cycles. It may be explained by qi deficiency associated with dysfunction of the thoroughfare and conception meridians, or dysfunction of the uterus associated with excess heat in the thoroughfare and conception meridians.

SB81 Delayed menstruation disorder (TM1)

A disorder characterized by an irregular menstrual cycle which is delayed by seven days or more for at least two consecutive cycles. It may be explained by dysfunction of the kidney system or the thoroughfare and conception meridians, blood deficiency, cold factor entering the blood, qi stagnation, obstruction of the thoroughfare and conception meridians by phlegm or dampness factors.

SB82 Irregular menstruation disorders (TM1)

A disorder characterized by an irregular menstrual cycle which is either delayed or early by seven days or more. It may be explained by liver system qi stagnation, kidney system dysfunction, disharmony of the thoroughfare and conception meridians or dysfunction of the uterus.

SB8Y Other specified menstruation cycle disorders (TM1)

SB8Z Menstruation cycle disorders (TM1), unspecified

SB90 Menorrhagia disorder (TM1)

A disorder characterized by heavy menstrual flow with an otherwise normal cycle. It may be explained by qi deficiency with dysfunction of the thoroughfare and conception meridians or injury of the thoroughfare and conception meridians associated with excess heat or fire.

SB91 Decreased menstruation disorder (TM1)

A disorder characterized by significantly decreased menstruation with a duration of less than two days. It is explained by deficient essence and blood and weakness of the uterus, or turbulent blood flow due to meridian obstruction.

SB92 Prolonged menstruation disorder (TM1)

A disorder characterized by menstruation which lasts more than seven days but with a normal menstrual cycle. It may be explained by yin deficiency associated with an accumulation of heat or fire in the body, deficient qi failing to control blood circulation, or obstruction of the thoroughfare and conception meridians by blood stasis.

SB93 Metrorrhagia disorder (TM1)

A disorder characterized by heavy menstruation or uterine bleeding at irregular intervals, particularly between the expected menstrual periods. It may be explained by dysfunction of the spleen or kidney systems, heat in the blood, blood stasis, or dysfunction of thoroughfare and conception meridians.

SB94 Amenorrhea disorder (TM1)

A disorder characterized by lack of menarche in females after puberty (Primary amenorrhoea). It may also refer to any cessation of menstruation which persists for at least three months in the absence of known etiology (Secondary amenorrhoea). It may be explained by dysfunction of the liver and kidney systems, qi and blood deficiency, yin deficiency related to decreased blood volume, deficiency of qi and blood in the thoroughfare and conception meridians, uterine infection, qi and blood stasis, or obstruction of the thoroughfare and conception meridians by dampness or phlegm.

SB95 Menopausal disorder (TM1)

A disorder characterized by persistent or intermittent symptoms that present around menopause, including irregular cycles, hot flashes with sweating, dizziness, tinnitus, insomnia, forgetfulness, palpitation, restlessness, irritation, edema, diarrhea, or dry and itching skin. It may be explained by decline of kidney system qi, exhaustion of reproductive substance and imbalance of yin and yang.

SB96 Dysmenorrhea disorder (TM1)

A disorder characterized by lower abdominal pain or pain in the lumbosacral region, during menstruation. It may be explained by emotional factors and environmental factors that lead to dysfunction of the thoroughfare and conception meridians, or deficient blood or essence may cause malnutrition of uterine related to deficient blood or essence.

SB9Y Other specified menstruation associated disorders (TM1)

SB9Z Menstruation associated disorders (TM1), unspecified

Pregnancy associated disorders (TM1) (SC00‑SC0Z)

This section contains TM disorders that may occur during pregnancy.

SC00 Morning sickness disorder (TM1)

A disorder characterized by nausea, vomiting, or loss of appetite during pregnancy, particularly after eating. It may be explained by reverse flow of the thoroughfare (penetrating) meridian qi or by failure of the stomach system qi to move downwards in the body.

SC01 Unstable fetus disorder (TM1)

A disorder characterized by pain in the abdomen or lumbar region, a sense of uterine prolapse or downward pressure or spotting. It may be explained by fetal weakness or disharmony of qi and blood in the thoroughfare (penetrating) and conception meridians.

SC02 Bladder pressure disorder (TM1)

A disorder characterized by lower abdominal distention with difficult urination during pregnancy. It may be explained by kidney system dysfunction or qi deficiency associated with the fetus pressing on the bladder.

Inclusions: Shifted colic disorder (TM1)

Shifted bladder disorder (TM1)

Bladder colic disorder (TM1)

SC03 Eclampsia disorder (TM1)

A disorder characterized by the sudden onset of dizziness, loss of consciousness, muscle spasms, full body stiffness, involuntary upward gaze, recurrent seizure, or coma that may occur during the late stage of pregnancy, labor or the purperium. It may be explained by wind generated by the liver system moving throughout the rest of the body, or excess phlegm and internal fire or heat moving upward in the body and affecting the head.

SC04 Floating sensation pregnancy disorder (TM1)

A disorder characterized by a sensation of pressure in the abdomen or thorax, dyspnea or irritability during pregnancy. It may be explained by the fetus moving and pressing upwards.

SC0Y Other specified pregnancy associated disorders (TM1)

SC0Z Pregnancy associated disorders (TM1), unspecified

Puerperium associated disorders (TM1) (SC10‑SC1Z)

This section contains a variety of TM disorders that may occur after childbirth.

SC10 Puerperal abdominal pain disorder (TM1)

A disorder characterized by paroxysmal pain in the lower abdomen after labor, with potential dizziness, lethargy, palpitation, shortness of breath, or the presence of a mass. It may be explained by deficiency of qi and blood, and / or stagnation of qi and blood.

SC11 Puerperal wind disorder (TM1)

A disorder characterized by muscle spasm or joint pain in the extremities, neck stiffness, lockjaw, or severe hyperextension and spasticity of the spine during or after labor. It may be explained by wind, cold, or dampness factors affecting the body, deficiency of qi or blood, yin deficiency, or infection.

SC12 Hypogalactia disorder (TM1)

A disorder characterized by decreased or absent lactation. It may be explained by deficiency of qi and blood, or stagnation of liver system qi.

SC13 Postpartum lochiorrhea disorder (TM1)

A disorder characterized by presence of vaginal discharge including blood, mucus and tissue for three consecutive weeks following delivery. It may be explained by heat in the blood, blood stasis, qi deficiency, decreased circulation of qi and blood, or infection.

SC1Y Other specified puerperium associated disorders (TM1)

SC1Z Puerperium associated disorders (TM1), unspecified

Other female reproductive system associated disorders (TM1) (SC20‑SC2Z)

This section covers some remaining TM disorders which are not included in other sections on female reproductive system disorders. The section includes TM disorders of the external genitalia and breasts, infections and tumors found in the reproductive organs and psychosomatic disorders.

SC20 Leukorrhea disorder (TM1)

A disorder characterized by vaginal discharge with abnormal color, quality and / or odor, or could be accompanied by regional or whole body symptoms. It may be explained by dampness accumulation in the lower part of body, usually accompanied with cold or heat, which cause dysfunction of the spleen system or the kidney system.

SC21 Vaginal flatus disorder (TM1)

A disorder characterized by frequent, noisy expulsion of gas from the vagina. It may be explained by dysfunction of qi activity or obstruction of the system by qi or phlegm.

SC22 Infertility disorder (TM1)

A disorder characterized by a failure to conceive for one year after normal sexual activity or after previous pregnancy, without taking any contraceptive measures and with a partner who has normal reproductive function. It may be explained by deficiency in the kidney system, depression in the liver system, phlegm, and blood stasis, resulting in dysfunction of thoroughfare (penetrating) and conception vessels as well as the uterus.

Inclusions: Female sterility disorder (TM1)

Exclusions: Male Infertility disorder (TM1)

SC23 Uterine mass disorder (TM1)

A disorder characterized by uterine tumor, often accompanied by advanced, prolonged menstruation or metrorrhagia. It may be explained by stagnation of qi and blood, or stasis of blood.

SC24 Breast lump disorder (TM1)

A disorder characterized by pain or palpable lumps in the breast that may alter in size throughout the menstrual cycle. It may be explained by emotional factors or phlegm associated with damage to or disharmony of the thoroughfare (penetrating) and conception meridians.

SC2Y Other specified other female reproductive system associated disorders (TM1)

SC2Z Other female reproductive system associated disorders (TM1), unspecified

SC4Y Other specified female reproductive system disorders (TM1) (including childbirth)

SC4Z Female reproductive system disorders (TM1) (including childbirth), unspecified

Bone, joint and muscle system disorders (TM1) (SC50‑SC6Z)

This section contains a series of TM disorders that are all attributable to dysfunction of the bone, joint and muscle system.

Joint impediment disorders (TM1) (SC50‑SC5Z)

A group of disorders characterized by local or migratory pain, soreness, heaviness, heat, swelling, stiffness or deformity in the body, particularly in the joints. They may be explained by wind, cold, dampness or heat factors and associated with stagnation of qi and blood affecting the meridians related to the muscles, tendons, ligaments, bones or joints.

SC50 Cold impediment disorder (TM1)

A disorder characterized by stationary pain aggravated particularly by the cold factor in the body, in the joints. It may be explained by cold, wind, or dampness factors that may lead to obstruction of the meridians.

SC51 Wind impediment disorder (TM1)

A disorder characterized by migratory pain in the body, particularly in the joints. It may be explained by wind, cold or dampness factors that may lead to obstruction of the meridians.

SC52 Dampness impediment disorder (TM1)

A disorder characterized by heaviness and stationary pain in the body, particularly in the joints. It may be explained by dampness, wind cold or factors that may lead to obstruction of the meridians.

SC5Y Other specified joint impediment disorders (TM1)

SC5Z Joint impediment disorders (TM1), unspecified

SC60 Muscle spasm disorder (TM1)

A disorder characterized by intense, paroxysmal pain of the muscles, tendons or ligaments in the gastrocnemius, fingers or toes, often associated with stiffness or difficult movement. It may be explained by cold and dampness factors affecting the lower limbs or slow, obstructed movement of qi and blood.

SC61 Lumbago disorder (TM1)

A disorder characterized by pain in the low back, spine, or paraspinal areas. It may be explained by kidney system disorders, lumbar injury causing qi and blood stagnation or blood stasis, overstrain, or environmental factors of heat, cold, or dampness affecting the body.

SC62 Numbness disorder (TM1)

A disorder with characteristic reduced sensitivity to touch, the patient may not feel his or her skin, or experience a crawling like sensation, that calls for scratching. It may be explained by diverse pathological processes, such as blood deficiency.

SC63 Wilting disorder (TM1)

A disorder with characteristic weakening and limp sinews that in severe cases leads to muscular atrophy whereby the patient is unable to lift legs and arms, which is the same as atrophy or flaccidity. It may be explained by diverse pathological processes, such as sequela of wind stroke disorder.

SC6Y Other specified bone, joint and muscle system disorders (TM1)

SC6Z Bone, joint and muscle system disorders (TM1), unspecified

Eye, ear, nose and throat system disorders (TM1) (SC70‑SC9Z)

This section contains a series of TM eye, ear, nose and throat system disorders.

SC70 Night blindness disorder (TM1)

A disorder characterized by the inability to see clearly at night or in poor light and gradually narrowed vision. It may be congenital or may be explained by deficiency of liver and kidney, and spleen qi deficiency.

SC71 Wind glaucoma disorder (TM1)

A disorder characterized by eye distending pain, mydriasis, color changed iris and declining eyesight. It may be explained by emotional depression, qi stagnation, intense fire or heat in the liver and gallbladder systems, or accumulation or stagnation of the aqueous humor.

SC72 Inflammatory eyelid disorder (TM1)

A disorder characterized by swelling, pain or redness of the eyelid. It may be explained by exuberant heat and stagnation in the meridians and collaterals.

SC73 Non-inflammatory eyelid disorder (TM1)

A disorder characterized by swelling of the eyelid with no change in the local skin color, which is not painful to the touch. It may be explained by spleen qi deficiency and flooding of water-dampness.

SC74 Corneal opacity disorder (TM1)

A disorder characterized by gray and white round disks like eye screen in the deep cornea, covers the pupil, obstructing the eyesight. It may be explained by liver channel wind-heat, liver-gallbladder heat, damp-heat brewing internally and vacuity fire upflaming.

SC75 Tinnitus disorder (TM1)

A disorder characterized by a sensation of ringing in the ears. It may be explained by deficiency of yin or blood, deficiency of kidney system essence, sinking of middle qi, wind, phlegm, fire or heat originating from inside the body and affecting the head or ears, or the environmental factor of wind entering the ears.

Exclusions: Cerebral tinnitus disorder (TM1)

Deafness disorders (TM1) (SC80‑SC8Z)

A group of disorders characterized by decreased or absent ability to hear with one or both ears. They may be explained by environmental factors of cold or fire entering the body, accumulation of phlegm, deficiency of qi and blood, drug poisoning, ear disorders or other systemic disorders.

SC80 Sudden deafness disorder (TM1)

A disorder characterized by sudden loss of hearing in one or both ears that may be accompanied by dizziness or tinnitus. It may be explained by visceral dysfunction, qi and blood stasis, or exuberant pathogenic factors attacking the ears.

SC81 Gradual deafness disorder (TM1)

A disorder characterized by a gradual decrease in hearing acuity in one or both ears. It may be explained by visceral dysfunction associated with the normal aging process, insufficiency of qi, blood, yin and yang that fail to nourish the ears, or Blockage of meridians with qi stagnation and blood stasis.

SC8Y Other specified deafness disorders (TM1)

SC8Z Deafness disorders (TM1), unspecified

SC90 Allergic rhinitis disorder (TM1)

A disorder characterized by sudden or recurrent episodes of itchiness in the nose, sneezing, watery discharge, or nasal congestion. It may be explained by dysfunction of the organs due to retention of wind and cold pathogenic factors and pollen or dust.

SC91 Nasal sinusitis disorder (TM1)

A disorder characterized by runny turbid nasal discharge and overabundance, accompanied with headache, nasal congestion, loss of sense of smell (hyposphresia). It may be explained by external pathogenic factors entering the nose, accumulation of heat in the viscera that steams the nasal orifice or organ deficiency with retention of pathogenic factors in the nasal sinuses.

SC92 Hoarseness disorder (TM1)

A disorder characterized by a hoarse voice and sore throat. It may be explained by environmental factors of wind-cold or wind-heat entering the throat or malnutrition of the larynx.

SC93 Tonsillitis disorder (TM1)

A disorder characterized by fever or sore throat with a red and swollen tonsil or yellowish white pustular spots on the surface, or a swollen, hard and blackish red tonsil. It may be explained by invasion of pathogenic factors in the tonsil, or weakness of viscera with up-flaming of deficiency fire, resulting in stagnation of qi and blood.

SC9Y Other specified eye, ear, nose and throat system disorders (TM1)

SC9Z Eye, ear, nose and throat system disorders (TM1), unspecified

Brain system disorders (TM1) (SD00‑SD4Z)

This section contains a series of TM disorders that are all attributable to the dysfunction of brain system.

SD00 Facial paralysis disorder (TM1)

A disorder characterized by sudden onset of facial numbness and distortion. It may be explained by the environmental factor of wind affecting the face.

Headache disorders (TM1) (SD10‑SD1Z)

A group of disorders characterized by pain in the head. They may be explained by invasion of wind-cold, and damp-heat factors, upper attack of wind yang and fire toxin, blockage of turbid phlegm which leads to unsmooth flow of meridian qi, and reverse flow of qi and blood, or deficiency of qi, blood, nutrients essence, failure of clear yang to ascend, and malnutrition of the brain.

SD10 Migraine disorder (TM1)

A disorder characterized by recurrent episodes of sudden, intense headache that may change location or suddenly abate. They may be explained by wind, cold, fire or heat factors, accumulation of phlegm factor or saliva, anger, anxiety or stress, imbalance of yin and yang, or reverse flow of qi and blood to the head.

SD11 Head wind disorder (TM1)

A disorder characterized by recurrent headache, dizziness, facial paralysis. It may be explained by heat, cold, or wind factors , by accumulation of phlegm factor or by blood stasis in the vessels of the head.

SD1Y Other specified headache disorders (TM1)

SD1Z Headache disorders (TM1), unspecified

SD20 Convulsion disorder (TM1)

A disorder characterized by neck rigidity, convulsion of the limbs, jaw clenching or intense spasm of the muscles in the back causing the spine to arch backwards. It may be explained by stagnation of dampness-heat, cold or wind factors, blood deficiency, yin deficiency or various infections.

Inclusions: Postpartum convulsion disorder (TM1)

SD21 Cerebral tinnitus disorder (TM1)

A disorder characterized by a sensation of ringing in the head. It may be explained by malnutrition of the head, accumulation of fire or heat in the head, or accumulation of phlegm and excess dampness.

Exclusions: Tinnitus disorder (TM1)

SD22 Vertigo disorder (TM1)

A disorder characterized by a sensation of dizziness or that one's surroundings are spinning. They may be explained by deficiency of qi, blood, or nutrients in the head or brain, wind, fire or summer-heat affecting the head, accumulation of phlegm, or blood stasis.

SD23 Forgetfulness disorder (TM1)

A disorder characterized by partial or total loss of memory. It may be explained by dysfunction of the heart or spleen systems, senility, accumulation of phlegm or blood stasis.

SD24 Frequent protrusion of tongue disorder (TM1)

A disorder characterized by involuntary movement of the tongue and often manifesting as tremor, which can frequently seen in children with mental underdevelopment. It may be explained by heat accumulation in the heart or spleen systems and their related meridians.

Wind stroke disorders (TM1) (SD30‑SD3Z)

A group of disorders characterized by sudden fainting, hemiplegia, numbness of limbs, and aphasia due to stiff tongue. It may be explained by reverse flow of qi and blood, obstruction of brain vessels or intracranial bleeding.

SD30 Prodrome of wind stroke disorder (TM1)

A disorder characterized by sudden headache, dizziness, numbness or weakness of the limbs. It may be explained by a minor lesion caused by obstruction or spasm of brain vessels or intracranial bleeding.

Inclusions: Onset of wind stroke (TM1)

Exclusions: Sequela of wind stroke disorder (TM1)

SD31 Sequela of wind stroke disorder (TM1)

A disorder characterized by paralysis or partial paralysis of the body, the inability to speak or understand words, dementia, dizziness, walking instability, limb pain or aphasia. It may be explained by malnutrition of the brain and limbs after a wind stroke.

Exclusions: Prodrome of wind stroke disorder (TM1)

SD3Y Other specified wind stroke disorders (TM1)

SD3Z Wind stroke disorders (TM1), unspecified

SD40 Syncope disorder (TM1)

A disorder characterized by temporary loss of consciousness with cold extremities up to the elbows and knees or beyond. It may be explained by qi counterflow due to pathogenic factors.

Inclusions: Qi syncope disorder (TM1)

Blood syncope disorder (TM1)

Phlegm syncope disorder (TM1)

Hunger syncope disorder (TM1)

Cold syncope disorder (TM1)

Exclusions: wasting thirst related syncope disorder (TM1)

SD4Y Other specified brain system disorders (TM1)

SD4Z Brain system disorders (TM1), unspecified

SD6Y Other specified other body system disorders (TM1)

SD6Z Other body system disorders (TM1), unspecified

Qi, blood and fluid disorders (TM1) (SD70‑SD7Z)

This section comprises a range of TM disorders grouped together by imbalance of the qi, blood or fluid. These TM disorders can be caused by changes in one or more of the followings: external environment, mental stress, irregular meals.

SD70 Qi goiter disorder (TM1)

A disorder characterized by diffuse swelling at both sides of the thyroid commonly soft with normal skin colour, sometimes accompanied by nodules. It may be explained by depression of liver system qi, qi stagnation, or yang deficiency, yin deficiency, or heat in the liver or heart systems, disharmony of the thoroughfare and conception meridians, or drinking contaminated water with associated accumulation of phlegm and qi in the throat.

SD71 Wasting thirst disorder (TM1)

A disorder characterized by increased thirst, excessive eating and increased urination with glycosuria, as well as by potential emaciation. It may be explained by factors which deplete yin fluids in the lung, spleen or kidney systems and generate fire and heat in the body, such as improper food intake, febrile disease, exhaustion, emotional factors.

SD72 Consumptive disorder (TM1)

A disorder characterized by lassitude, short breath, pale tongue, weak pulse. It may be explained by insufficiency of qi, blood, yin, yang or decreased functions of organ systems.

SD7Y Other specified qi, blood and fluid disorders (TM1)

SD7Z Qi, blood and fluid disorders (TM1), unspecified

Mental and emotional disorders (TM1) (SD80‑SD8Z)

This section comprises a series of TM disorders that are all attributable to disharmony of emotions or mental state.

SD80 Lily disorder (TM1)

A disorder characterized by confusion, decreased ability to concentrate, or a generalized sense of dissatisfaction associated with bitter taste, red urine, thready and rapid pulse, which may be a sequela of an acute febrile disorder or head disorder. It may be explained by insufficiency of yin fluid, imbalance of qi and blood, malnutrition.

Exclusions: Hysteria disorder (TM1)

Insomnia disorders (TM1)

SD81 Manic disorder (TM1)

A disorder characterized by psychopathy, mania, restlessness, and irritability. It is caused by emotional upset, imbalance of yin and yang, excess phlegm-fire and blood stasis which disturb the heart spirit.

SD82 Depression disorder (TM1)

A disorder characterized by depressed mood with feelings of despair, depressive mood, irritability, weep, hypochondriac pain, pharyngeal foreign body sensation, sleepiness. It may be explained by chemical imbalance in the brain or emotional factors, and the imbalance of qi and blood.

Inclusions: Postpartum depression disorder (TM1)

Pregnancy depression disorder (TM1)

SD83 Uneasiness disorder (TM1)

A disorder characterized by restlessness, or sadness. It may be explained by emotional factors, postpartum, deficiency of yin blood, long term build up of fire or heat, depletion of the congenital essence, imbalance of yin and yang, or disturbance of qi activity.

Exclusions: Depression disorder(TM1)

Lily disorder(TM1)

SD84 Insomnia disorder (TM1)

A disorder characterized by unsatisfactory quantity and/or quality of sleep, dizziness or loss of memory. It may be explained by emotional factors, an imbalance of yin and yang or disturbance in thoughts.

SD85 Somnolence disorder (TM1)

A disorder characterized by excessive, involuntary, and inexplicable sleepiness during the daytime. It may be explained by an accumulation of turbid phlegm in the body or failure of clear yang to move upwards to the head.

SD86 Dementia disorder (TM1)

A disorder characterized by impairment or loss of intellectual capacity or personality. It may be explained by age related deficiency of qi and blood, blood stasis and a build up of turbid phlegm obstructing brain function, mental disturbance, or brain damage.

Inclusions: Aged dementia disorders (TM1)

Exclusions: Amnesia disorder (TM1)

SD87 Repressed fire disorder (TM1)

A disorder characterized by sensation of heat, stuffiness, dry mouth, anxiety, depression, irritability, headache, dizziness, loss of appetite, or epigastric distension. It may be explained by chronically repressed anger inducing mental and physical symptoms.

SD8Y Other specified mental and emotional disorders (TM1)

SD8Z Mental and emotional disorders (TM1), unspecified

External contraction disorders (TM1) (SD90‑SE2Z)

This section comprises a range of epidemical infections caused by contact of the respiratory, digestive and dermatology systems with mediators like contaminated air, unclean food and water, rats and bugs.

This section includes a range of bacterial, viral, fungal, protozoan and parasitic infections.

Chief complaints of these disorders begin with symptoms such as aversion to cold, fever and body aches, depending on the infection source and site; more distinguishing symptoms are shown such as high fever, vomiting, diarrhea.

SD90 Seasonal cold disorder (TM1)

A disorder characterized by the sudden onset of fever, swollen throat, headache or body pain. It may be explained by infection entering the lung system.

Exclusions: Common cold disorder (TM1)

SD91 Fatigue consumption disorder (TM1)

A disorder characterized by the presence of cough, productive cough, cyclical fever, night sweating, coughing up blood, seminal emission, diarrhea, chest pain or a sensation of heat in the extremities. It may be explained by excessive mental or physical work, excessive sexual activity or various infections.

Exclusions: Flowing phlegm disorder (TM1)

SD92 Severe vomiting and diarrhoea disorder (TM1)

A disorder characterized by the sudden onset of intense vomiting and diarrhoea with stool that resembles rice water, sunken eyes, spasm of calf, consumption of fluids and even death due to syncope and prostration. It may be explained by the dysfunction of the spleen system.

Exclusions: Diarrhea disorder (TM1)

Cholera

SD93 Alternating fever and chills disorder (TM1)

A disorder characterized by alternating episodes of fever and chills with headache that may be relieved after sweating, or mass in the left hypochondrium. It may be explained by the interaction between the pathological exogenous factors and defense qi.

Exclusions: Malaria

SD94 Parasitic disorder (TM1)

A disorder characterized by excessive gas in the intestinal tract and fluid accumulation in the peritoneal cavity. It may be explained by infection of the body by some external agent.

SD95 Flowing phlegm disorder (TM1)

A disorder characterized by the gradual onset of abscess or fistula in the bones or effusion in the joints that heals slowly. It may be congenital or explained by weak bones due to kidney system dysfunction or accumulation of turbid phlegm associated with mycobacterium tuberculosis infection.

Inclusions: Bone and joint tuberculosis disorder (TM1)

Warmth disorders (TM1) (SE00‑SE0Z)

A group of communicable disorders characterized by clinical manifestation with significant feature of heat or fire, such as fever, dark urine, red tongue and rapid pulse. It may be explained by external contraction of communicable factors with the feature of fire or heat or summer heat.

SE00 Summer-heat disorder (TM1)

A disorder characterized by the sudden onset of fever, headache, vomiting, or stiff neck in the summer, with the potential for coma, seizure or spastic paralysis which may be temporary and is contagious. It may be explained by the environmental factor of fire entering the body, particularly the brain, associated with mosquito bites.

SE01 Spring warmth disorder (TM1)

A disorder characterized by the sudden onset of fever, headache, stiff neck, vomiting, discolored spots of the skin, or restlessness in winter or spring, with the potential for coma or delirium and which may be contagious. It may be explained by the environmental factor of fire entering the body, particularly the brain, through respiration.

SE02 Dampness and warmth disorder (TM1)

A disorder characterized by persistent fever, epigastric fullness, abdominal distention, a greasy coating on the tongue, bradycardia, lack of facial expression, rose colored rash, psoriasis, mass in the left hypochondrium or decreased levels of leucocytes, and which may be contagious. It may be explained by qi stagnation or the environmental factors of fire or dampness entering the body, through respiration and effecting the middle region of the trunk (historically known as the middle energizer region).

SE0Y Other specified warmth disorders (TM1)

SE0Z Warmth disorders (TM1), unspecified

SE2Y Other specified external contraction disorders (TM1)

SE2Z External contraction disorders (TM1), unspecified

Childhood and adolescence associated disorders (TM1) (SE30‑SE3Z)

This section comprises a range of TM disorders that may occur during infancy, childhood or adolescence. They are associated with delayed growth and development.

SE30 Developmental delay disorder (TM1)

A disorder characterized by developmental delay, such as in standing, walking, teething, or speaking. It may be explained by dysfunction of the spleen and kidney systems.

SE31 Growth fever disorder (TM1)

A disorder characterized by fever or febrile sensation. It may be explained by the growth and development of the infant.

SE32 Growth pain disorder (TM1)

A disorder characterized by physiological pain due to the rapid growth and development of the child. It may be explained by rapid growth of the child.

SE33 Acute convulsion disorder (TM1)

A disorder in an infant or child characterized by acute convulsions, fever, phlegm, pulling pain, trembling, and loss of consciousness. It may be explained by such pathologic factors as exogenously provoked wind, fire, and phlegm.

SE34 Recurrent convulsion disorder (TM1)

A disorder in an infant or child characterized by recurrent convulsions, pulling pain, trembling, and loss of consciousness that has chronically developed in an infirmly or convalescent individual. It may be explained by such pathologic factors as wind, and phlegm built by dysfunctional spleen and kidney system.

SE35 Fright seizure disorder (TM1)

A disorder characterized by fright induced seizures that cause vomiting, abdominal pain, and even convulsions. It may be caused by the instability of spirit qi that is not mature enough as of an infant.

SE36 Night crying disorder (TM1)

A disorder characterized by frequent or prolonged crying at night that is not present during the day. It may be explained by an accumulation of cold factor in the spleen system, fire or heat factors in the heart system or fear.

SE37 Infantile malnutrition disorder (TM1)

A disorder characterized by emaciation, weakness, and failure to thrive. It may be explained by improper feeding or other diseases, or congenital deficiency, that may cause malfunction of the spleen and stomach systems, consumption of qi and body fluid.

SE38 Dribbling disorder (TM1)

A disorder characterized by abnormal or excessive salivation. It may be explained by an accumulation of fire or heat in the spleen and stomach systems or dysfunction of the spleen system.

SE39 Diaper dermatitis disorder (TM1)

A disorder characterized by flushing and discoloured spots of the skin, ulceration and exudation at the hip, perineum, vulva, scrotum and medial side of the thigh. It may be explained by contact with wet diapers.

SE3A Infant stiffness disorder (TM1)

A disorder characterized by cold and stiff hands, feet, mouth, nape and/or total skin, It may be explained by inactivity of primordial yang or coagulation of blood due to the cold factor.

SE3B Infant limpness disorder (TM1)

A disorder characterized by flaccidity of head, nape, mouth, hands, feet and muscles. It may be explained by deficient prenatal qi, malnutrition or improper feeding that causes deficiency of qi and blood.

SE3Y Other specified childhood and adolescence associated disorders (TM1)

SE3Z Childhood and adolescence associated disorders (TM1), unspecified

SE5Y Other specified traditional medicine disorders (TM1)

SE5Z Traditional medicine disorders (TM1), unspecified

Traditional medicine patterns (TM1) (SE70‑SJ1Z)

A pattern in traditional medicine, pattern (TM1), refers to the complete clinical presentation of the patient at a given moment in time including all findings. Findings may include symptomology or patient constitution, among other things (please refer to chapter definition for further details).

Principle-based patterns (TM1) (SE70‑SE7Z)

This section is about the most basic doctrine for pattern identification in Traditional Medicine.

Based on the analysis of symptomatology and constitution of a patient, patterns are categorized into eight principles which consist of four groups of opposing characteristics i.e. Yin & Yang, Heat & Cold, Deficiency & Excess and Interior & Exterior (and with the addition of three intermediate patterns). These principles constitute the most basic patterns which may be combined for pattern differentiation in more refined detail.

SE70 Yang pattern (TM1)

A pattern with collective characteristics of exterior, heat, and excess patterns with excitatory, hyperfunctional, restless or bright manifestations, outward and upward symptoms. It may be explained by pathogenic factors of a yang nature.

SE71 Yin pattern (TM1)

A pattern with collective characteristics of interior, cold, and deficiency patterns with inhibitory, hypofunctional, quiescent, or dimmed manifestations, inward and downward symptoms. It may be explained by pathogenic factors of a yin nature.

SE72 Heat pattern (TM1)

A pattern characterized by fever, aversion to heat and preference for cold, thirst, flushed face, irritability and vexation, thick yellow sputum and nasal mucus, short voidings of dark-colored urine, constipation, red tongue with yellow coating, or a rapid pulse. It may be explained by external heat factor, prevalence of yang qi, or by an excess of internal heat production.

SE73 Cold pattern (TM1)

A pattern characterized by aversion to cold or fear of cold, cold pain with preference for heat, absence of thirst, thin clear sputum and nasal mucus, long voidings of clear urine, loose bowels, white facial complexion, pale tongue with white coating, and a tight or slow pulse. It may be explained either by an external cold factor, by deficient yang within the body, or by an insufficient internal heat production.

SE74 Excess pattern (TM1)

A pattern characterized by forceful pulse or a robust body with a strong constitution and a strong abdominal wall. It may be explained by strong responses against external pathogenic factors such as, the six excesses, pestilential pathogens, worms and toxins, by accumulated pathological products (due to dysfunction of internal organs), such as phlegm, retained fluid, water, dampness, pus, static blood, and retained food.

SE75 Deficiency pattern (TM1)

A pattern characterized by fatigue, feeble pulse or a vulnerable body with a weak constitution and a weak abdominal wall. It may be explained by weak response against the pathogenic factors, by deficiency of the healthy qi, including deficiency of yin, yang, qi, and blood.

SE76 Exterior pattern (TM1)

A pattern characterized by aversion to cold or to wind, fever, headache, body aches, a film coating the tongue or floating pulse. These signs and symptoms are usually seen at the early stage of external contraction related disorders, mainly characterized by sudden onset, superficial location, mild and short-term in nature. It may be explained by pathogenic factors affecting the exterior part of the body such as skin, joints and head and the subsequent reaction against those factors.

SE77 Interior pattern (TM1)

A pattern characterized by persistent or recurrent abdominal distension, abdominal pain, constipation, diarrhea, or deep pulse which are of deeply located, severe nature or long duration. It may be explained by pathogenic factors entering the deep parts of organs, qi, blood or bone marrow and the subsequent reaction of the body against the pathogens.

SE78 Moderate (Heat/Cold) pattern (TM1)

A pattern characterized by absence of findings that indicate Heat pattern (TM), such as heat intolerance, red complexion, hot limbs, or Cold pattern (TM), such as cold intolerance, pale complexion, cold limbs. It may be explained by average level of metabolic activity.

SE79 Medium (Excess/Deficiency) pattern (TM1)

A pattern characterized by [at the onset of febrile condition] chills with or without sweating, floating pulse of intermediate strength, [in case of non-febrile condition] pulse of intermediate strength, abdominal wall of intermediate strength. It may be explained by intermediate response to pathogens.

SE7A Tangled cold and heat pattern (TM1)

A pattern characterized by co-existence of the Cold pattern (TM) and Heat pattern (TM), such as hot flashes at upper body parts with cold sensation and pale color at lower body parts. It may be explained by co-existence of increased and decreased heat production in different parts of the body.

SE7Y Other specified principle-based patterns (TM1)

SE7Z Principle-based patterns (TM1), unspecified

Environmental factor patterns (TM1) (SE80‑SE8Z)

This section comprises patterns with a shared explanation related to environmental factors (i.e. wind, cold, dampness, dryness, fire, summer-heat) and the presence of the pathogens, parasites or toxins.

SE80 Wind factor pattern (TM1)

A pattern characterized by fever, aversion to wind, moving pain, stiff tongue, dizziness, blurred vision, pruritus, numbness of the limbs, tremors, convulsions, deviated eye and mouth or hemiplegia. It may be caused by wind factor, ascending reverse flow of liver qi or liver wind within the body.

SE81 Cold factor pattern (TM1)

A pattern characterized by aversion to cold or fear of cold, cold pain with preference for heat, absence of thirst, thin clear sputum and nasal mucus, long voidings of clear urine, loose bowels, white facial complexion, pale tongue with white coating, or a tight or slow pulse. It may be caused by external cold factor, deficiency of yang qi or excess of yin cold within the body.

SE82 Dampness factor pattern (TM1)

A pattern characterized by fatigue, heavy cumbersome limbs, heavy-headedness, poor appetite, abdominal distention, loose stool, slippery and greasy tongue coating, or a soggy and moderate pulse.

It may be caused by external dampness factor or by dampness produced in the body subsequent to spleen and kidney yang deficiency that leads to decreased fluid transportation and transformation, which then results in water stagnation.

SE83 Dryness factor pattern (TM1)

A pattern characterized by dry skin, pruritus, dry nose, dry mouth and throat, dry cough, dry eye or constipation. It may be caused by external dryness factor or by internal dryness resulted from the shortage of body fluid.

SE84 Fire-heat factor pattern (TM1)

A pattern characterized by high fever, headache, red eyes, bitter taste in the mouth, dry mouth, or and thirst for cold drinks. It may be caused by heat and fire contracted externally or engendered internally.

SE85 Summer-heat factor pattern (TM1)

A pattern characterized by high fever with sweating, thirst, shortness of breath, lassitude, cumbersome limbs, short voidings of dark-colored urine, a red tongue, or a rapid and feeble pulse. It may be caused by contraction of external summer-heat.

SE86 Pestilent factor pattern (TM1)

A pattern with a shared explanation related to the presence of pathogens, parasites, or toxins.

SE8Y Other specified environmental factor patterns (TM1)

SE8Z Environmental factor patterns (TM1), unspecified

Body constituents patterns (TM1) (SE90‑SF4Z)

This section comprises a range of dysfunctions of four body constituents, which is qi, blood, fluid and essence. These patterns are grouped together on the basis of their common etiology such as an abnormal flow of qi, blood, or essence or dysfunctional distribution of fluid.

Qi patterns (TM1) (SE90‑SE9Z)

This section comprises a range of Qi disturbance patterns grouped together on the basis of their having in common a demonstrable etiology in Qi, which means invisible action, function, or working that circulates throughout the body.

Exclusions: Qi phase patterns (TM1)

SE90 Qi deficiency pattern (TM1)

A pattern characterized by decreased vitality, fatigue, weakness, appetite loss, short breath, no desire to speak, spontaneous sweating, or feeble pulse. It may be explained by decreased or insuficient quantity of qi.

Inclusions: Qi decrease pattern (TM1)

SE91 Qi stagnation pattern (TM1)

A pattern characterized by a sensation of obstruction in the throat, a sensation of ear tube obstruction, fullness in the chest and hypochondrium or abdominal distension, depressive state or pain. It may be explained by the hindered qi movement.

SE92 Qi uprising pattern (TM1)

A pattern characterized by coughing, panting, hiccuping, vomiting, and distention of the abdomen. It may be explained by abnormal upward movement of qi.

SE93 Qi sinking pattern (TM1)

A pattern characterized by shortness of breath, dizziness, tiredness, downward distension of the abdomen, hypogastria, diarrhea, haemorrhoids, and perineum prolapse. It may be explained by failure of qi’s function to lift or hold.

SE94 Qi collapse pattern (TM1)

A pattern characterized by sudden onset of pale tongue and complexion, cyanotic lips, perspiration, cold limbs, dyspnea or thready and rapid pulse. It may be explained by the sudden loss of genuine qi.

SE9Y Other specified qi patterns (TM1)

SE9Z Qi patterns (TM1), unspecified

Blood patterns (TM1) (SF00‑SF0Z)

This section comprises a range of patterns related to the dysfunction of blood as a body constituents. Blood patterns (TM) may be explained by malnutrition due to anemia, problems in blood circulation including the obstruction of venous return.

Exclusions: Blood phase patterns (TM1)

SF00 Blood deficiency pattern (TM1)

A pattern characterized by anemia, atrophic dry skin, alopecia, nail deformity, muscle cramp, forgetfulness, pale or sallow complexion, pale lips, tongue and nails, dizziness, dim vision, palpitation, dreaminess, numbness of hands and feet, and in women, scanty, light-colored menstrual blood, irregular menstruation or amenorrhoea, thready pulse, etc. It may be explained by deficient blood which fails to nourish the viscera, meridians and body.

Inclusions: Blood decrease patterns (TM1)

SF01 Blood stasis pattern (TM1)

A pattern characterized by dark complexion, local bluish and purplish lump, pain which is fixed in one place, bleeding with dark blood and dark clots, purple or spotted tongue, purple lips, wiry firm or choppy pulse. It is a common pattern in various menstrual disorders such as amenorrhea, dysmenorrhea, menopausal syndrome; lower abdominal fullness, varicose veins, hemorrhoids, mood swings or sublingual varicosis. It may be explained by problems in blood circulation.

SF02 Blood heat pattern (TM1)

A pattern characterized by bleeding, including nosebleeds, vomiting of blood, coughing up blood, blood in the stool, skin eruption with bleeding, profuse and bright red menstrual blood, fever, agitation, restlessness, delirium, convulsions, a crimson tongue or rapid wiry pulse. It may be explained by fire or heat entering the blood.

Exclusions: Blood cold pattern (TM)

SF03 Blood cold pattern (TM1)

A pattern characterized by cold pain of the extremities with dark purple skin or cramps in the lower abdomen which are relieved by warmth and exacerbated by cold, delayed menstruation and dark purple menstrual discharge with blood clots, white tongue coating or sunken, slow and rough pulse. It may be explained by excessive external cold factor induced qi stagnation or cold factor blocking the circulation of qi and blood.

Exclusions: Qi patterns (TM1)

Blood heat pattern (TM1)

SF04 Blood dryness pattern (TM1)

A pattern characterized by dry mouth and throat, pain in throat, dry skin, dry and lusterless hair, nasal bleeding, constipation, dizziness, and dry tongue. It may be explained by insufficiency of body yin or heat which is created within the body.

Exclusions: Qi patterns (TM1)

Blood heat pattern (TM1)

SF0Y Other specified blood patterns (TM1)

SF0Z Blood patterns (TM1), unspecified

Fluid patterns (TM1) (SF10‑SF1Z)

This section comprises a range of patterns related to the dysfunction of fluid as a body constituent. Fluid patterns (TM) may be explained by the retention or imbalance of water and dampness inside the body.

SF10 Fluid deficiency pattern (TM1)

A pattern characterized by, dry mouth and throat, parched lips, and cracking at the corners of the mouth, dry skin, thirst with desire to drink, scanty urination, dry bowel movements, red dry tongue and thready, rapid, and feeble pulse. It may be explained by insufficient body fluids that fail to moisten and nourish the organs and body tissues.

Exclusions: Essence deficiency pattern (TM1)

SF11 Fluid disturbance pattern (TM1)

A pattern characterized by thirst, edema, vertigo, headache, spontaneous sweating, vomiting or watery diarrhea. It may be explained by abnormal distribution of body fluids.

Inclusions: Fluid retention pattern (TM1)

SF12 Dry-phlegm pattern (TM1)

A pattern characterized by scant or blood tinged sputum that is difficult to cough up, chest pain or discomfort, dry mouth, nose and throat, a dry or greasy tongue coating or a thready, astringent and rapid pulse. It may be explained by the accumulation of fire/heat, dryness or turbid phlegm in the lung system.

SF13 Damp phlegm pattern (TM1)

A pattern characterized by profuse, thick sputum that is easy to cough up, a sensation of heaviness in the limbs, stuffy chest and epigastrium, poor appetite, stickiness in the mouth, white and greasy tongue coating, soggy and moderate or slippery pulse. It may be explained by a build up of dampness or phlegm in the spleen and lung.

SF14 Phlegm-fire harassing the heart system pattern (TM1)

A pattern characterized by restlessness, insomnia or even raving madness, fever, thirst, stuffy chest, yellow phlegm, red tongue tip, yellow greasy tongue coating, and rapid slippery pulse. It may be explained by phlegm-fire that impacts the heart system.

SF15 Wind-phlegm pattern (TM1)

A pattern characterized by expectoration of frothy sputum, chest distress, dizziness, distending pain of the head and eyes, throat congestion, numbness of the limbs, loss of consciousness with an inability to speak, facial spasms, white greasy tongue coating, or wiry, slippery pulse. It may be explained by imbalance in the wood element causing excessive wind or turbid phlegm.

SF1Y Other specified fluid patterns (TM1)

SF1Z Fluid patterns (TM1), unspecified

Essence patterns (TM1) (SF20‑SF2Z)

This section comprises a range of Essence dysfunction patterns (TM). They are grouped together based on their common etiology in Essence, which builds up the physical structure and maintains body function, or reproductive essence stored in the kidney system. Essence Patterns (TM) may be explained by the deficiency of the fundamental substance inside the body.

SF20 Essence deficiency pattern (TM1)

A pattern characterized by a range of symptoms including underweight, lethargy, dizziness, hypermicrosoma, slow response. It may be explained by the lack of nourishment of the vital organs.

SF2Y Other specified essence patterns (TM1)

SF2Z Essence patterns (TM1), unspecified

SF4Y Other specified body constituents patterns (TM1)

SF4Z Body constituents patterns (TM1), unspecified

Organ system patterns (TM1) (SF50‑SG1Z)

Liver system patterns (TM1) (SF50‑SF5Z)

This section contains a series of TM patterns that are all attributable to dysfunction of Liver system. The system is consists of the liver, gallbladder, tendon, nails, eyes, related meridians and collaterals.

SF50 Liver yin deficiency pattern (TM1)

A pattern characterized by mild dizziness, dim vision, dry eyes, blurred vision, flushed cheeks, burning pain of hypochondrium, irritation with a sensation of heat in the palms, soles and the chest, red tongue with less or peeling coating, or a thready, rapid pulse. It may be explained by deficient yin fluid of the liver required to cool and nourish the tissues associated with the liver system and produces deficiency heat.

SF51 Liver yang deficiency pattern (TM1)

A pattern characterized by distension and oppression in the hypochondriac regions, dizziness, blurred vision, depression and susceptibility to fright, fear of cold with cold limbs, pale tongue with white coating and deep, slow, feeble pulse. It may be explained by insufficient yang qi with diminished function of the organ in the liver system, and produces deficiency cold.

SF52 Liver yang ascendant hyperactivity pattern (TM1)

A pattern characterized by dizziness, ringing in the ears, distending pain of the head and eyes, heaviness of the head, reddish complexion and eyes, agitation, irritability, insomnia, dream disturbed sleep, aching and weakness of the waist and knees, bitter taste, red tongue, or wiry pulse. It may be explained by deficient liver-kidney yin that lets liver yang get out of control with exaggerated movement that stirs upwards and affects the head.

SF53 Liver qi deficiency pattern (TM1)

A pattern characterized by blurred vision, a sensation of fullness in the hypochondrium, emotional upset, a feeling of fear, bluish complexion, dizziness, short breath, fatigue, dull nails, pale tongue and weak pulse. It may be explained by deficiency of qi resulting in impaired function of the liver system.

SF54 Liver blood deficiency pattern (TM1)

A pattern characterized by mild dizziness, dim or blurred vision, night blindness, numbness of the limbs, scant light-colored menstruation or amenorrhea, pale complexion, nail beds and tongue, or a thready pulse. It may be explained by depletion of blood in the liver organ, or other condition that causes a lack of normal blood in the body and failure to nourish the liver and tissues associated with the liver system.

SF55 Liver depression and blood stasis pattern (TM1)

A pattern characterized by depression, distending or sharp pain or formation of a fixed mass in the hypochondrium region or pelvis, purple tongue or purple spots on the tongue or a wiry, astringent pulse. It may be explained by liver qi stagnaton causing blood stasis in the liver system.

SF56 Liver wind stirring the interior pattern (TM1)

A pattern characterized by convulsions of the limbs, dizziness, and trembling. It may be explained by dysfunction of the liver system associated with wind-yang, fire-heat, yin deficiency or blood deficiency.

SF57 Liver qi stagnation pattern (TM1)

A pattern characterized by distending and burning pain of the hypochondrium, along with restlessness, irritability, bitter taste, dry mouth, red tongue with yellow coating or a wiry rapid pulse. It may be explained by long-term stagnation of liver system qi induced internal fire factor that affects tissues and functions associated with the liver system.

SF58 Liver fire flaming upward pattern (TM1)

A pattern characterized by fever, thirst, headache, dizziness, restlessness, insomnia, reddish painful and swollen eyes, sudden tinnitus, or sudden deafness, or bright-red blood from the upper body (nose or mouth, through coughing, or vomiting), irritability, bitter taste, reddish complexion, red tongue with yellow coating, rapid wiry pulse. It may be explained by hyperactivity of excess liver fire flaming upward to the head or the tissues associated with the liver system.

SF59 Liver heat stirring wind pattern (TM1)

A pattern characterized by high fever, thirst, coma and delirium, spasms of the limbs, opisthotonos, red tongue with yellow coating or rapid pulse. It may be explained by excess heat that generates internal wind.

SF5A Liver-gallbladder dampness-heat pattern (TM1)

A pattern characterized by fever, yellowish discoloration of the skin and eyes, hypochondrium and abdominal pain, or a lump in the hypochondrium, bitter taste in the mouth, anorexia, vomiting, nausea, dislike of greasiness, yellow urine, red tongue with yellow and greasy coating and a slippery-rapid pulse. It may be explained by accumulation of dampness-heat in the liver and gallbladder systems resulting in impaired bile flow, and downward pouring of dampness-heat.

SF5B Liver meridian dampness-heat pattern (TM1)

A pattern characterized by distending pain of the hypochondrium, or moist, itching and painful swollen genitalia, or distending pain and suppuration of the ear, red tongue with yellow greasy coating and rapid slippery pulse. It may be explained by dampness and heat invading the liver meridian.

SF5C Liver meridian cold stagnation pattern (TM1)

A pattern characterized by cold-natured pain of the lower abdomen or contracting pain of the exterior genitalia, or parietal headache that are aggravated by cold and relieved by warmth, aversion to cold, cold limbs, vomiting of saliva or vomiting clear mucus, white tongue coating, or a wiry, tight pulse. It may be explained by the invasion of the external cold factor that stagnates in the liver meridian.

SF5D Gallbladder qi deficiency pattern (TM1)

A pattern characterized by a tendency toward panic, suspicion, low spirits, easy to cry due to sadness, lethargy, dreaminess and insomnia, pale tongue and weak pulse. It may be explained by deficiency of gallbladder system qi that makes the heart spirit disquiet and susceptible to fright.

SF5E Gallbladder depression with phlegm harassment pattern (TM1)

A pattern characterized by restlessness, timidity, dreaminess and insomnia, oppression and distension in the chest and hypochondriac region, frequent sighing, dizziness, bitter taste in the mouth, excessive phlegm, nausea, vomiting, greasy tongue coating or wiry pulse. It may be explained by disturbance of turbid phlegm that leads to gallbladder system stagnation and the failure to diffuse qi.

SF5F Gallbladder heat pattern (TM1)

A pattern characterized by irritability, anger, hypochondriac distension, bitter taste in the mouth, or ear pain, tinnitus, insomnia, or red tongue with yellow coating and slippery-rapid pulse. It may be explained by excess heat invading the gallbladder system and in particular its meridian.

SF5G Gallbladder cold pattern (TM1)

A pattern characterized by aversion to cold, cold limbs, muscular weakness, hypochondriac pain, vomiting of clear fluid, impaired digestion, dizziness, lethargy, timidity or insomnia, pale tongue and slow pulse. It may be explained by gallbladder qi deficiency causing dysfunction in the liver and gallbladder system.

SF5H Liver and kidney yin deficiency pattern (TM1)

A pattern characterized by mild dizziness, blurred vision, ringing in the ears, forgetfulness, insomnia and dream-disturbed sleep, hypochondriac pain, aching soreness in lower back and legs, decreased muscle tone in the legs, flushed cheeks, heat sensation in the chest, palms and soles, night sweats, nocturnal emission in men, scant menstruation in women, red tongue with less or peeling coating or a rapid thready pulse. It may be explained by inadequate of yin fluids in the liver and the kidney systems causing deficiency fire symptoms.

SF5J Disharmony of liver and spleen systems pattern (TM1)

A pattern characterized by pain and/or distension of hypochondrium, abdominal distension, reduced appetite, depression, irregular bowel movement, abdominal pain relieved after defecation, or a wiry and slow pulse. It may be explained by depressed liver qi that impairs the functions of the spleen system.

SF5K Disharmony of liver and stomach systems pattern (TM1)

A pattern characterized by distension, fullness and pain of the epigastrium and hypochondrium, belching, nausea, hiccup, vomiting, acid regurgitation, depression, reduced appetite, and wiry pulse. It may be explained by stagnation of liver system qi that flows upwards to invade the stomach system, disturbing stomach system qi to descend normally and leading to the presence of stomach system symptoms.

SF5L Liver fire invading the stomach system pattern (TM1)

A pattern characterized by a burning sensation and pain in the stomach, epigastrium and hypochondrium, bitter taste, dry mouth, vomiting of bitter liquid, constipation, yellow urine, red tongue with yellow coating or a wiry, rapid pulse. It may be explained by excess liver fire that invades the stomach system, impacting stomach system qi to descend normally and cause digestive dysfunction.

SF5M Liver fire invading the lung system pattern (TM1)

A pattern characterized by dry cough or cough with thick sputum or blood, burning pain in the chest and hypochondrium, bitter taste, irritability, red tongue and rapid wiry pulse. It may be explained by excess liver fire that moves upwards to invade the lung system.

SF5Y Other specified liver system patterns (TM1)

SF5Z Liver system patterns (TM1), unspecified

Heart system patterns (TM1) (SF60‑SF6Z)

This section contains a series of TM patterns that are all attributable to dysfunction of Heart system. The system consists of the heart and small intestine organs, vessels, tongue and related meridians and collaterals.

SF60 Heart qi deficiency pattern (TM1)

A pattern characterized by palpitations, shortness of breath, listlessness, spontaneous sweating, pallor, pale tongue, and feeble or irregular pulse. It may be explained by deficiency of heart system qi and heart spirit.

SF61 Heart blood deficiency pattern (TM1)

A pattern characterized by palpitations, dizziness, dream-disturbed sleep, forgetfulness, pale or sallow complexion, pale lips and tongue, or a feeble thready pulse. It may be explained by a state such as anemia, deficiency of blood leading to malnourishment of the heart and heart spirit.

SF62 Dual deficiency of heart qi and blood pattern (TM1)

A pattern characterized by palpitations, shortness of breath, listlessness, fatigue, dizziness, forgetfulness, dream-disturbed sleep, pale complexion and tongue, and feeble pulse. It may be explained by deficiency of both qi and blood depriving the heart and heart spirit.

SF63 Heart meridian obstruction pattern (TM1)

A pattern characterized by episodes of palpitations with fearful throbbing, pain and a feeling of pressure in the heart and chest radiating to the shoulder or upper arm. It may be explained by the heart meridian being impeded.

SF64 Heart yin deficiency pattern (TM1)

A pattern characterized by mental irritability, palpitation, insomnia, low fever, night sweating, redness and warmth in the cheeks, thirst, agitation, dizziness, forgetfulness, a red tongue with coating or a thready, rapid pulse. It may be explained by deficiency of yin fluid to nourish the heart and heart spirit.

SF65 Deficiency of heart qi and yin pattern (TM1)

A pattern characterized by palpitation, short breath, lassitude, dizziness, insomnia, dreaminess, flushed cheeks, red tongue with scanty coating, rapid or feeble pulse. It can also be seen as combined manifestations of deficient heart system qi and yin. It may be explained by deficiency of both qi and yin that leads to failure of the heart and heart spirit to be nourished.

SF66 Heart yang deficiency pattern (TM1)

A pattern characterized by palpitations, shortness of breath, a feeling of pressure in the chest, asthma, aversion to cold, cold limbs, bright pale complexion, dark lips and purple tongue with white coating, feeble or irregular pulse. It may be explained by deficiency of yang to warm and activate the heart and body.

SF67 Heart yang collapse pattern (TM1)

A pattern characterized by sudden profuse sweating, cold skin, coldness of the limbs, feeble breathing, palpitations, clouding or loss of consciousness, pale complexion or a hardly perceptible pulse. It may be explained by extreme deficiency of heart yang.

SF68 Heart fire flaming upward pattern (TM1)

A pattern characterized by oral ulceration, mental irritability, insomnia, and a red tip of the tongue, as well as fever, thirst, agitation, and rapid pulse. It may be explained by up-flaring fire from the heart system or hyperactivity of fire in the heart meridian which surges upwards.

SF69 Fire harassing heart spirit pattern (TM1)

A pattern characterized by palpitations, agitation, insomnia, increase dreams during sleep, delirium, fever, thirst, reddish complexion, red tongue with yellow coating, slippery and rapid pulse. It may be explained by excess heat that disturbs heart spirit.

SF6A Water qi intimidating the heart system pattern (TM1)

A pattern characterized by palpitations, shortness of breath, generalized swelling, especially in the legs, scanty clear urine, listlessness, lethargy, cold extremities, pale or dark gloomy complexion, pale larger tongue with white slippery coating and deep feeble pulse. It may be explained by deficiency of yang qi in the heart and kidney systems that leads to water flooding.

SF6B Heart spirit restlessness pattern (TM1)

A pattern characterized by palpitation, agitation, insomnia, increased dreams during sleep. It may be explained by disturbance of the heart spirit associated with emotional and disease states.

SF6C Anxiety damaging the spirit pattern (TM1)

A pattern characterized by depressed emotion, apathy, insomnia, dreaminess, dizziness, lassitude, loss of appetite and wiry pulse. It may be explained by excessive anxiety which impairs the spirit.

SF6D Small intestine qi stagnation pattern (TM1)

A pattern characterized by gripping pain of lower abdomen, tympanites and borborigmus, in some cases of male, accompanied with tumidity on one side of scrotum. It may be explained by qi stagnation in the small intestine system, stagnation of the seven emotions or stagnation and binding of yin cold.

SF6E Small intestine excess heat pattern (TM1)

A pattern characterized by mental restlessness, oral ulcers, heat sensation in the chest, abdominal pain, thirst with desire for cold beverages, scanty dark urine, bloody urine or a red tongue tip with a yellow coating and a rapid pulse. It may be explained by excess heat attributing to the shift of heart fire to the small intestine system.

SF6F Small intestine deficiency cold pattern (TM1)

A pattern characterized by undigested food in stool, abdominal dull pain that could be alleviated by warmth and pressure, desire for hot beverages, reversal cold of the extremities, inhibited urination, loose stool, pale tongue with white and slippery coating, deep feeble slow pulse. It may be explained by impairment of the small intestine system associated with deficient yang qi causing endogenous cold factor, affecting the small intestine system's separating function of the clear and turbid fluids.

SF6G Heart and liver blood deficiency pattern (TM1)

A pattern characterized by insomnia, palpitations, forgetfulness, scanty menses, pale complexion, brittle nails and hair, dim vision, visual floaters, pale tongue and thready pulse. It may be explained by deficiency of heart blood and liver blood causing the lack of nourishment of the brain, head, eyes, tendons and nails, associated with conditions such as anemia or sequelae of blood loss that affect the normal function of the blood and heart and liver systems.

SF6H Heart and gallbladder qi deficiency pattern (TM1)

A pattern characterized by palpitations, insomnia, timidity, dizziness, chest distress, pale tongue. It may be explained by deficiency of heart system qi that leads to restlessness of gallbladder system qi.

SF6J Heart and spleen systems deficiency pattern (TM1)

A pattern characterized by palpitations, forgetfulness, insomnia or disturbed sleep, loss of appetite, abdominal distention, loose stool, lethargy, sallow face, pale, tender, flaccid tongue and feeble pulse. It may be explained by qi and blood deficiency of heart and spleen systems affecting the normal function of the heart and spleen.

SF6K Heart and lung qi deficiency pattern (TM1)

A pattern characterized by palpitations, a sensation of pressure in the chest, cough, shortness of breath aggravated by exertion, thin expectoration, dizziness, listlessness and lack of strength, feeble voice, spontaneous sweating, pale tongue and feeble pulse. It may be explained by deficiency of qi in the heart and lung systems, affecting their normal functions.

SF6L Heart and kidney systems disharmony pattern (TM1)

A pattern characterized by palpitations, agitation, insomnia, ringing in the ears, dizziness, aching and weakness of back and knees, spermatorrhea, constipation, yellow urine, red tongue with peeling coating and a thready or rapid pulse. It may be explained by disturbance of the relationship between the heart and kidney systems that is attributed to deficiency of kidney yin and stirring of heart fire.

SF6M Heart and kidney yang deficiency pattern (TM1)

A pattern characterized by palpitations, aversion to cold, cold extremities, inhibited urination, swelling of the legs, pain and cold in the lumbar region and knees, white greasy tongue coating and a feeble deep pulse. It may be explained by deficient yang qi that fails to warm and activate both the heart and kidney systems.

SF6Y Other specified heart system patterns (TM1)

SF6Z Heart system patterns (TM1), unspecified

Spleen system patterns (TM1) (SF70‑SF7Z)

This section contains a series of TM patterns that are all attributable to dysfunction of spleen system. The system consists of the spleen and stomach organs, muscles, lips, mouth, flesh, intellect, related meridians and collaterals.

SF70 Spleen qi deficiency pattern (TM1)

A pattern characterized by reduced appetite, abdominal distension, loose stool, lethargy, lassitude of limbs,a tongue that may be swollen or toothmarked, and a weak or soggy pulse. It may be explained by a deficiency of spleen system qi associated with poor digestion, decreased blood production and circulation, and an inability to regulate the water level in the body.

SF71 Spleen qi sinking pattern (TM1)

A pattern characterized by a bearing-down sensation in the epigastrium and abdomen, frequent loose stools with a sensation of incomplete defecation, even prolapse of the rectum or other internal organs. It may be explained by deficiency of spleen system qi, which can be caused by heavy lifting, affecting the holding function.

SF72 Spleen deficiency with qi stagnation pattern (TM1)

A pattern characterized by reduced appetite, distending pain of abdomen, frequent loose stool with sensation of incomplete defecation, increased bowel sounds, flatus, lethargy, decreased movements, wiry pulse. It may be explained by deficiency of spleen system qi that leads to stagnation of qi.

SF73 Spleen deficiency with food retention pattern (TM1)

A pattern characterized by a gradual reduction of appetite, abdominal distension, frequent diarrhea, distending pain in the epigastrium and abdomen associated with irregular diet, belching with foul odor, acid regurgitation, inhibited diarrhea or a pale tongue with greasy coating. It may be explained by the deficiency of spleen system qi to digest and transport that leads to food retention and putrefaction in the stomach and intestine.

SF74 Spleen failing to control the blood pattern (TM1)

A pattern characterized chronic bleeding such as red or purple discolored spots of the skin, flooding or spotting in women, sallow complexion, lethargy, lack of strength, and feeble pulse. It may be explained by deficiency of spleen system qi affecting the function of controlling and holding blood.

SF75 Spleen deficiency and blood depletion pattern (TM1)

A pattern characterized by reduced appetite, abdominal distension, dizziness, lethargy, delayed or absence of menstrual cycle, scanty menstruation, pale complexion, pale tongue, thready and feeble pulse. It may be explained by deficiency and weakness of spleen system qi, reducing the blood production function of the spleen system.

SF76 Spleen yin deficiency pattern (TM1)

A pattern characterized by hunger with an inability to eat, emaciation, lethargy, constipation, scanty saliva, dry lips, low grade fever, pale or normal colour tongue (or red colour, indicating empty heat) with peeling coating and horizontal cracks, or a thready and rapid pulse. It may be explained by deficiency of yin in the spleen system which impairs the function of fluid transportation and digestion.

SF77 Spleen yang deficiency pattern (TM1)

A pattern characterized by cold limbs, pain and cold sensation in the abdomen, anorexia, abdominal fullness, swelling, oedema (failure to transfmro fluids), chronic (watery) diarrhea or with undigested foods, lethargy and emaciation. It may be explained by spleen deficiency cold, deficient yang qi failing to warm and activate the spleen system, and may be in conjunction with failure of the triple burner.

SF78 Dampness-heat encumbering the spleen system pattern (TM1)

A pattern characterized by abdominal distension, vomiting, nausea, loss of appetite, heaviness of limbs, loose, sticky stool with a sensation of incomplete defecation, dark urine, yellow discoloration of the face and eyes, dull fever not relieved after sweating, thirst, red tongue with yellow and greasy coating, soggy and rapid pulse. It may be explained by the accumulation of dampness and heat.

SF79 Spleen deficiency with dampness accumulation pattern (TM1)

A pattern characterized by reduced appetite, loss of taste, abdominal distension, loose stool, heavy sensation of the body or with mild edema, pale larger tongue with white moist or greasy coating, soggy and moderate pulse. It may be explained by deficiency of spleen system qi, caused by poor diet, irregular eating or overthinking at meal time, and that leads to the interior retention of turbidity and dampness.

SF7A Spleen deficiency with water flooding pattern (TM1)

A pattern characterized by reduced appetite, abdominal distension, loose stool, swelling of face and limbs, fluid accumulation in the peritoneal cavity, lethargy, decreased movement, pale complexion, pale, larger tongue with white and greasy coating, and soggy or feeble pulse. It may be explained by deficiency of spleen system qi affecting the function of the spleen system in transporting and transforming fluid, resulting in the internal retention of body fluid.

SF7B Cold-dampness encumbering the spleen system pattern (TM1)

A pattern characterized by epigastric and abdominal distention, stickiness in the mouth, lack of taste, nausea, loose bowels, heavy sensation of the head and body, or dull yellow discoloration of skin and eyes, pale larger tongue with white slimy coat and soggy moderate pulse. It may be explained by accumulation of cold and dampness factors affecting the function of the spleen system.

SF7C Stomach qi deficiency pattern (TM1)

A pattern characterized by decreased appetite and impaired digestion. It may be explained by deficiency of stomach system qi, affecting its function.

SF7D Stomach qi uprising pattern (TM1)

A pattern characterized by belching, hiccups, acid regurgitation and vomiting. It may be explained by cold, heat, qi, damp or blood or food stagnation in the stomach preventing the downward flow of stomach qi.

SF7E Stomach yin deficiency pattern (TM1)

A pattern characterized by dry mouth and throat,sensations of hunger or reduced appetite, dry vomiting, hiccup, constipation, normal tongue colour or slightly red, with little or patchy coating, with scanty fluid, thready pulse. It may be explained by deficiency of stomach yin.

Inclusions: Stomach deficiency and heat pattern (TM1)

SF7F Stomach heat pattern (TM1)

A pattern characterized by acid reflux, burning pain of the stomach and epigastrium, swift digestion with increased hunger, foul mouth odor, constipation, gum swelling and bleeding, vomiting after eating, red tongue with thick and greasy coating, surging pulse or slippery and rapid pulse. It may be explained by impairment of the stomach system by heat or excessive intake of hot pungent food.

SF7G Dampness in the intestines pattern (TM1)

A pattern characterized by vague pain and distension of the abdomen, soggy stool or diarrhea, or sticky fishy stool, white and greasy tongue coating, soggy and moderate pulse. It may be explained by accumulation of dampness in the intestine system that leads to abnormal transportation and transformation of fluid.

SF7H Cold invading the stomach system pattern (TM1)

A pattern characterized by sharp cold pain of the stomach and epigastrium with a preference for warmth, vomiting of clear fluid, aversion to cold, cold limbs, white tongue coating, wiry pulse. It may be explained by the invasion of external cold factor into the stomach system and epigastrium that prevents the stomach system qi from descending normally.

SF7J Intestine cold stagnation pattern (TM1)

A pattern characterized by sharp, cold pain of the abdomen, clear thin diarrhea, aversion to cold, cold limbs, white tongue coating, wiry and tight pulse. It may be explained by the invasion of the cold factor into the intestine system affecting its function of transportation and transformation.

SF7K Anxiety damaging the spleen system pattern (TM1)

A pattern characterized by dull expression, loss of appetite, distension of the chest, hypochondrium, epigastrium and abdomen, sighing, inhibited discharge of loose stool, and a tight pulse. It may be explained by anxiety that impacts liver qi movement and impairs the transportation and transformation functions of the spleen system.

SF7L Lung and spleen deficiency pattern (TM1)

A pattern characterized by hoarseness, coughing, shortness of breath or difficulty in breathing, pale complexion, clear, thin sputum, decreased appetite, abdominal distension, loose stool,pale tongue with white and greasy coating, or feeble pulse. It may be explained by qi deficiency in both the spleen and the lung systems.

SF7M Spleen and kidney yang deficiency pattern (TM1)

A pattern characterized by pale complexion, aversion to cold with cold limbs, cold and pain in the lower abdomen, chronic diarrhea, edema, inhibited urination, or pale, larger tongue. It may be explained by deficiency of kidney or spleen yang qi.

SF7Y Other specified spleen system patterns (TM1)

SF7Z Spleen system patterns (TM1), unspecified

Lung system patterns (TM1) (SF80‑SF8Z)

This section contains a series of TM patterns that are all attributable to dysfunction of the lung system. The system consists of the lung and large intestine organs, skin, body hair, nose, related meridians and collaterals.

SF80 Lung qi deficiency pattern (TM1)

A pattern characterized by weak coughing, shallow breath, short heavy breathing upon exertion, diluted sputum, spontaneous sweating, aversion to wind, pale complexion, feeble voice, a pale tongue or a feeble pulse. It may be explained by diminished lung system function associated with deficiency of lung system qi.

SF81 Lung yin deficiency pattern (TM1)

A pattern characterized by a dry cough with sticky sputum that is difficult to expectorate, dry mouth and throat, hoarseness, cyclical fever, flushed cheeks, night sweats, or red tongue with scanty fluid, thready and rapid pulse. It may be explained by lung yin deficiency with endogenous heat.

SF82 Lung and kidney yin deficiency pattern (TM1)

A pattern characterized by coughing with scanty expectoration, dryness of the mouth and throat or hoarseness of voice, pain in the lumbar region and limp legs, cyclical fever with sensation of internal origin, flushed cheeks, night sweats, nocturnal emission in men and menstrual irregularities in women, red tongue with peeling coating and rapid feeble pulse. It may be explained by deficiency of yin fluid of the lung and kidney systems with harassment of endogenous heat.

SF83 Lung qi and yin deficiency pattern (TM1)

A pattern characterized by hoarseness, weak, dry cough, shortness of breath or difficulty in breathing, irritation with a sensation of heat in the palms, soles and the heart or a thready and feeble pulse. It may be explained by deficiency of qi and yin of lung.

SF84 Lung yang deficiency pattern (TM1)

A pattern characterized by cough, shortness of breath, thin expectoration, fear of cold and cold extremities, spontaneous sweating, pale complexion, larger tongue with white slippery coating and feeble pulse. It may be explained by deficiency of yang qi leading to an unwarming of the lung system.

SF85 Cold phlegm obstructing the lung pattern (TM1)

A pattern characterized by coughing with profuse phlegm, expectoration and pressure in the chest, or phlegmatic wheezing, aversion to cold and cold limbs, pale tongue with white greasy or slippery coating, and wiry slippery pulse. It may be explained by the cold and phlegm factors stagnating in the lung affecting the lung system function.

SF86 Turbid phlegm accumulation in the lung pattern (TM1)

A pattern characterized by chest distress, coughing and asthma, expectoration of profuse whitish sputum, white greasy tongue coating, wiry and slippery pulse. It may be explained by the accumulation of dampness phlegm that obstructs lung system qi.

SF87 Exterior cold with lung heat pattern (TM1)

A pattern characterized by aversion to cold with fever, thirst, decrease or lack of sweat production, restlessness, coughing and asthma, chest distress, yellow and white tongue coating, floating and rapid pulse. It may be explained by the affection of external cold factor that leads to interior stagnation of lung heat.

SF88 Intense congestion of lung heat pattern (TM1)

A pattern characterized by fever, thirst, cough, rough and heavy breathing, or chest pain, sore throat, nostril flaring, breath with hot sensation, constipation, yellow urine, red tongue with yellow coating, and rapid pulse. It may be explained by excess fire and heat that accumulate in the lung system.

SF89 Phlegm heat obstructing the lung pattern (TM1)

A pattern marked by cough, shortness of breath, expectoration of thick, yellow or blood-stained sputum, chest pain, red tongue with yellow greasy coating and rapid slippery pulse. It may be explained by the heat and phlegm factors accumulating in the lung and affecting the lung system function.

SF8A Wind-heat invading the lung pattern (TM1)

A pattern characterized by cough with expectoration of sticky yellow sputum, stuffy nose with yellow and turbid discharge, fever, dry mouth, sore throat, a red tongue with thin yellow coating, and rapid floating pulse. It may be explained by wind and heat invading the lung system and affecting its function.

SF8B Lung heat transmitting into the intestine pattern (TM1)

A pattern characterized by fever, thirst, coughing, asthma, abdominal distension, constipation, red tongue with yellow coating, rapid or excessive pulse. It may be explained by accumulation of excess lung heat, that leads to intestinal heat, affecting the transport function of the intestine system.

SF8C Wind-cold fettering the lung pattern (TM1)

A pattern characterized by cough with white watery sputum, fever with mild chills, stuffy nose with clear nasal discharge, itchy throat, oppression in the chest, white tongue coating and floating tight pulse. It may be explained by an attack of the wind and cold factors which impairs the normal flow of lung system qi.

SF8D Dryness invading the lung pattern (TM1)

A pattern characterized by dry cough without sputum or with scanty, sticky sputum difficult to expectorate, chest pain, mild chills and fever, thirst, dry lips, mouth, throat and nose, dry tongue with thin coating, or thready rapid pulse. It may be explained by dryness invading the lung system leading to deficiency of fluid and affecting the lung system function.

SF8E Lung dryness with intestinal obstruction pattern (TM1)

A pattern characterized by coughing, thirst, dyspnea, constipation, distension, fullness and pain in the abdomen, dry yellow tongue coating, deep and forceful pulse. It may be explained by dryness that leads to fluid consumption and obstruction of hollow organ qi in the intestine system.

SF8F Large intestine excess heat pattern (TM1)

A pattern characterized by constipation or dry stool with difficulty in defecation, abdominal distension and tenderness on palpation, hematochezia, deep-colored urine, yellow and dry tongue coating, or rapide strong pulse. It may be explained by excess heat factor obstructing the bowel qi.

SF8G Large intestine dampness heat pattern (TM1)

A pattern characterized by abdominal distention and pain, profuse diarrhea which may be malodorous or bloody, painful straining during bowel movement, a burning sensation in the anus, fever, thirst, decreased urine output, brownish urine, a greasy, yellow tongue coating, or a slippery, rapid pulse. It may be explained by an accumulation of the environmental factors of dampness and fire in the large intestine system or impaired qi movement.

SF8H Large intestine fluid deficiency pattern (TM1)

A pattern characterized by constipation or difficulty in defecation accompanied by dry throat and red tongue with scanty saliva and yellow dry coating, and thready rough pulse. It may be explained by yin deficiency affecting intestinal system function.

SF8J Large intestine deficiency cold pattern (TM1)

A pattern characterized by abnormal bowel evacuations, abdominal dull pain, aversion to heat and pressure, diarrhea, coldness of limbs, increased bowel sounds, inhibited defecation, pale tongue with a thin white watery coating or a deep, slow pulse. It may be explained by yang qi deficiency in the large intestine system leading to cold.

SF8Y Other specified lung system patterns (TM1)

SF8Z Lung system patterns (TM1), unspecified

Kidney system patterns (TM1) (SF90‑SF9Z)

This section contains a series of TM patterns that are all attributable to dysfunction of Kidney system. The system consists of the kidney and bladder organs, bones, hair, ears, genitalia, anus, related meridians and collaterals.

SF90 Kidney qi deficiency pattern (TM1)

A pattern characterized by dizziness, forgetfulness, nocturia, shortness of breath, ringing in the ears, low back pain, decreased sex drive,lower abdominal numbness or a feeble pulse. It may be explained by a decrease in the levels of kidney qi.

Inclusions: Kidney qi depletion pattern (TM1)

SF91 Kidney failing to receive qi pattern (TM1)

A pattern characterized by shortness of breath with prolonged exhalation, difficulty breathing inward, asthenic cough or panting/dyspnea may be aggravate by exertion, and feeble voice. It may be explained by decreased function of the kidney in holding qi.

SF92 Kidney qi deficiency with water retention pattern (TM1)

A pattern characterized by swelling more severe in lower limbs, decreased urine output, aching and weakness of the back and knees, pale larger tongue with white and greasy coating or a feeble pulse. It may be explained by deficiency of kidney system qi that affects the kidney system function of transforming qi and fluid metabolism leading to water retention and flooding.

SF93 Kidney yin deficiency pattern (TM1)

A pattern characterized by soreness and weakness of waist and knees, insomnia, dizziness, ringing in the ears, nocturnal emission in men and infrequent or light menstruation in women, emaciation, dry throat, thirst, flushed cheeks, dysphoria with feverish sensation in the palms, soles and the chest, afternoon fever, night sweating, red tongue with scanty coating and a rapid feeble pulse. It may be explained by deficiency of kidney yin that leads to interior disturbance of fire originated from yin deficiency.

SF94 Kidney yin and yang deficiency pattern (TM1)

A pattern characterized by vertigo, tinnitus, soreness and weakness of waist and knees, dysphoria with feverish sensation in the palms, soles and the chest, night sweats, nocturnal emissions, cold extremities, and spontaneous sweating. It may be explained by decreased overall kidney functions.

SF95 Kidney deficiency with marrow depletion pattern (TM1)

A pattern characterized by delayed growth, long term disunion of a bone fracture, painful lumbar region, soft bones, dizziness, ringing in the ears, forgetfulness, dementia. It may be explained by deficiency of kidney essence that leads to deficiency of marrow.

SF96 Kidney essence deficiency pattern (TM1)

A pattern characterized by growth retardation in children; in adults, premature senility, decreased reproductive function, tinnitus, loosening of teeth, loss of hair and forgetfulness. It may be explained by deficiency of kidney essence necessary for development.

SF97 Kidney yang deficiency pattern (TM1)

A pattern characterized by aversion to cold, cold limbs, listlessness, weakness and soreness in the waist and knees, decreased sex drive and sexual function, nocturia, white tongue coating and feeble pulse at cubit (chi) section. It may be explained by decreased kidney yang function that fails to warm the body.

Inclusions: Life-gate fire depletion pattern (TM1)

Primordial yang deficiency pattern (TM1)

SF98 Fear damaging the kidney system pattern (TM1)

A pattern characterized by panic, impotence, spermatorrhea, urinary or fecal incontinence. It may be explained by great terror and fear that impair kidney system qi or by a somatization of an emotional state.

SF99 Blood and heat accumulation in the uterus pattern (TM1)

A pattern characterized by a burning sensation and pain in the lower abdomen, advanced profuse menstruation in bright red color, or thick yellowish vaginal discharge with foul smell, red tongue with yellow coating and a rapid pulse. It may be explained by accumulation of heat in the uterus.

SF9A Phlegm obstructing the uterus pattern (TM1)

A pattern characterized by profuse white vaginal discharge, or lack of menstruation, or infertility, obesity, decreased movement, pale tongue with white and greasy coating, slippery or soggy and slow pulse. It may be explained by phlegm stasis in the uterus, obstructing blood or qi flow.

SF9B Dampness-heat in the uterus pattern (TM1)

A pattern characterized by profuse thick and yellowish vaginal discharge with foul smell, itchy skin and erosion of the external genitalia, red tongue with yellow and greasy coating and a slippery, rapid pulse. It may be explained by the environmental factors of dampness and fire that accumulate in the uterus.

SF9C Cold stagnation in the uterus pattern (TM1)

A pattern characterized by cold pain of the lower abdomen, or pain in the lower abdomen or lumbosacral region during menstruation, with preference for warmth, delayed menstrual cycle, dark purple menstrual blood, or clear thin whitish vaginal discharge, white tongue coating, deep and tight pulse. It may be explained by accumulation of the cold factor in the uterus that blocks the flow of blood or qi.

SF9D Uterine deficiency cold pattern (TM1)

A pattern characterized by aversion to cold, cold limbs, vague pain of lower abdomen, with preference for warmth and oppression, thin menstrual blood in light color, clear thin vaginal discharge, infertility, miscarriage, whitish complexion, pale tongue with white coating. It may be explained by deficiency of yang qi that fails to warm the uterus.

SF9E Blood accumulation in the bladder pattern (TM1)

A pattern characterized by distension and sharp pain in the lower abdomen, difficulty and painful urination, purple or spotted tongue, wiry and rough pulse. It may be explained by injury of the lower abdomen or invasion of heat, leading to blood retention in the bladder.

SF9F Bladder heat accumulation pattern (TM1)

A pattern characterized by distension of the lower abdomen, burning sensation and pain in urination, fever, thirst, red tongue with yellow coating, forceful and rapid pulse. It may be explained by accumulation of heat in the bladder system.

SF9G Bladder dampness-heat pattern (TM1)

A pattern characterized by urgent, frequent painful urination, greasy yellow tongue coating towards the root and slippery pulse. It may be explained by accumulation of dampness and heat in the bladder system.

SF9H Bladder water accumulation pattern (TM1)

A pattern characterized by distension and pain of the lower abdomen, and difficulty with urination. It may be explained by the failure of qi transformation in the bladder system, leading to water retention in the bladder.

SF9J Bladder deficiency cold pattern (TM1)

A pattern characterized by aversion to cold, cold limbs, cold and pain in the lower abdomen, and profuse clear urination. It may be explained by deficiency of kidney yang, causing qi dysfunction of the urinary bladder.

SF9Y Other specified kidney system patterns (TM1)

SF9Z Kidney system patterns (TM1), unspecified

SG1Y Other specified organ system patterns (TM1)

SG1Z Organ system patterns (TM1), unspecified

Meridian and collateral patterns (TM1) (SG20‑SG5Z)

This section contains a group of TM patterns caused by functional disorder of meridians consisting of twelve main meridians and eight extra meridians.

Main Meridian Patterns (TM1) (SG20‑SG2Z)

This section contains a group of TM patterns caused by functional disorder of the twelve main meridians.

SG20 Lung meridian pattern (TM1)

A pattern characterized by distention and fullness in the chest difficulty in breathing, cough and pain in the supraclavicular fossa. Symptoms and signs include pain and flow reversals along the inner aspect of the arm and heat in the palms, pain in the shoulders and back. It may be explaind by Lung meridian dysfunction.

SG21 Large intestine meridian pattern (TM1)

A pattern characterized by toothache and swollen neck. Symptoms and signs also include dry mouth, obstructions of the nose and throat, pain in the anterior aspect of the shoulder and upper arm, and impaired use of the forefinger. It may be explained by Large Intestine meridian dysfunction.

SG22 Stomach meridian pattern (TM1)

A pattern characterized by cold shivering , a tendency to groan, frequent yawning, and dark complexion. Symptoms and signs include nasal congestion, facial deviations, lip sores, neck swelling, throat obstructions, water swelling in the abdomen and swelling and pain in the patella. Pain occurs along the channel path from the breast to groin, along the thigh and down the lateral shin to the top of the foot. It may be explained by Stomach meridian dysfunction.

SG23 Spleen meridian pattern (TM1)

A pattern characterized by stiff tongue root, vomiting after eating, stomach pain, abdominal distention and a feeling of weakness and heaviness in the entire body. Symptoms and signs also include the pain in the tongue root, trembling, indigestion, heart vexation, cramping pain beneath the heart, swelling and upset of meridian Qi flowing along the inner aspect of the knee and thigh, and impaired use of the first toe. It may be explained by Spleen meridian dysfunction.

SG24 Heart meridian pattern (TM1)

A pattern characterized by dry thoat, heart pain and thirst with a desire to drink. Symptoms and signs also include yellow eyes, pain in the lateral abdomen, pain and circulation reversals in the ulnar aspect of the arm and heat and pain in the palms. It may be explained by Heart meridian dysfunction.

SG25 Small intestine meridian pattern (TM1)

A pattern characterized by throat pain, jaw swelling, inability to turn the head to look backwards and pulling up and back of the (muscles) of the shoulders and arms. Symptoms and signs also include deafness, cheek swelling and pain along the neck, jaws, shoulders, upper arms, elbows and ulnar aspect of the forearms. It may be explained by Small intestine meridian dysfunction.

SG26 Bladder meridian pattern (TM1)

A pattern characterized by clashing headache and sensation that the eyes are being torn out. The nape of the neck is tight, there is pain in the spine, the waist arches backwards, the thigh cannot flex, the back of the knee has lumps and there is a sensation that the calf is being split apart. Symptoms and signs also include excess lacrimation, nasal congestion, pain in the head, neck, back, waist, sacrum, back of the knee, calf and foot, and impaired use of the little toe. It may be explained by Bladder meridian dysfunction.

SG27 Kidney meridian pattern (TM1)

A pattern characterized by hunger without the desire to eat, a facial complexion the color of dark lacquered wood, coughing up blood tinged sputum, thirst with shortness of breath, a desire to rise when sitting, dim vision and a worry of starvation. Symptoms and signs also include dry tongue, throat swelling, dry and painful throat, pain along the posterior border of the inner thighs, lower limb atrophy, heat and pain on the soles of the feet. It may be explained by Kidney meridian dysfunction.

SG28 Pericardium meridian pattern (TM1)

A pattern characterized by heat in the palms, spasms in the forearms and elbows and axillary swelling. Symptoms and signs also include heart vexation and heart pain. It may be explained by Pericardium meridian dysfunction.

SG29 Triple energizer meridian pattern (TM1)

A pattern characterized by deafness and tinnitus, swelling and obstruction of the throat. Symptoms and signs also include sweating, pain at the lateral corners of the eye and cheeks, pain behind the ear and along the shoulders, upper arms, elbows and outer border of the forearms and impaired use of the fourth finger. It may be explained by Triple Energizer meridian dysfunction.

SG2A Gallbladder meridian pattern (TM1)

A pattern characterized by bitter taste in the mouth, frequent sighs, pain in the heart and rib-sides and an inability to rotate the body from side to side. Symptoms and signs also include headache and pain along the side of the face, pains at the lateral corners of the eyes, distension and pain in the supraclavicular fossa, swelling beneath the axilla, pain in the chest, thighs, along the outer knees down the shin, to the external malleolus and within various joints, and impaired use of the fourth toe. It may be explained by Gall Bladder meridian dysfunction.

SG2B Liver meridian pattern (TM1)

A pattern characterized by pain in the waist and an inability to look upwards and downwards. In men there are swellings and pain in the groin and scrotum while in women there are swellings of the lower abdomen. Symptoms and signs also include chest fullness, counterflow vomiting, diarrhea with undigested food, inguinal swellings and incontinent and obstructed urine. It may be explained by Liver meridian dysfunction.

SG2Y Other specified main Meridian Patterns (TM1)

SG2Z Main Meridian Patterns (TM1), unspecified

Extra Meridian Patterns (TM1) (SG30‑SG3Z)

This section contains a group of TM patterns caused by functional disorder of eight extra meridians. The eight extraordinary vessels are supplementary to the main meridian system.

SG30 Governor vessel pattern (TM1)

A pattern characterized by stiffness of the spine, fainting, chest pain coming from the lower abdomen, inability to defecate or urinate, infertility in women, urine obstruction, hemorrhoids, urinary incontinence and thirst.

SG31 Conception vessel pattern (TM1)

A pattern characterized by hernia colic in men and vaginal discharge and abdominal lumps in women.

SG32 Yin heel vessel pattern (TM1)

A pattern characterized by flaccid state in the regions belonging to yang and tense state in the regions belonging to yin.

SG33 Yang heel vessel pattern (TM1)

A pattern characterized by flaccid state in the regions belonging to yin and tense state in the regions belonging to yang.

SG34 Yin link vessel pattern (TM1)

A pattern characterized by heart pain.

SG35 Yang link vessel pattern (TM1)

A pattern characterized by chills and fever.

SG36 Thoroughfare vessel pattern (TM1)

A pattern characterized by hot flushes and cramping pain in the whole abdomen.

SG37 Belt vessel pattern (TM1)

A pattern characterized by abdominal distention and a relaxed and weak lumber region with a feeling of sitting in the water.

SG3Y Other specified extra Meridian Patterns (TM1)

SG3Z Extra Meridian Patterns (TM1), unspecified

SG5Y Other specified meridian and collateral patterns (TM1)

SG5Z Meridian and collateral patterns (TM1), unspecified

Six stage patterns (TM1) (SG60‑SG6Z)

This section contains patterns in accordance with the six-stage theory. A common characteristic of the Six-stage patterns included in this section is their relationship with the acute febrile conditions.

SG60 Early yang stage pattern (TM1)

A pattern that usually manifests at the onset of a febrile state. The pattern is characterized by fever and aversion to cold, headache, painful joints, neck stiffness or a floating pulse. They may be explained by a reaction to pathogens at exterior layer of the body.

SG61 Middle yang stage pattern (TM1)

A pattern that usually manifests several days after the onset of a febrile state. The pattern is characterized by high fever, profuse sweating, abdominal distension, severe thirst with desire for water, constipation, tidal fever (generalized excessive sweating with high fever repeating regularly like in a tide), a delirium, restlessness, panting, red face, big forceful or slippery pulse, or thick dry tongue coating (white or yellow). It may be explained by reactions to pathogens at the interior layer of the body.

SG62 Late yang stage pattern (TM1)

A pattern that usually manifests several days after the onset of a febrile state. The pattern is characterized by alternating chills and fever, loss of appetite, bitter taste in mouth, dry throat, dizziness, fullness in the chest and hypochondrial resistance and discomfort, white coat of the tongue or a wiry pulse. It may be explained by reactions to pathogens in the layer between exterior and interior of the body.

SG63 Early yin stage pattern (TM1)

A pattern that usually manifests at the onset or sometime during the course of a febrile state. This pattern is characterized by abdominal fullness, vomiting, loss of appetite, recurrent abdominal pain, diarrhea, decreased food intake, deep, slow or weak pulse. They may be explained by mild cold at the interior layer of the body.

SG64 Middle yin stage pattern (TM1)

A pattern characterized by desire to lie down or to have a rest, cold limbs, diarrhea, dysphoria, desire to sleep, thready rapid pulse or faint thin pulse. It may be explained by moderate cold at the interior layer of the body.

SG65 Late yin stage pattern (TM1)

A pattern characterized by thirst, rising qi, burning sensation on the chest, hungry with inability to eat, diarrhea, cold extremities. It may be explained by severe cold at the interior layer of the body.

SG6Y Other specified six stage patterns (TM1)

SG6Z Six stage patterns (TM1), unspecified

Triple energizer stage patterns (TM1) (SG70‑SG7Z)

This section comprises dysfunctional systemic patterns of coordination, assimilation, elimination and integration attributed to invasion and transformation of the dampness-heat factor on the three portions of the body cavity (upper energizer, middle energizer and lower energizer), through which the visceral qi is transformed.

SG70 Upper energizer stage patterns (TM1)

This section comprises dysfunction attributed to invasion of the pathogenic heat on the lung and pericardium, i.e., the portion above the diaphragm housing the organs of the heart and lung systems.

SG71 Middle energizer stage patterns (TM1)

This section comprises dysfunction attributed to invasion of the pathogen on the upper abdominal cavity, i.e. the portion between the diaphragm and the umbilicus housing the organs of the spleen, stomach, liver and gallbladder systems.

SG72 Lower energizer stage patterns (TM1)

This section comprises a dysfunction attributed to be deficiency of the body below the navel or to invasion of the dampness-heat factor on the lower abdominal cavity, (i.e. the portion below the umbilicus housing the organs of the kidneys, bladder, small and large intestines systems) and depriving the yin of the liver and kidney systems.

SG7Y Other specified triple energizer stage patterns (TM1)

SG7Z Triple energizer stage patterns (TM1), unspecified

Four phase patterns (TM1) (SG80‑SH3Z)

This section contains patterns related to four phases – Defence, Qi, Nutrient and Blood. The four phase represent four levels of severity as the heat, dryness or dampness factors progress from the exterior to the interior. The sub-sections of the four phase patterns are ordered in accordance with progressive movement of the heat, dryness or dampness factors from the Defence to the Qi phase, from the Qi to the Nutrient phase and from the Nutrient to the Blood Phase.

Defense phase patterns (TM1) (SG80‑SG8Z)

This section is the initial stage of an epidemic febrile disease when only the superficial part of the defense qi is involved, marked by fever, slightly aversion to wind and cold, headache, red tongue tip and rapid floating pulse.

SG80 Dampness obstructing the defense yang pattern (TM1)

A pattern characterized by aversion to cold, decrease or lack of sweat production, fever, headache, motor dysfunction, a sensation of pressure in the chest, loss of appetite, absence of thirst, white, greasy tongue coating or soggy, moderate pulse. It may be explained by an accumulation of dampness in the defense aspect and obstruct the defense qi.

SG81 Heat attacking the lung defense pattern (TM1)

A pattern characterized by coughing, panting and qi reverse flow, urinating dysfunction, pain in the body, hiccup, acid reflux and nausea. It may be explained by warm pathogen interfering the function of lung system qi diffusion and down bearing as well as digestive function of the stomach.

SG8Y Other specified defense phase patterns (TM1)

SG8Z Defense phase patterns (TM1), unspecified

Qi phase patterns (TM1) (SG90‑SG9Z)

This section is the second stage of an epidemic febrile disease showing intrusion of the heat factor on the yang brightness meridian or the lung, gallbladder, spleen, stomach or large intestine systems, marked by high fever without chills, strong thirst, flushed face, dark urine, red tongue with yellow coating and rapid forceful pulse.

SG90 Heat entering the qi phase pattern (TM1)

A pattern characterized by fever, excessive thirst, reddish urine, constipation, red tongue with a yellow coating, or a surging or rapid pulse. It may be explained by the environmental factor of fire entering the qi aspect or imbalance between the fire and healthy qi.

SG91 Qi phase dampness and heat pattern (TM1)

A pattern characterized by fever, chest pain, abdominal distension, yellow complexion, lethargy, vomiting, nausea, dark urine, a red tongue with a yellow, greasy coating, and a soggy, rapid or slippery pulse. It may be explained by the environmental factors of dampness and fire entering the qi aspect.

SG92 Dampness obstructing the qi phase pattern (TM1)

A pattern characterized by fever, headache, decreased mental acuity, a generalized feeling of heaviness or pressure in the chest, bone and joint pain, anorexia, abdominal fullness, diarrhea, greasy tongue coating, or soggy, moderate pulse. It may be explained by the environmental factors of dampness and fire entering the qi aspect.

SG9Y Other specified qi phase patterns (TM1)

SG9Z Qi phase patterns (TM1), unspecified

Nutrient phase patterns (TM1) (SH00‑SH0Z)

This section is a serious development of an epidemic febrile disease characterized by the heat factor entering the nutrient aspect and disturbing the heart system, manifested by fever higher at night, restlessness or delirium, faint skin rashes and crimson tongue.

SH00 Nutrient qi and defense qi disharmony pattern (TM1)

A pattern characterized by mild fever, slight aversion to wind, intermittent sweating or perspiration or slow pulse. It may be explained by an imbalance of nutrient and defense qi.

SH01 Heat in the nutrient phase pattern(TM1)

A pattern characterized by fever that is more severe at night, agitation, restlessness, delirium, insomnia, skin rash, or red or purple tongue. It may be explained by the environmental factor of fire entering the nutrient aspect or disturbing the heart system.

SH02 Heat entering the nutrient and blood phase pattern (TM1)

A pattern characterized by fever that increases at night, agitation, insomnia, coma, thirst, indistinct discolored spots on the skin (macule), bleeding, constipation, a purple tongue, or a thready, rapid pulse. It may be explained by the environmental factor of fire entering the nutrient and blood aspects, blood damage, or disturbance of the heart system.

SH0Y Other specified nutrient phase patterns (TM1)

SH0Z Nutrient phase patterns (TM1), unspecified

Blood phase patterns (TM1) (SH10‑SH1Z)

This section is an epidemic febrile disease at its severest stage, characterized by severe damage of yin blood, with various forms of bleeding such as hemoptysis, epistaxis, hematuria, hematochezia, in addition to high fever, coma or convulsions.

SH10 Blood phase pattern (TM1)

A pattern characterized by fever, spasm of the hands and feet, coma, delirium, dark or purple macula, vomiting of blood, bleeding, or purple tongue. It may be explained by the environmental factor of fire entering the blood aspect, deficiency of blood or yin fluid, or massive and sudden blood loss.

SH11 Heat entering the blood phase pattern(TM1)

A pattern characterized by profuse bleeding, including coughing up blood, nosebleeds, blood in urine and stool, high fever, coma, convulsions or crimson tongue. It may be explained by the environmental factor of fire entering the blood aspect or damaging the blood.

SH1Y Other specified blood phase patterns (TM1)

SH1Z Blood phase patterns (TM1), unspecified

SH3Y Other specified four phase patterns (TM1)

SH3Z Four phase patterns (TM1), unspecified

Four constitution medicine patterns (TM1) (SH40‑SH9Z)

Four Constitution Medicine Patterns are classified by each type of constitution: Large Yang Type (Large Lung Small Liver), Small Yang Type (Large Spleen Small Kidney), Large Yin Type (Large Liver Small Lung), and Small Yin Type (Large Kidney Small Spleen). Metabolic processes in Four Constitution Medicine can be divided into 2 categories: Qi-Humor metabolism and Water-Food metabolism. Large Yang Type patterns and Large Yin Type patterns are caused by disorder of the Qi-Humor metabolism while Small Yang Type patterns and Small Yin Type patterns are caused by disorder of the Water-Food metabolism. Patterns occurring for each type of constitution can be subdivided into three types: external TM disorder, internal TM disorder and external-internal combined TM disorder. External TM disorder is caused by imbalance of Seong (Innate Nature) and internal TM disorder is caused by the imbalance of Jeong (Emotional Disposition).

Large yang type patterns (TM1) (SH40‑SH4Z)

This section comprises a range of patterns which present more commonly in individuals who have the large yang type constitution with characteristics such as strong lung and weak liver systems.

SH40 Large yang type exterior origin lower back pattern (TM1)

A pattern characterized by systemic heat, cold-intolerance, somatic pain in the mild stage and leg enervation (pseudo-paraparesis) in the advanced stage. It may be explained by an excessiveness of the dispersive energy of the lung system (upper sector) and a weakening of the inspirational concentrative energy of the liver system sector (mid-lower sector) on inhalation, which damages the lower back area (dorsal mid-lower sector) that is associated with the liver system.

SH41 Large yang type interior origin small intestine pattern (TM1)

A pattern characterized by abdominal pain, borborygmus, diarrhea, dysentery in the mild stage and dysphagia or regurgitation in the advanced stage. It may be explained by a strengthening in the expanding and dispersive force of the energy-fluid of the esophagus (frontal upper sector), and a weakening in the condensing and concentrative force of the energy-fluid of the small intestine system (frontal mid-lower sector), producing the imbalance of the energy and fluid metabolism and subsequent damage of energy and fluid.

SH42 Large yang type exterior interior combined pattern (TM1)

A pattern characterized by exterior symptoms that include systemic heat, cold-intolerance, somatic pain, and leg enervation (pseudo-paraparesis); interior symptoms that include concurrent abdominal pain, borborygmus, diarrhea, dysentery, dysphagia or regurgitation. It may be explained by the damage of the inspirational concentrative energy of the liver system (mid-lower sector) with weakening in the condensing and concentrative force of the energy-fluid of the small intestine system (frontal mid-lower sector).

SH4Y Other specified large yang type patterns (TM1)

SH4Z Large yang type patterns (TM1), unspecified

Small yang type patterns (TM1) (SH50‑SH5Z)

This section comprises a range of patterns which present more commonly in individuals who have the Small Yang Type constitution with characteristics such as strong spleen and weak kidney systems.

SH50 Small yang type lesser yang wind damage pattern (TM1)

A pattern characterized by systemic heat, cold-intolerance, somatic pain, vexation, bitter taste in mouth, dry throat, dizziness, headache, deafness. It may be explained by the failure of the yin energy in the spleen system (mid-upper sector) to descend to the kidney system (lower sector) due to the heat factor which results in yin energy confinement in the upper back (dorsal mid-upper sector). There is no damage to the yin energy in the kidney system (lower sector).

SH51 Small yang type yin depletion pattern (TM1)

A pattern characterized by diarrhea, often accompanied by either heat-related patterns with headache or cold-related patterns with stomach ache. It may be explained by the failure of yin energy in the spleen system (mid-upper sector) to descend to the kidney system (lower sector) due to the heat factor. It is accompanied with the damage of yin energy of the kidney system (lower sector).

SH52 Small yang type chest heat congested pattern (TM1)

A pattern characterized by systemic heat, constipated bowel movement and thirst. It may be explained by the failure of clear yang in the large intestine system (frontal lower sector) to ascend to the stomach system (frontal mid-upper sector) as well as to the extremities and head, in particular the face. An intense heat factor is formed in the stomach system (frontal mid-upper sector).

SH53 Small yang type yin deficit pattern (TM1)

A pattern characterized by diurnal flaring-up of systemic heat, thirst, coldness in the dorsal region, and retching, emaciation of the legs, turbid urine. It may be explained by deficiency of the clear yang in the large intestine system (frontal lower sector) which leads to a weakening of yin energy in the kidney system (lower sector).

SH54 Small yang type exterior interior combined pattern (TM1)

A pattern characterized by exterior symptoms that include cold-intolerance, diarrhea, somatic pain, dizziness, headache or concurrent heat intolerance and constipated bowel movement. It may be explained by the failure of yin energy in the spleen system (mid-upper sector) descending and connecting to the kidney system (Lower sector)., Concurrently, clear yang in the large intestine system (frontal lower sector) is damaged by the heat factor.

SH5Y Other specified small yang type patterns (TM1)

SH5Z Small yang type patterns (TM1), unspecified

Large yin type patterns (TM1) (SH60‑SH6Z)

This section comprises a range of patterns which present more commonly in individuals who have the large yin type constitution with characteristics such as strong liver and weak lung systems.

SH60 Large yin type supraspinal exterior pattern (TM1)

A pattern characterized by cold-intolerance (accompanied with the absence of perspiration), systemic heat, and dyspnea (labored breathing). It may be explained by a decreased capability of the esophagus (frontal upper sector) to expire and to disperse energy and fluid.

SH61 Large yin type esophagus cold pattern (TM1)

A pattern characterized by post-prandial stuffiness, and fullness, and leg weakness, coughing, edema etc, which is based on symptoms of diarrhea, absence of perspiration, palpitation, dyspnea (labored breathing), plum-pit, pale complexion. It may be explained by a weakening of the expirational dispersive energy of the lung system sector (upper sector), in addition to a decreased capability of the esophagus sector (frontal upper sector) to expire and to disperse energy and fluid.

SH62 Large yin type liver heat pattern (TM1)

A pattern characterized by ocular pain, dryness of nose, sleep disorder, tidal sweating, constipated bowel movement, abdominal fullness, thirst, delirium. It may be explained by an excessive condensation and concentration of energy and fluid in the liver system (mid-lower sector) causing the stagnation of energy and fluid, followed by the production of the heat factor.

SH63 Large yin type dryness heat pattern (TM1)

A pattern characterized by black discoloration and parching of the fingertips and nummular erythematous patches and sores over the whole body, constipation, frequent urination, thirst, consumptive overexertion, tinnitus, dim vision, weakened legs or lower back pain. It may be explained by an excessiveness in the inspirational concentrative energy of the liver system sector (mid-lower sector), called the liver-heat state, in addition to the weakening of the dispersive energy of the lung system (upper sector) on exhalation, called the lung-dryness state, producing an imbalance of energy and fluid metabolism, followed by the abnormal consumption of energy and fluid.

SH64 Large yin type exterior Interior combined pattern (TM1)

A pattern characterized by exterior symptoms that include cold-intolerance (accompanied by the absence of perspiration), dyspnea (labored breathing), somatic pain, diarrhea; interior symptoms that include concurrent systemic heat, ocular pain, dryness of the nose, sleep disorder, tidal sweating, constipated bowel movement, thirst. It may be explained by the damage of the esophagus (frontal upper sector) which expires and disperses energy and fluid and concurrently an excessive condensation and concentration of the energy and fluid in the liver system (mid-lower sector).

SH6Y Other specified large yin type patterns (TM1)

SH6Z Large yin type patterns (TM1), unspecified

Small yin type patterns(TM1) (SH70‑SH7Z)

This section comprises a range of patterns which present more commonly in individuals who have the small yin type constitution with characteristics such as strong kidney and weak spleen systems.

SH70 Small yin type congestive hyperpsychotic pattern (TM1)

A pattern characterized by systemic heat, somatic pain (including headache)or absence of perspiration. It may be explained by the failure of yang energy in the kidney system (lower sector) to ascend and connect to the spleen system (mid-upper sector) due to the cold factor, and then it is confined in the infra-spinal (dorsal lower sector). There is no damage to the yang energy of the spleen system (mid-upper sector).

SH71 Small yin type yang depletion pattern (TM1)

A pattern characterized by systemic heat, somatic pain (including headache), and presence of perspiration. It may be explained by the failure of yang energy in the kidney system (lower sector) to ascend and to connect to the spleen system (mid-upper sector) due to the cold factor and then it is confined in the Infra-spinal sector (dorsal lower sector), with the yang energy of the spleen system sector (mid-upper sector) already damaged.

SH72 Small yin type greater yin pattern (TM1)

A pattern characterized by abdominal pain and diarrhea, converse absence of dry mouth, somatic pain, or agitation. It may be explained by the damage of the warm energy in the stomach system (frontal mid-upper sector) that is oppressed by the cold factor of the large intestine system sector (frontal lower sector), though not threatening the yang energy of the spleen system (mid-upper sector) itself.

SH73 Small yin type lesser yin pattern (TM1)

A pattern characterized by abdominal pain and diarrhea, and presence of dry mouth, headache, somatic pain, and agitation. It may be explained by damage of the warm energy of stomach system (frontal mid-upper sector) due to intense cold factor of the large intestine system (frontal lower sector). It is accompanied with the damage of the yang energy of the spleen system (mid-upper sector).

SH74 Small yin type exterior interior combined pattern (TM1)

A pattern characterized by exterior symptoms that include systemic heat, headache, somatic pain; interior symptoms that include abdominal pain and diarrhea (bowel irritability) at a same time. It may be explained by the failure of yang energy in the kidney system (lower sector) to ascend and connect to the spleen system (mid-upper sector), concurrently the warm energy in the stomach system (frontal mid-upper sector) is damaged by the cold factor.

SH7Y Other specified small yin type patterns(TM1)

SH7Z Small yin type patterns(TM1), unspecified

SH9Y Other specified four constitution medicine patterns (TM1)

SH9Z Four constitution medicine patterns (TM1), unspecified

SJ1Y Other specified traditional medicine patterns (TM1)

SJ1Z Traditional medicine patterns (TM1), unspecified

NOT TO BE TRANSLATED - PLEASE NOTE: This whole section is currently under development and is NOT to be translated for now. Title: Module II (SK00‑ST2Z)

This module refers to disorders and patterns of Ayurveda and related systems such as Siddha and Unani. (‘Unani’ includes traditional medicine diagnostic entities used in India, Iran, Pakistan, United Arab Emirates and elsewhere.) This list represents a union set of harmonized traditional medicine conditions of the corresponding classifications.

A disorder in traditional medicine (TM2) [1] refers to a set of dysfunctions in any body system which is diagnosed from associated signs, symptoms, or findings. Each disorder may be defined by its symptomology, etiological explanation based on traditional medicine, course and outcome, or treatment response or linkage to interacting environmental factors.

A pattern in traditional medicine (TM2) refers to the manifestation of the patient’s health condition at a given moment in time or constitution, temperament. It delivers information reflecting the overall manifestation or response of the person. It encompasses both specific symptoms/signs and non-specific findings.

[1]: 'TM2' refers to Traditional Medicine conditions - Module 2. The (TM2) designation is used throughout this module for every traditional medicine diagnostic category in order to be clearly distinguishable from conventional medicine concepts.

Traditional medicine disorders (TM2) (SK00‑SR0Z)

A disorder in traditional medicine (TM2) refers to a set of dysfunctions in any body system which is diagnosed from associated signs, symptoms, or findings. Each disorder may be defined by its symptomology, etiological explanation based on traditional medicine, course and outcome, or treatment response or linkage to interacting environmental factors.

Head, brain, nerve and movement disorders (TM2) (SK00‑SK5Z)

Headache disorders (TM2) (SK00‑SK0Z)

SK00 Cephalalgia disorder (TM2)

It is characterized by headache; may be associated with occipital pain.

(AYU) It is caused by any of the three dosha individually or together affecting the head

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

(UNA) It is caused by either derangement of temperament whether it is simple or involving matter, or predominance of humours or truama and any other external factors

SK01 Migraine disorder (TM2)

Episodic, severe headache involving one half of the head.May be associated with nausea and vomiting.

(AYU) aggravated vata, pitta causing pain in one part of the head.

(SID) It is explained by increased Aẕal. Among the seven physical constituents ̣ Cāram, Cennīr and Ūṉ are affected.

(UNA) Accumulation of bad humours or Riyāḥ in one half of the head.

SK0Y Other specified headache disorders (TM2)

SK0Z Headache disorders (TM2), unspecified

Nervous system disorders (TM2) (SK10‑SK1Z)

SK10 Vertigo and giddiness disorder (TM2)

Experience of darkness and vertigo/dizzines on standing. May be associated with difficulty in intake of food, hypersalivation, balgham in the throat, cough and dyspnoea.

(AYU) due to aggravation of pitta, vata or decrease of kapha affecting the ear faculty.

(SID) It is explained by increased aiyam influences Aẕal and affects Vayu for upward biological movements, Vayu for circulation, Vayu for respiration and digestion. Among the seven physical constituents Cāram, Cennīr gets affected.

(UNA) It is caused by accumulation of thin/thick humours, Bukhārāt and Rīḥ in the ventricles of brain or vessels of brain thereby creating hindrance in the flow of psychic Rūḥ and motor and sensory faculties.

SK1Y Other specified nervous system disorders (TM2)

SK1Z Nervous system disorders (TM2), unspecified

Paralysis disorders (TM2) (SK20‑SK2Z)

SK20 Facial palsy disorder (TM2)

Deviation of one side of the face, difficulty in speech, loss of wrinkling, non closure of eyes and lips and dribbling of saliva from the angles of mouth

(AYU) It is caused by increased vata affecting one half of the face.

(SID) It is explained by increased aiyam along with Vaḷi. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

(UNA) It is caused by flaccidity of face and eye lids due to predominance of coldness and obstruction in the passage of Rūḥ

SK21 Paraplegia disorder (TM2)

Flaccidity, loss of function in both lower limbs.

(AYU) obstruction to body channels or severe lack of nutrition leading to aggravation of vata affecting motor functions.

(UNA) It is caused by pouring of the fluids related to Dam and Balgham on the origin of nerves of lower limbs from ventricles of brain

SK22 Hemiplegia disorder (TM2)

"Loss of mobility or flaccidity of one side of the body. May be associated with difficulty in swallowing, speech, deranged cognitive functions, tactile sensation.

(AYU) obstruction to body channels or severe lack of nutrition leading to aggravation of vata affecting motor, sensory and cognitive functions.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

(UNA) It is caused by the pouring of fluids related to Dam and Balgham on the origin of nerves of one side of body from ventricles of brain"

SK2Y Other specified paralysis disorders (TM2)

SK2Z Paralysis disorders (TM2), unspecified

Paroxysmal disorders (TM2) (SK30‑SK3Z)

SK30 Seizure disorder (TM2)

Sudden, involuntary contractions of muscles, associated with dribbling of saliva, froth in the mouth and deviation of mouth, staring of eyes or rolling of eyeball

(AYU) vitiated vata affecting motor faculties.

(SID) It is explained by increased Aẕal. Among the seven physical constituents gets Cāram to Cukkilam get affected.

(UNA) impaired temperament, weakness of mental powers.

SK31 Epilepsy disorder (TM2)

Transient loss of consciousness, paroxysmal convulsions, froth from the mouth, possible loss of memory of the episode.

(AYU) mind is clouded by rajas and tamas and the aggravated dosha occupy the channels of consciousness.

(SID) It can be explained by derangement of Mukkuṟṟam. All the seven physical constituents are affected.

(UNA) Obstruction in the ventricles of the brain due to thick viscous humours.

SK3Y Other specified paroxysmal disorders (TM2)

SK3Z Paroxysmal disorders (TM2), unspecified

SK50 Scalp affliction disorder (TM2)

Headache, heaviness around eyes,hairloss, bleeding per nasal cavity, dryness of throat, ear.

(AYU) It is caused by vitiated dosha localising the scalp

(SID) It is explained by increased Vaḷi, Aẕal and Aiyam. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

SK51 Cervicobrachial pain disorder (TM2)

Pain in the neck, throat radiating up to the upper limbs, restricted movements. May be associated with, insomnia, temporary loss of hearing, memory.

(AYU) vitiation of vata, pitta affecting neck, upper arms.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ and Koẕuppu gets affected.

(UNA) predominance of moistness or dryness.

SK52 Tremor disorder (TM2)

"It is characterised by tremors, rigidity, and may be associated with dryness of the skin and insomnia.

(AYU) Aggravation of vata affecting the motor system

(SID) It is explained by increased Vaḷi along with Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu and Eṉpu gets affected.

(UNA) weakness or defect in the motor system, impaired cold temparament"

SK53 Stammering disorder (TM2)

"Loss of speech clarity, lalling, strained speech, may be aggravated due to excess speech.

(AYU) aggravagtion of vata affecting kapha and faculty of speech.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents all seven gets affected.

(UNA) It is caused by moderate flaccidity of tongue."

SK54 Numbness disorder (TM2)

The complete/partial loss of sensation of any organ of the body and feeling of smoothness and restricted movements

(AYU) vitiation of vata, kapha affecting whole body

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram and Cennīr gets affected.

(UNA) impaired temparament of nerves, predominance of dryness on nerves, obstruction of nerves caused by Balgham.

SK55 Weakness of thighs due to vata disorder (TM2)

"flaccidity,log like immobility of the thighs.

(AYU) obstruction of vata by the ama (state of incomplete digestion, transformation or metabolism).

(SID) It is explained by increased Vaḷi along with Aiyam. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected."

SK5Y Other specified head, brain, nerve and movement disorders (TM2)

SK5Z Head, brain, nerve and movement disorders (TM2), unspecified

Eye, ear, nose, throat and neck disorders (TM2) (SK60‑SL2Z)

Eye disorders (TM2) (SK60‑SK7Z)

SK60 Ocular hyperemia disorder (TM2)

"Appearance of reddish blood vessels over the sclera

(AYU) It is caused by vitiated blood

(SID) It is explained by increased Aẕal.

(UNA) It is caused due to the predominance of Dam."

SK61 Prolapse iris disorder (TM2)

Prolapse or protrusion of the uveal tissue through a weak point in the eyeball resembling "mass resembling goat's stool" or "head of a housefly." May be associated with pain, warm, slimy coppery tears.

[AYU] It is caused by al the three vitiated dosha, blood and fatty tissue.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ,Koẕuppu are affected.

[UNA] It is caused by excessive accumulation of moistness in the eye.

SK62 Blepharitis disorder (TM2)

hard swelling and redness in eyelids, itching. May be associated with crusting at the eyelid margins or base of the eyelashes, flaking of skin on eyelids, falling of eye lashes.

[AYU] aggravated kapha, vata affecting skin, blood and muscle tissue.

[SID] It is explained by increased Vaḷi (Vayu for intellectual functions and Vayu for ophthalmic function) and Aẕal (Aẕal for vision). Among the the seven physical constituents, Cāram to Ūṉ is affected.

[UNA] presence of acrid and salty morbid matter in eyelids.

SK63 Day blindness disorder (TM2)

"Loss of vision during day time.

(AYU) vitated pitta affecting the vision

(SID) It is explained by increased Vaḷi (Vayu for intellectual functions and Vayu for ophthalmic function), Aẕal (Aẕal for vision) and Aiyam (Aiyam for strengthening sense organs). Among the seven physical constituents Cāram, Cennīr, Ūṉ gets affected

(UNA) dissolution of optic Rūḥ and humours of eyes in sunlight"

SK64 Night blindness disorder (TM2)

loss of vision during night.

[AYU] vitated kapha affecting the vision

[SID] It is explained by increased Vaḷi (Vayu for intellectual functions and Vayu for ophthalmic function), Aẕal (Aẕal for vision) and Aiyam (Aiyam for strengthening sense organs). Among the seven physical constituents Cāram, Cennīr, Ūṉ, are affected.

[UNA] accumulation of specific viscous humours which affect optic channels

SK65 Cataract disorder (TM2)

"Impairment in vision such as haziness, colored halos, polyopia and seeing objects as if through cloth or net

(AYU) It is caused due to vitiated dosha affecting the layers of the eye.

(SID) It is explained by increased Vaḷi (Vayu for intellectual functions and Vayu for ophthalmic function) and Aiyam (Aiyam for strengthening sense organs). Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu are affected.

(UNA) It is caused by congestion of thick and morbid humours leanding to decreased nutrition of whole body including lens of eye."

SK66 Conjunctivitis disorder (TM2)

"Redness of eye, lacrimation, photophobia, burning sensation

(AYU) It is caused due to vitiated dosha affecting the eye.

(SID) It is explained by increased vali (nagan and koorman), (aalosaga Aẕal) and aiyam (tharpagam). Among the seven physical constituents Cāram and Cennīr gets affected.

(UNA) It is caused by the predominance of humours and Rīḥ"

SK67 Corneal disorder (TM2)

"Disease of cornea affecting vision

(AYU) vitiated dosha affecting the eye.

(SID) It may be explained by deranged Vaḷi, Aẕal, and Aiyam and their variations; Among the seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, are affected.

(UNA) impairment of temperament, derangement of humours. "

SK68 Tear sac swelling disorder (TM2)

"swelling over medial canthus with pus discharge and foul smell. Inability to rotate the eyeball due to papules in the inner lower eyelid associated with flow of tears continuously

(AYU) vitiated dosha obstructing lacrymal passage

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

(UNA) obstruction of lacrimal passage due to thick viscous humour. "

SK69 Eyelid cyst disorder (TM2)

"pappilary growth in the outer canthus of eye.

(AYU) vitiated dosha affecting the eye.

(SID) It is explained by increased Aẕal and Vaḷi. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

(UNA) It is caused by excessive intake of Balgham producing diets and flowing of matter related to Balgham into the eyelids."

SK6A Dry eye disorder (TM2)

Dryness of eyes, decreased lacrimation, reduced stickness of eyes

[AYU] It is caused by all the three dosha mainly, vata affecting the eye.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, are affected. [UNA] It is caused by dryness of temperament as a result of excessive intake of Sawdā’.

SK6B Ectropion disorder (TM2)

Eversion of eyelid

[SID] It is explained by increased vali (nagan and koorman) and Aẕal (aalosaga Aẕal). Among the seven physical constituents Cāram and Cennīr gets affected.

[UNA] It is caused by predominance of coldness in the eyelids

SK6C Pterygium disorder (TM2)

Muscular growth from the inner canthus towards cornea leads to loss of vision if it reaches the pupil

[AYU] It is caused by vitiated dosha causing muscular growth over the sclera

[SID] It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram and Cennīr gets affected.

[UNA] it is caused by the predominance of viscous humours in the eye.

SK6D Lacrimation disorder (TM2)

Watering of eyes

[AYU] It is caused by vitiation of any of the three dosha especially vata

[SID] It is explained by increased Vaḷi, Aẕal and Aiyam. Among the seven physical constituents Cāram, Cennīr, Un gets affected.

[UNA] I tis caused to accumulation of fluid in head and eyes

SK6E Trichiasis disorder (TM2)

Inversion of eyelashes, continous irritation of eyeballs, watering, fall of eye lash

[AYU] It is caused by vitiation of all the three dosha affecting the root of eye lashes

[SID] It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ, are affected.

[UNA] It is caused by predominance of dryness of the eye lashes.

SK6F Eyelid tumour disorder (TM2)

Irregular growth in the eyelids, painless and movable

[AYU] It is caused due to the vitiated three dosha affecting the eyelids

[SID] It is explained by increased Vaḷi and Aẕal (Among the seven physical constituents Cāram, Cennīr , Ūṉ and Koẕuppu gets affected.

[UNA] It is caused by accumulation of viscous humour on the eye lids

SK6G Hard swelling of eyelid disorder (TM2)

Hard, rough growth of eye lid.

[AYU] It is caused by the morbid dosha localising in the eye lids.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ, are affected.

[UNA] It is caused by premodinence of viscous Sawdā'.

SK6H Eyelid wart disorder (TM2)

"Wart like growth in the external surface of eyelids.

(AYU) It is caused by the vitiated blood affecting the eyelid

(UNA) It is caused by putrefaction of Sawdā' flowed into the eyelids."

SK6J Excessive blinking disorder (TM2)

Excessive blinking

[AYU] It is caused due to increased vata affecting the eye lid.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ, are affected.

[UNA] It is caused due to accumulation of thick Riyāḥ in the eye lids.

SK6K Eyelid haematoma disorder (TM2)

Blackish discoloration of eye lid with swelling and pain

[AYU] It is caused due to vitiation of all the three dosha

[SID] It is explained by increased Aẕal . Among the seven physical constituents Cāram and Cennīr gets affected.

SK6L Ptosis disorder (TM2)

Dropping of upper eyelid

[AYU] It is caused due to vata affecting the eye lid

[SID] It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

[UNA] It is caused by the obstrcution in the passage of Rūḥ due to predominance of coldness and moistness in the upper eye lid, paralysis of eye muscles, any congenital defect , conjunctivitis, tumours or any inflammation of eyelids.

SK6M Sticky eyelids disorder (TM2)

Eye lids adhere together associated with itching, swelling and redness/congestion.

[AYU] It is caused by kapha and blood affecting the eye lid.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu and Mūḷai are affected.

[UNA] It is caused by the predominance of thick viscous matter in the eye lids,due to some diseased condition of eyeball e.g. corneal ulcers, surgery for Pterygium, trachoma, etc.

SK6N Chalazion disorder (TM2)

Big hard painless movable swelling on the eyelid

[AYU] It is caused by predominance of kapha.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu are affected.

[UNA] It is caused by predominance of Balgham in upper eye lid.

SK6P Stye disorder (TM2)

Hard and spindle shaped swelling, pain, redness at the root of eyelashes may be associated with pus discharge

[AYU] It is caused by vitiation of blood affecting the eye lid

[SID] It is explained by increased Aẕal and Aiyam. Among the seven physical constituents Cāram and Cennīr gets affected.

[UNA] It is caused by predominance of deranged Dam and Ṣafrā’

SK6Q Ptilosis disorder (TM2)

"Falling of eyelashes

(AYU) vitiation of dosha and blood.(Ensure the diactrics)

(SID) It is explained by increased Aẕal (Aẕal for vision). Among the seven physical constituents Cāram and Cennīr gets affected

(UNA) Malnutrition, waste humours, Ṣafrā’ or Sawdā’."

SK6R Non-inflammatory swelling of eye disorder (TM2)

abrupt mild eye swelling

(AYU) vitiation of all three dosha affecting the whole eye.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ, are affected.

(UNA) accumulation of Rīḥ at the site.

SK6S Periorbital polyp disorder (TM2)

Growth in periorbital region.

[AYU] it is caused due to morbid dosha vitiating the skin, muscle and adipose tissue causing muscular growths in the eye.

[SID] It is explained by increased Vaḷi and Aẕal (Aẕal for vision). Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

SK6T Phlyctenular nodule disorder (TM2)

Hard white/red nodule on inner canthus, outer canthus, below eyelids and around cornea in a beaded manner.

(AYU) it is caused due to vitiated three dosha affecting the eye.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ, are affected.

(UNA) It is caused by accumulation of thick Balgham or Dam.

SK6U Trachoma disorder (TM2)

Small papules in the inner surface of eyelids with irritation and difficulty in movements of eyelids.

[AYU] It is caused due to vitiated kapha localising on the inner surface of the eyelids.

[SID] It is explained by increased Vaḷi and Aẕal . Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

[UNA] It is caused by the predominance of dryness and accumulation of acrid humors in the eye lids

SK6V Corneal opacity disorder (TM2)

"opacity of cornea subsequent to corneal ulceration.

(AYU) vitiation of blood affecting cornea.

(SID) It is explained by increased Vaḷi ( Vayu for intellectual functions and Vayu for ophthalmic function) and Aẕal (Aẕal for vision). Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

(UNA) accumulation of morbid matter at the site."

SK6W Panopthalmitis disorder (TM2)

"redness, pain, swelling in conjunctiva involving entire eye.

(AYU) vitiation of all the three dosha affecting the eye""

(SID) It is explained by increased Vaḷi, Aẕal and Aiyam. Among the seven physical constituents Cāram and Cennīr are affected.

(UNA) excessive moistness in the eye, infiltration of morbid matter towards eye."

SK6X Phthisis bulbi disorder (TM2)

"shrinkage of eyeball, may be associated with pain, ulceration, adhesion of eyelids, loss of vision

(AYU) aggravation of vata affecting the eyeball.

(UNA) dryness of eye humours."

SK7Y Other specified eye disorders (TM2)

SK7Z Eye disorders (TM2), unspecified

Ear disorders (TM2) (SK80‑SK8Z)

SK80 Ear abscess disorder (TM2)

painful suppurative swelling in the ear region

[AYU]aggravation of pitta affecting skin, fat, muscle tissue in the ear region resulting in swelling and suppuration.

[SID] It is explained by increased Aẕal. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

[UNA] collection of morbid matter in the ear region leading to loss of continuity

SK81 Deafness disorder (TM2)

Impaired/complete loss of hearing

[AYU] It is caused due to all three dosha mainly vata affecting the hearing faculties.

(SID) It is explained by increased Aiyam. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu are affected.

[UNA] It is either congenital or due to old age or derangement of temperament of organs of hearing.

SK82 Otorrhoea disorder (TM2)

Pain in the ear, purulent discharge from ear

[AYU] It is caused due any of the three dosha localising in the ear

[SID] It is explained by increase in Aẕal and aiyam . Among the physical constituents Cāram and Cennīr are affected

[UNA] It is caused due to the predominance of moistness.

SK83 Pruritus of ear disorder (TM2)

"Itching sensation in the ear

(AYU) It is caused due to increased kapha localising in ear.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram and Cennīr is affected.

(UNA) It is caused by predominance of Ṣafrā’, predominance of Rīḥ in the ear, and diversion of saline fluids towards ear."

SK84 Dysacousia disorder (TM2)

intolerance to loud sounds.

[AYU] increased vata, pitta leading to hypersensitivity of ear.

[UNA] It is caused by weakness of the hearing faculties.

SK85 Impacted cerumen disorder (TM2)

the wax in the ear becomes viscous and hard thereby causing hindrance in hearing.

[AYU] vitition of kapha, vata affecting karna.

[UNA] increased viscosity of moist bodies in the ear.

SK86 Tinnitus disorder (TM2)

Ringing sounds in ear may be continuous or intermittent

[AYU] It is caused due to vata affecting the channels carrying the sound.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu are affected.

[UNA] It is caused by general weakness, under nourishment, congestion of head with fluids and morbid material ,weakness of the hearing faculties, presence of wax in the ear, etc.

SK87 Otalgia disorder (TM2)

ear ache. May be associated with headache, coryza.

[AYU] vitiation of vata affecting ear.

[SID] It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr and Ūṉ, gets affected.

[UNA] Accumulation of hot secretions and hot Riyāḥ in the ear.

SK88 Otitis disorder (TM2)

earache, burning sensation, pain in forehead, redness in face. May be associated with vertigo.

[AYU] vitiation of all the three dosha affecting skin, blood, muscle tissue of the ear.

[SID] It is explained by decrese in Aiyam and increase in Vaḷi causing dizziness. Among the seven physical constituents Cāram gets affected.

[UNA] Impaired hot or impaired cold temperament, infiltration of secretion at the site.

SK89 Pustules of pinna disorder (TM2)

small pustular eruptions over the external ear.

[AYU] It is caused by vitiated kapha and blood localising over the external ear.

[SID] It is explained by increased Aẕal. Among the seven physical constituents Cāram and Cennīr gets affected.

[UNA] It is caused by the derangement of Dam mixed with fluids.

SK8Y Other specified ear disorders (TM2)

SK8Z Ear disorders (TM2), unspecified

Nose disorders (TM2) (SK90‑SK9Z)

SK90 Epistaxis disorder (TM2)

Bleeding form nose.

[AYU] It is caused by increased pitta vitiating the blood.

(SID) It is explained by increased Aẕal. Among the seven physical constituents ̣ Cāram, Cennīr are affected.

[UNA] It is caused by due to extreme congestion,Increased heat of Dam and Predominance of Ṣafrā’.

SK91 Anosmia disorder (TM2)

decreased or loss of smell

[AYU] vata, kapha blocking nasal passages

[SID]

[UNA] Blockage of nasal passage and cribriform plate of ethmoid bone with thick viscous humour

SK92 Dry nose disorder (TM2)

Dry nose, nasal obstruction, crusting, scabs in nose

[AYU] It is caused by increased vata inside the nasal cavity.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu are affected.

[UNA] It is caused by predominance of matter related to Balgham which gets dried in the nasal cavity.

SK93 Atrophic rhinitis disorder (TM2)

Dryness of nose, loss of smell, wasting of mucous membrance

[AYU] It is caused by increased vata drying up the kapha in the nose

[UNA] It is caused by the predominance of coldness in the nasal cavity.

SK94 Nasal polyp disorder (TM2)

Growth in nasal mucosa, nasal obstruction, nasal tone of voice, pain, discharge from the nose

[AYU] It is caused by vitiated dosha affecting the mucosa, muscle and adipose tissue in the nose

[SID] It is explained by increased Aiyam. Among the seven physical constituents, Cāram, Cennīr and Ūṉ get affected.

[UNA] It is caused by the accumulation of Dam mixed with Sawdā' in the vessels

SK95 Rhinitis disorder (TM2)

swelling, redness of nasal mucosa, moistness and watery discharge, pain, loss of smell

[AYU] It is caused by increased vata pushing the kapha outwards through the nose

[SID] It is explained by increased Aiyam. Among the seven physical constituents, Cāram, Cennīr, Ūṉ and Koẕuppu gets affected

[UNA] It is caused by the derangement of temperament and humours in the nose

SK96 Coryza and catarrh disorder (TM2)

Watery discharge from the nose may be associated with loss of smell

[AYU] It is caused due to kapha and vata.

(SID) It is explained by increased Aẕal. Among the seven physical constituents ̣ Cāram, Cennīr are affected.

[UNA] It is caused by derangement of temperament of brain and congestion and accumulation of humours in the body leading to the formation and movement of Rīḥ from body towards brain.

SK97 Nasal obstruction disorder (TM2)

Obstruction of the nasal passage, burning sensation, frequent mucosal secretions, nasal tone of voice

[AYU] It is caused due to vata and kapha causing obstruction in the nose

[SID] It is explained by increased Aiyam. Among the seven physical constituents, Cāram, Cennīr, Ūṉ and Koẕuppu are affected.

[UNA] It is caused by obstruction of nasal passage due to viscous humour or fleshy growth or crust of wounds

SK98 Ozaena disorder (TM2)

Bad odour from the nose may be associated with bad breadth

[AYU] It is caused by all the three dosha affecting the nose and palate

[SID] It is explained by increased Aiyam. Among the seven physical constituents, Cāram, Cennīr, Ūṉ and Koẕuppu gets affected.

[UNA] It is caused by accumulation of putrefied humours in the nose

SK99 Sinusitis disorder (TM2)

"Inflammation of mucous membrance of nose and para nasal sinuses, headache, heaviness of face, forehead and head, nasal discharge, nasal obstruction, post nasal drip, nasal voice, hyposmia/anosmia

(SID) It may be explained by Aiyam increasing and affecting the Vaḷi and Aẕal.

(UNA) It is caused by cold impaired temperament of brain as a result of various external factors e.g. exposure to cold water, cold air, etc.It may also be caused by collection of Putrified matter in and around the olfactory organs."

SK9A Adenoiditis disorder (TM2)

"Nodular swelling in the throat, irritation

(AYU) It is caused due to vitiated kapha localising the throat

(UNA) It is caused by the predominance of Dam"

SK9Y Other specified nose disorders (TM2)

SK9Z Nose disorders (TM2), unspecified

Neck and throat disorders (TM2) (SL00‑SL0Z)

SL00 Throat tumour disorder (TM2)

Non suppurated swelling at the root of the tongue and beginning of the throat, non-suppurative swelling, stable/immobile swelling, painless swelling and reddish swelling, abscess with pus in throat. [AYU] It is due to vitiated three dosha affecting the throat. [SID] It may be explained by increased Aiyam. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu, Mūḷai , Cukkilam, Curōṇitam are affected.

SL01 Retropharyngeal abscess disorder (TM2)

suppurative growth, painful obstruction of posterior part of pharynx associated with multiple fleshy buds and fever

[AYU]aggravation of kapha, pitta resulting in painful suppurative swelling in the posterior part of pharynx.

[UNA] non-resoultion of morbid matter of hot inflammation in the posterior part of pharynx.

SL02 Hoarseness of voice disorder (TM2)

Change in the character of voice making it harsh and husky, feeling of roughness and irritation of throat

[AYU] It is caused due to vitiated vata affecting the speech faculties

[SID] It may be explained by Aiyam increased and affect the Vaḷi especially Vayu for upward biological movements

[UNA] It is caused by simple hot/simple cold/simple wet/simple dry impaired temperament of larynx and trachea, air pollution, excessive and prolonged shouting and diseases of neighboring organs of larynx.

SL03 Indistinct- abnormal voice disorder (TM2)

Abnormal quality,pitch or volume of voice

[AYU] It is caused due to vitiated dosha affecting the speech faculties

[SID]

[UNA] It is caused by derangement of temperament either simple or involving matter, constitutional derangement, inflammation, injury and pain. sometimes the cause of defect in voice lies in the larynx itself or the nerves attached to it.

SL04 Severe throat inflammation disorder (TM2)

Inflammation of throat, difficulty in swallowing and dry cough.

[AYU] It is caused by vitiation of all the three dosha which localise near the base of the tongue

[SID] It may be explained by increased Aiyam followed by Vaḷi. Among seven physical constituents, Cāram and Cennīr are affected.

[UNA] It is caused by the accumulation of putrefied matter in the throat, weakness of the all faculites of body.

SL05 Pharyngitis disorder (TM2)

pain, swelling redness in throat, cough and dysphonia.

[AYU] vitiation of kapha, blood and muscle tissu in palate region

[SID] It is explained by increased Aẕal. Among the seven physical constituents Cāram, Cennīr and Ūṉ, gets affected.

[UNA] It is caused by impaired temperament, presence of any irritant substance in pharynx

SL06 Tonsillitis disorder (TM2)

The inflammation of tonsils, characterized by swelling, pain and redness of throat, difficulty in swallowing, fever.

(AYU) It is caused by vitiated kapha and blood affecting the throat region.

(SID )It is explained by increased Aiyam. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu are affected.

(UNA) It is caused by derangment of any of the four humours.

SL07 Speech disorder (TM2)

"This disorder is characterised by inability to speak.

(AYU) It is caused by vata and kapha dosha affecting speech faculties.

(UNA) It is caused by moist and dry impaired temperament or damage to larynx or laryngeal muscles."

SL08 Lymphadenopathy in throat region disorder (TM2)

"String of hard, glossy, painless nodular or elongated skin coloured swollen glands around the neck, throat which with slowly suppure and form fistulous tracts.

(AYU) vitiation of kapha, blood, muscle tissue in throat region.

(SID) It is explained by derangement of Vaḷi, Aẕal and Aiyam. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu get affected.

(UNA) putrified Dam and other matters. "

SL09 Laryngitis disorder (TM2)

"pain, redness, horasness of voice

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram and Cennīr gets affected.

(UNA) derangement of Dam, Balgham, Ṣafrā, ’Sawdā’ "

SL0Y Other specified neck and throat disorders (TM2)

SL0Z Neck and throat disorders (TM2), unspecified

SL20 Excessive sneezing disorder (TM2)

Excessive sneezing

(AYU) It is caused by vitiated vata and kapha.

(SID) It is explained by increased Aẕal. Among the seven physical constituents ̣ Cāram, Cennīr are affected.

(UNA) It is caused by impaired temperament of brain.

SL21 Hypernasal speech disorder (TM2)

hypernasal voice leading to nasal twang

[AYU] obstruction to oral, nasal passages, vitiation of vata.

(SID) It is explained by increased Aiyam. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu are affected.

[UNA] flow of secretion from the brain towards nose.

SL2Y Other specified eye, ear, nose, throat and neck disorders (TM2)

SL2Z Eye, ear, nose, throat and neck disorders (TM2), unspecified

Respiratory system disorders (TM2) (SL40‑SL4Z)

SL40 Bronchial asthma disorder (TM2)

"difficult rapid respiration, tightnes of chest,wheezing, cough with difficulty to expel. sputum.

[AYU] obstrucdtion of respiratory passages due to vitiation of kapha and vata

[SID] it is caused by increased by Aiyam and Vali. Uṭaṟtātukkaḷ, Cāram, Cennīr, Ūṉ, Koẕuppu gets affected.

[UNA] infiltration of Balgam towards bronchiols, absorption of thick viscous Balgham."

SL41 Cough disorder (TM2)

"Cough

[AYU] It is caused due to vitiated kapha and vata affecting the respiratory channels.

[SID] It may be explained by increased Aiyam and affect Vayu for upward biological movements

[UNA]It is caused by derangement of temperament either simple or involving matter. "

SL42 Dyspnoea disorder (TM2)

"Pain and tightness in the chest, breathlessness,

[AYU] It is caused by obstruction to the channels of respiration by vata and kapha

[SID] It may be explained by Aiyam affected and increased Vayu for upward biological movements

[UNA] It is caused by predominance of hotness on heart and disturbance of motor functions of the respiratory system."

SL4Y Other specified respiratory system disorders (TM2)

SL4Z Respiratory system disorders (TM2), unspecified

Heart, blood and circulatory disorders (TM2) (SL60‑SM0Z)

Heart disorders (TM2) (SL60‑SL6Z)

SL60 Slow heart disorder (TM2)

"decreased heart rate may be associated with decreased heart function.

(AYU) vitiated vata affecting pitta for intellect.

(UNA) weakness of vital power"

SL61 Heart pain disorder (TM2)

"Chest pain, discomfort, palpitation, fatigue, dyspnoea, swelling and coldness of lower limbs

(AYU) It is caused by vitiated dosha affected primary product of digested food further affecting the heart.

(SID) It is explained by increased Vaḷi and Aẕal that affect Aiyam. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu gets affected.

(UNA) It is caused by impaired temperament of heart or predominance of morbid humors "

SL62 Palpitation disorder (TM2)

"feeling of increased beating of the heart which is within the notice of the patient with or without tachycardia.

(AYU) vitiation of vata affecting the heart region.

(SID) It is explained by increased Aẕal. Among the seven physical constituents Cāram, Cennīr and Ūṉ, gets affected.

(UNA) caused by hot or cold simple morbid temperament, excess of Dam or Bukhārāt arising from Sawdā’ and reaching to the heart."

SL6Y Other specified heart disorders (TM2)

SL6Z Heart disorders (TM2), unspecified

Circulatory disorders (TM2) (SL70‑SL7Z)

SL70 Varicose veins disorder (TM2)

"visible twisted and swollen veins of the legs and feet may be associated with swelling and heaviness in the legs, itching,skin discolouration, muscle cramps

(AYU) Aggravated vata causes tortuousness of veins.

(SID) It is explained by increase of Aiyam. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu get affected.

(UNA) increased viscocity of Dam due to predominance of coldness or mixing of Balgham with it."

SL71 Varicose ulcer disorder (TM2)

"ulcer due to dilated and tortuous vein

(AYU )

(SID) It may be explained by increased Vaḷi , Aẕal, Aiyam in combination. It affects both Cāram and Cennīr .

(UNA) It is caused by accumulation of Dam mixed with Sawdā', Dam or thick Dam mixed with Balgham in the veins of legs and feet"

SL72 Thickened arteries disorder (TM2)

"Dry skin, feeling of heaviness, cold extremities.

(AYU) Accumulation of kapha and medas in the vessels.

(SID) It is explained by increased Vaḷi and Aiyam.

(UNA) Abnormal accumulation of Balgham."

SL7Y Other specified circulatory disorders (TM2)

SL7Z Circulatory disorders (TM2), unspecified

Blood related disorders (TM2) (SL80‑SL8Z)

SL80 Anaemia disorder (TM2)

"palor, fatigue, aversion to cold and palpitation.

(AYU) vitiated pitta or kapha which further vitiates the blood resulting in pallor of the skin.

(SID) It is explained by increase of Aẕal, derangement of Vayu for circulation and increase of Aiyam in later stage. Among the seven physical constituents Cāram and Cennīr are affected.

(UNA) derangement of temperament of liver."

SL81 Bleeding disorder disorder (TM2)

"Bleeding from body orifices or beneath the skin.

(AYU) The condition results due aggravated pitta which brings about excitement of the blood, propelling it through the body orifices.

(SID) It is explained by increased Aẕal followed by Aiyam. Among the seven physical constituents Cāram, Cennīr and Ūṉ, gets affected.

(UNA) It is caused by some specific type of fevers due to unhygienic conditions, and derangement of Dam."

SL8Y Other specified blood related disorders (TM2)

SL8Z Blood related disorders (TM2), unspecified

SM00 Lymphadenopathy disorder (TM2)

"inflammatory swelling associated with mild pain; usualy occurs in axilla and groin.

(AYU) It is caused by accumulation of vitiated adipose tissue in various parts of the body

(SID) It is explained by increased Aẕal and decreased Vaḷi and Aiyam. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu get affected. "

SM01 Elephantiasis disorder (TM2)

"A disorder characterized by non-pitting swelling of legs, unilateral or bilateral,

Swollen glands in groin. It may be associated with fever.

(AYU) It may be explained by the vitiation of flesh, kapha and blood.

(SID) It may be explained by the sea and it's habitat, impure or contaminated water, consumption of Aiyam aggravating food substances, frequent intercourse, impaired lymphatic supply to lowerlimb. It is explained by increased Vaḷi associated with Aiyam. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

(UNA) It may be explained by infiltration of burnt, viscous Dam towards legs."

SM0Y Other specified heart, blood and circulatory disorders (TM2)

SM0Z Heart, blood and circulatory disorders (TM2), unspecified

Gastro-intestinal disorders (TM2) (SM10‑SM7Z)

Oral cavity disorders (TM2) (SM10‑SM1Z)

SM10 Stomatitis disorder (TM2)

"Ulcer in the mouth, tongue and spread towards oesophagus and stomach

(AYU) It is caused due to increased pitta

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu are affected

(UNA) It is due to accumulation of morbid humors"

SM11 Dental abscess disorder (TM2)

"painful suppurative swelling around teeth

(AYU)aggravation of pitta affecting skin, fat, muscle tissue around the tooth resulting in swelling and suppuration.

(SID) It is explained by increased Aẕal causing increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ , Koẕuppu and Eṉpu gets affected.

(UNA) collection of morbid matter in the teeth region."

SM12 Bruxism disorder (TM2)

"Grinding of teeth during sleep.

(AYU) vitiation of vata, kapha affecting oral cavity.

(UNA) predominance of morbid humour in brain which causes its irritation, worm infestation, weakness of jaw muscles."

SM13 Pyorrhoea disorder (TM2)

foul smelling breath loose teeth with pain, swollen gums, bleeding, pus.

(AYU) vitiated blood affecting the roots of teeth.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu,Eṉpu are affected.

(UNA) excess of local moistness, bad hygeinic condition of teeth.

SM14 Gingivitis disorder (TM2)

"swelling, pain in the gums

(AYU) vitiated blood affecting the roots of teeth.

(SID) It is explained by increased Aẕal and Vali. Among the seven physical constituents there is increased activity of Cennīr.

(UNA) predominance of Dam, Ṣafrā’ and Balgham in the gum leading to inflammation. "

SM15 Halitosis disorder (TM2)

"putrid odour in the mouth,

(AYU) vitiated kapha, pitta, blood affecting teeth and gums.

(SID) It may be explained by increased Vaḷi and increased Aẕal kutram. Among physical constituents Cāram, Cennīr, Ūṉ and Koẕuppu are affected.

(UNA) due to abnormal hotness and putrified Balgham in the stomach, ulcers of gums and dental caries"

SM16 Sialorrhoea disorder (TM2)

"Excessive salivation

(AYU) It is caused by increased kapha

(SID) This disequilibrium is characterised by the unusual combination of Aiyam and Vaḷi

(UNA) It is caused due to hot and wet impaired temperament of stomach."

SM17 Palatitis disorder (TM2)

pain, swelling and redness in the palate

(AYU) vitiation of kapha, blood, muscles in palate region.

(SID) It is explained by increased Aẕal. Among the seven physical constituents ̣ Cāram, Cennīr,Ūṉ, Koẕuppu, are affected.

(UNA) derangement of Dam, Balgham, Ṣafrā, ’Sawdā’.

SM18 Uvulitis disorder (TM2)

large, painful swelling at the base of soft palate, uvula, fever, difficulty in swallowing.

(AYU) vitiation of pitta, blood affecting throat region.

(SID) It is explained by increased Aẕal. Among the seven physical constituents ̣ Cāram, Cennīr,Ūṉ, Koẕuppu, are affected.

(UNA) infiltration of morbid humours viz.,Dam, Balgham, Ṣafrā, ’Sawdā’.

SM19 Ludwig’s angina disorder (TM2)

"pain, burning sensation in throat,fever, difficulty in breathing and swallowing due to swelling in pharynx and larynx or muscles of upper part of the oesophagus.

(AYU) vitiation of all the three dosha, blood, muscle in throat region.

(UNA) predominance of any of the four humours. "

SM1A Odontalgia disorder (TM2)

"severe dental pain. May be associated with injury, infection.

(AYU) severe vitiation of vata, pitta affecting the teeth and gums.

(SID) It is explained by increased Aẕal humour. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu and Enbu are affected.

(UNA) hot impaired temperament with swelling, cold impaired temperament of teeth or its nerve, involvement of stomach/accumulation of putrified humours in the stomach. "

SM1B Bleeding gum disorder (TM2)

"bleeding from gums, may be associated with ulcers

(AYU) vitiation of pitta, kapha and blood affecting the gums.

(SID) It is explained by deranged Vaḷi humour. Among the seven physical constituents Cāram and Cennīr gets affected.

(UNA) weakness of digestive power of gums. "

SM1C Ranula disorder (TM2)

Cystic swelling either above or below the tongue.

(AYU) It is caused by vitiated all three dosha localising near the base of the tongue.

(SID) It is explained by increased Aiyam and decreased Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ are affected.

(UNA) It is caused by predominance of Dam undersurface of the tongue.

SM1D Parotitis disorder (TM2)

"pain, heaviness, burning sensation in the parotid region.

(AYU) vitiation of pitta, vata, kapha affecting root of the ear.

(UNA)derangement of Dam, Balgham, Ṣafrā, ’Sawdā’ "

SM1E Dental caries disorder (TM2)

"Decaying of tooth, tooth ache, breaking of teeth

(AYU) It is caused due to vitiated vata along with blood affecting the tooth.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu and Mūḷai are affected.

(UNA) It is caused due to old age, predominance of dryness and putrified humours"

SM1F Dental plaque disorder (TM2)

"Yellow crust at the root of the teeth.

(AYU) It is caused due to vitiated dosha accumulating over the teeth

(SID) It is explained by increased Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu, and Eṉpu gets affected.

(UNA) It is caused by the deposition of viscous fluid from stomach and intestine in the mouth and teeth. The colour of deposits helps in identifying the predominant humour or causative humour. The crust is sometimes too hard to detach from the teeth."

SM1G Discolouration of teeth disorder (TM2)

"Discolouration of teeth

(AYU) It is caused by vitiated blood and pitta affecting the teeth

(SID) It is explained by increased Vaḷi humour. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu, and Eṉpu gets affected.

(UNA) It is caused by the infiltration of morbid humours in the teeth"

SM1H Odontoseisis disorder (TM2)

"Loosening of teeth

(AYU) It is caused due to vitiated vata affecting the tooth

(SID) It is explained by increased Vaḷi humour. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu and Eṉpu gets affected.

(UNA) It is caused by predominance of coldness and general debility of jaw muscles. "

SM1J Sensitive teeth disorder (TM2)

"Increased sensitivity of teeth, loss of upper most covering

(AYU) It is caused due to vata

(SID) It is explained by increased Vaḷi humour. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu and Eṉpu gets affected.

(UNA) It is caused due the predominance of coldness in the teeth"

SM1K Lip chapping and bleeding disorder (TM2)

Desquamation of lips. May be associated with bleeding, blistering.

(AYU) vitiation of vata, pitta affecting lips.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu, are affected.

(UNA) Insufficiency of transformative faculty of lips accompanied with predominance of dryness in it.

SM1L Itchy swollen lip diorder (TM2)

"swollen itcy lips.

(AYU) vitiation of kapha, vata affecting lips

(SID) It is explained by increased Aiyam. Among the physical constituents Cāram get affected. "

SM1M Dry chapped lip disorder (TM2)

"chapped dry lips.

(AYU) vitiation of vata affecting the lips

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram is decreased.

(UNA) Insufficiency of transformative faculty of lips accompanied with predominance of dryness in it."

SM1N Xerostomia disorder (TM2)

"dryness of the tongue. May be associated with dryness of mouth, bitterness, heartburn.

(AYU) vitiation of kapha, vata affecting the tongue.

(SID) It may be explained by increased Aẕal followed by increased Aiyam. Among physical constituents Cāram and Cennīr are affected.

(UNA) predominance of Ṣafrā’ or presence of viscous matter on the surface of tongue."

SM1P Ageusia disorder (TM2)

"loss of taste which may be associated with loss of smell, anorexia, increased secretion of saliva

(AYU impairment of digestive and metabolic factors affecting kapha residing on the tongue.

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram, Cennīr, Ūṉ and Koẕuppu gets affected.

(UNA) predominance of moistness in the nerves supplying the tongue."

SM1Y Other specified oral cavity disorders (TM2)

SM1Z Oral cavity disorders (TM2), unspecified

Abdominal cavity disorders (TM2) (SM30‑SM3Z)

SM30 Haematemesis disorder (TM2)

"Vomiting of blood accompanied with burning sensation in abdomen.

(SID) It may be explained by increased Aẕal followed by increased aiyam. Among seven physical constituents, Cāram and Cennīr are affected.

(UNA) presence of acrid matter in the stomach, weakness of the vessels, congestion in the stomach"

SM31 Abdominal distension disorder (TM2)

"distension of abdomen, flatulance, gurlging sounds, heaviness may be associated with pain, dyspepsia, constipation and dysuria.

(AYU)aggravation of Descending vata affecting the excretory functions.

(SID) It is explained by increased Aiyam along with Vaḷi. Aẕal gets decreased. Among the seven physical constituents Cāram, and Cennīr gets affected.

(UNA) accumulation of Riyāḥ in stomach."

SM32 Ascites disorder (TM2)

"abnormal swelling of the abdomen due to the collection of fluid in abdominal cavity. May be associated with distension, pain, lack of appetite, general weaknes.

(AYU) weak digestive and metabolic factors leading to vitition of water carrying channels with the involvement of all the dosha.

(SID) It is explained by the derangement of Mukkuṟṟam. Among the seven physical constituents, Cāram, Cennīr, Ūṉ , Koẕuppu are affected.

(UNA) impaired cold temperament of liver, weakness of hepatic powers."

SM33 Abdominal pain disorder (TM2)

"Pain in abdomen, burning sensation, distension and flatulence

(AYU) It is caused due to vitiated dosha especially vata affecting the abdominal organs.

(SID) It is explained by increased Vaḷi and Aẕal. Among seven physical constituents Cāram, Cennīr gets affected.

(UNA) It is caused due to simple or substance associated impaired temperament or inflammatory condition of the stomach, weakness of stomach."

SM34 Constipation disorder (TM2)

"not passing or difficulty in passing the stools, bloating with or without pain abdomen

(AYU) vitiated digestive and metabolic factors resulting sluggishness of vata.

(SID) It may be explained by increased Vaḷi and Aẕal. Among seven physical constituents, Cāram affected.

(UNA) prodominene of dryness in the intestine, weakness of repulsive power of intestine."

SM35 Volvulus disorder (TM2)

"Retention of feces, non passing of flatus, urine, severe abdominal pain

(AYU) severe vitiation of vata leading to impaired function of stomach and intestines.

(SID)  It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents, Cāram, Cennīr and Ūṉ gets affected.

(UNA) constitutional derangement of intestine due to sudden strain. "

SM36 Malabsorption disorder (TM2)

"Indigestion, passing of stools mixed with undigested food, sour eructation

(AYU) It is caused by any of the three dosha localising in the duodenal regions

(SID) It may be explained by Increased Aẕal causing derangement of Vayu for downward biological movements

(UNA) It is caused by weak retentive faculty or strong expulsive faculty of the intestine."

SM37 Diarrhoea disorder (TM2)

"Passage of loose stools may or may not be mixed with blood and pus

(AYU) It is caused by weakness of digestive and metabolic factors followed by increased vata moving the watery components downwards in the intestine.

(SID) It is explained by decerased Aẕal and increased Vaḷi and Aiyam. Among seven physical constituents, Cāram, Cennīr , Ūṉ, Koẕuppu gets affected.

(UNA) It is caused by cold or hot impaired temperament of the intestine, predominance of Sawdā’ in the intestine"

SM38 Dysentery disorder (TM2)

"Frequent passage of stools which may be associated with blood or mucus, tenesmus.

(AYU) It is caused by increased vata pushing the acculumated kapha downwards through the intestinal tract.

(SID) It may be explained by Increased Aẕal causing derangement of Vayu for downward biological movements. Among the seven physical constituents Cāram, Cennīr, and Ūṉ gets affected.

(UNA) It occurs to expel the infiltrated Ṣafrā’ and saline Balgham from intestines and caused by predominance of matter related to Ṣafrā’, Balgham and Riḥ."

SM39 Dyspepsia disorder (TM2)

"indigestion, burning sensation in chest, throat and epigastriun, sour eructation nausea

(AYU) It is caused by the alteration in quality of pitta.

(SID) It is explained by increased Vaḷi with Aẕal. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu and Eṉpu gets affected.

(UNA) It is caused by putrefaction of food in the stomach and weakness of stomach."

SM3A Hyperacidity disorder (TM2)

"Burning sensation in the chest.

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram, Cennīr and Ūṉ, gets affected.

(UNA) It is caused by the retention of immature fluids on the cardiac end of stomach , pouring of Sawdā' on the stomach"

SM3B Indigestion disorder (TM2)

"difficulty to digest food. May be associated with stomach pain, bloating, belching, hiccup,

(AYU) vitiation of digestion by kapha, pitta or vata.

(SID) It is explained by derangement of Vayu for upward biological movements and Vayu for downward biological movements

(UNA) impaired temperament of stomach, accumulation of humours in the stomach or any inflammatory condition"

SM3C Food stasis indigestion disorder (TM2)

"marked distension of abdomen, the undigested food remains in the stomach without getting evacuated from the body either by vomiting or by defecation

(AYU) loss of functionality of vata in stomach region.

(SID) It is explained by increased Aiyam along with Vaḷi. Aẕal gets decreased. Among the seven physical constituents, Cāram and Cennīr gets affected.

(UNA) impaired temperament of the stomach, accumulation/infiltration of morbid matter in stomach, weakness of stomach muscles."

SM3D Duodenal ulcer disorder (TM2)

"stabbing or piercing pain in the abdomen which is felt during digestion of food. May be associated with indigestion, flatulence, nausea, depression, insomnia, diarrhoea, pricking pain in the sides of the chest, false appetite and fever.

(AYU) impairement of digestive and metabolic factors, vitated vata, pitta.

(SID) It is explained by increase in Vaḷi which stimulates the Vayu for downward biological movements, Vayu for circulation and Vayu for homeostasis. Among seven physical constituents, Cāram, Cennīr, are affected "

SM3E Gastric ulcer disorder (TM2)

"epigastric, abdominal pain before and after food intake. May be asociated with excessive salivary secretion, headache, , sweating frequent belching with sour/foul smell, nausea, vomiting, stomatitis, diarrhoea

(AYU) impairement of digestive and metabolic factors, vitated vata, pitta.

(SID) It is explained by excessive Aẕal. Among seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, and Eṉpu are affected.

(UNA) infiltration of humour or acid or irritant humours from brain"

SM3F Gastritis disorder (TM2)

"severe pain on empty stomach, heartburn, epigastric pain, thirst. May be associated with nausea, vomiting, giddiness, constipation

(AYU) impairement of digestive and metabolic factors, vitated vata, pitta and kapha.

(SID) It is explained by excessive Aẕal. Among seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, and Eṉpu are affected.

(UNA) predominance of Dam, Balgham, Ṣafrā' or Sawdā’"

SM3G Hernia disorder (TM2)

"Protrusion of an organ or a part of the organ through an abnormal opening from the abdominal cavity to outside

(AYU) laxity of abdominal muscles due to excess pitta, vata.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents, Cāram, Cennīr and Ūṉ gets affected.

(UNA) It can be caused by increased abdominal pressure leading to loss of continuty of structures or injury."

SM3H Nausea disorder (TM2)

feeling of nausea, water brash, distress in the cardiac area

(AYU) decreased digestive fever, increased salty kapha and vata.

(SID) It is explained by increased Aiyam and decreased Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ are affected.

(UNA) accumulation of morbid matter in the stomach.

SM3J Retching disorder (TM2)

"feeling of vomiting, eructation with loud sounds without any expulsion of gastric contents.

(AYU) vitiation of vata affecting stomach

(SID) It is caused by increased Vaḷi stimulating the Aẕal. Among the seven physical constituents, Cāram, senner and Ūṉ get affected.

(UNA) It is caused by the accumulation of morbid humours specially Ṣafrā’ inside the stomach"

SM3K Abdominal lumps disorder (TM2)

"moving lump like swelling in the abdomen of various sizes and characters associated with abdominal pain, distension.

(AYU) vitiation of digestive and metabolic factors, all the three dosha affecting stomach and intestines.

(SID) It may be explained by increased Vayu for upward biological movements, Vayu for downward biological movements and Vayu for homeostasis. "

SM3L Vomiting disorder (TM2)

"excessive vomiting.

(AYU) weak digestive and metabolic factors, leading to primary product of digested food being vitiated by pitta, kapha and vata.

(SID) It is caused by decreased Aẕal and increased Aiyam in stomach and consequent derangement of Vayu for upward biological movements and Vayu for downward biological movements.

(UNA) It is caused by the predominance of Humours, intake of bad quality food, irregularities in food intake, derangement of temperament of stomach, debility or weaknessof stomach, in the criticalphase of acute diseases."

SM3Y Other specified abdominal cavity disorders (TM2)

SM3Z Abdominal cavity disorders (TM2), unspecified

Liver and Spleen disorders (TM2) (SM40‑SM4Z)

SM40 Liver abscess disorder (TM2)

"heaviness, tenderness at the site of the liver, associated with loss of appetite, breathlessness, hiccoughs, restlessness, high fever, pain, redness of face and eyes.

(AYU)aggravation of pitta resulting in painful suppurative swelling in the liver

(SID) It is explained by increased Aẕal. Among the seven physical constituents Cāram, Cennīr affected initialy and then Ūṉ, Koẕuppu gets affected.

(UNA) non-resoultion of morbid matter of hot inflammation in the liver"

SM41 Jaundice disorder (TM2)

"yellowish discoloration of skin, eyes, nails, urine and feces associated with loss of appetite, fatigue and bilous vomiting

(AYU) weak digestive and metabolic factors, vitiation of pitta and blood affecting liver

(SID) It is explained by increased Vaḷi (Vayu for circulation ) influencing Aẕal. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, and Koẕuppu are affected.

(UNA) It is caused by accumulation of uninfected Ṣafrā’ near the skin, deviation of thin Ṣafrā’ towards skin as a form of crisis"

SM42 Hepatomegaly disorder (TM2)

"enlargement of liver associated with constitutional symptoms viz., anorexia, nausea, vomiting, weakness, blackish disolouration, breathlessness.

(AYU) vitiation of blood and pitta affecting the liver

(SID) It is explained by increased Vayu for circulation, Vayu for respiration and digestion and Aẕal . Among the seven physical constituents, Cāram, Cennīr, Ūṉ and Koẕuppu, Mulai and Cukkilam gets affected.

(UNA) It is caused by constitutional derangement of structure of organ due to accumulation of morbid humours in the liver for a long period of time."

SM43 Hepatitis disorder (TM2)

"pain and heavyness in the abdomen,may be associated with loss of appetite, nausea and vominting, increased body weight, feeling of mobility all over the body.

(SID) It is explained by increased Vaḷi along with Aẕal. Among the seven physical constituents, Cāram, Cennīr and Ūṉ gets affected.

(UNA) predominance of morbid humours viz.,Dam, Balgham, Ṣafrā, ’Sawdā’"

SM44 Splenomegaly disorder (TM2)

"Enlargement of spleen.

(AYU) due to dislodgement of spleen from its site due to over-exertion and related causes or enlargement of spleen due to aggravation of blood.

(SID) It is explained by increased Vaḷi, Aẕal and iyam . Among the seven physical constituents Cāram, Cennīr, Ūṉ ,Koẕuppu gets affected.

(UNA) It is caused by accumulation of morbid humours in the spleen for a long period of time."

SM4Y Other specified liver and Spleen disorders (TM2)

SM4Z Liver and Spleen disorders (TM2), unspecified

Anorectal disorders (TM2) (SM50‑SM5Z)

SM50 Proctalgia disorder (TM2)

"pain in the anal region radiating to rest of perineum and lower back.

(AYU) Severe vitiation of Descending vata affecting the anal region.

(SID) It is explained by increased Vaḷi. Among seven physical constituents Cāram and Cennīr gets affected. "

SM51 Anal fissure disorder (TM2)

cutting type of pain with burning sensation in anal region, streak like blood mixed stools. May be associated with radiating pain to umbilicus, genitals, bladder.

(AYU) Injury, deranged digestive and metabolic factors leading to vitiation of skin, blood, muscle, fat tissue.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents ̣ Cāram, Cennīr,Ūṉ, Koẕuppu, are affected.

(UNA) predominance of hotness and dryness, passage of hard stool from it, expulsion of irritant humour through purgation, injury to the anal orifice and external cold environment.

SM52 Fistula in ano disorder (TM2)

"opening in the skin near the anus having communication with the rectum due to deep and severe ulcers of rectum. May be associated with pain, passing of fecal matter and gases throug the track.

(AYU) injury, deranged digestive and metabolic factors leading to vitiation of skin, blood, muscle, fat tissue

(SID) It is explained by increased Vayu for downward biological movements. Among the seven physical constituents, Cāram, Cennīr and Ūṉ gets affected

(UNA) Presence of irritating matter in the area with weakness of body powers and non elimination of morbid matter from affected area."

SM53 Haemorrhoids disorder (TM2)

"Swollen and inflamed veins in the rectum and anus. May be associated with itching, pain, discomfort and bleeding.

(AYU) decreased digestive and metabolic factors, vitation of vata, kapha, pitta affecting muscle, fat tissue.

(SID) It may be explained by increased Vayu for downward biological movements and affect the Aẕal

(UNA) It is caused by accumulation of Dam mixed with Sawdā' at the site"

SM54 Proctitis disorder (TM2)

Redness, swelling in anal region

(AYU) It is caused due to vitiated pitta localising in the anal region.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents ̣ Cāram, Cennīr,Ūṉ, Koẕuppu, are affected.

(UNA) It is caused by predominance of Dam, Dam mixed with Ṣafrā' or humours of cold temperament.

SM55 Rectal prolapse disorder (TM2)

"Rectum or a part of rectum descending through the anus, inflammation of the rectal muscles

(AYU) It is caused due to vitiated vata affecting the rectal region

(SID) It is explained by increased Vaḷi. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, and Koẕuppu get affected.

(UNA) It is caused by due to predominance of coldness and impairment of any of the four humors leading to paresis of sphincter muscles and inflammation of the rectal muscles"

SM56 Anal abscess disorder (TM2)

"painful suppurative swelling in anal region which may be associated with ulceration, painful defecation.

(AYU)aggravation of pitta affecting skin, fat, muscle tissue in the anal region resulting in swelling and suppuration.

(SID) It is explained by increased Aẕal. Among the seven physical constituents Cāram, Cennīr affected initialy and then Ūṉ, Koẕuppu gets affected.

(UNA) collection of morbid matter due to impairment of body powers"

SM5Y Other specified anorectal disorders (TM2)

SM5Z Anorectal disorders (TM2), unspecified

SM70 Flank pain disorder (TM2)

"Severe pain in both flanks. May be asociated with restlessness, abdominal discomfort, lack of appetite, sleeplessness.

(AYU) deranged digestive and metabolic factors, vitiated kapha, pitta and vata affecting the flanks.

(SID) It is explained by increased Vaḷi. Amoung the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu and Eṉpu gets affected.

(UNA) Accumulation of acrid Dam or thick Balgham at the site. "

SM71 Anorexia disorder (TM2)

loss of appetite

(AYU ) caused due to vitiated dosha affecting the digestive and metabolic factors.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents ̣ Cāram are affected.

(UNA) weakness of all faculties of liver and stomach, accumulation of Ṣafrā’, saline Balgham, putrified humours, raw humours in stomach.

SM72 Bowel inflammation disorder (TM2)

"passing of blood mixed stools, pain, heaviness in anal region accompanied with the discharge of mucilaginous material and colicky abdominal pain.

(AYU) vitated pitta, blood affects the Descending vata.

(SID) It is explained by increased Vaḷi along with Aẕal. Among the seven physical constituents Cāram and Cennīr gets affected.

(UNA) accumulation of morbid humours in the intestine, infilitration of acrid Ṣafrā’ and salty Balgham in intestine. "

SM73 Infantile tenesmus disorder (TM2)

"Undigested foul smelling stools associated with gripping pain, abdominal distension, convulsive movements of body.

(AYU) it is caused due to indigestion resulting from vititation of breastmilk in the mother by all the three dosha

(SID) It may be explained by Aẕal increases and affect the aiyam due to breastfeeding child by the mother who often afflicted to indigestion and fever due to excess consumption of hard foods

(UNA) It is caused due to excessive production of Rīḥ as a result of excessive intake of milk or decrease in the quality of milk"

SM74 Hiccough disorder (TM2)

"uncontrolled hiccoughs. May be associated with dryness of tounge, throat, bitter sensation in mouth and thirst.

(AYU) vitiation of Kindling vata, Descending vata.

(SID) It is caused by increase of Aiyam in stomach and stimulation of Vayu for upward biological movements.

(UNA) It is caused by cold derranged temperament of stomach, injury irritation and dryness of cardiac end of the stomach, excessive evacuation, starvation,large quantity of ingested food irritating the cardiac end of stomach, intake of sour and spicy food, abnormal qualitative change in the ingested food and secondary to other disease of the stomach. "

SM75 Dynamic intestinal obstruction disorder (TM2)

severe abdominal colicky pain, projectile vomiting with gastrointestinal contents

(AYU) reversal of Kindling vata, Descending vata functions.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu, are affected.

(UNA) obstruction of intestine by thick viscous matter and Rīḥ.

SM76 Severe vomiting and diarrhoea disorder (TM2)

"profuse vomiting and diarrhoea, thirst,cold extremities

(AYU) Impairment of digestive & metabolic factors resulting in expulsion of products resulting from incomplete digestion, transformation or metabolism from upper and lower orifice.

(SID) Caused by the polluted wind during the month of Mid-July to Mid-October with the seasonal alteration. It is explained by the increased Aiyam associated with Vaḷi and Aẕal. Among the seven physical constituents, Cāram, Cennīr, and Ūṉ get affected.

(UNA) It is caused by derangement of any of the four humours, decomposition of food."

Exclusions: Diarrhoea disorder (TM2) (SM37)

Cholera (1A00)

SM7Y Other specified gastro-intestinal disorders (TM2)

SM7Z Gastro-intestinal disorders (TM2), unspecified

Urinary and reproductive system disorders (TM2) (SM80‑SN3Z)

Urinary system disorders (TM2) (SM80‑SM8Z)

SM80 Renal abscess disorder (TM2)

"burning micturition, hematuria, pus discharge, rigors, chillls and fever

(AYU)aggravation of pitta affecting kidney.

(SID) It is explained by increased Aẕal. Among the seven physical constituentsCāram, Cennīr affected initialy and then Ūṉ, Koẕuppu gets affected..

(UNA) non-resolution of morbid matter of hot inflammation resulting in renal abscess or consequence and complication of wound formation in kidney."

SM81 Retention of urine disorder (TM2)

"Retention of urine, inability to urinate, abdominal pain

(AYU) retention of the urine due to vāta

(SID) It is explained by the combined vitiation of Vaḷi and Aẕal. vitiation of Vaḷi merged with excess heat , or caused due to the reduced function of Vayu for downward biological movements .

(UNA) It is caused by either coldness or hotness of bladder, flaccidity of bladder muscles."

SM82 Insufficiency of the urinary bladder disorder (TM2)

"obstruction/retention in passage of urine, dribbling of urine. May be associated with pain, burning sensation in bladder, abdominal region

(AYU) aggravation of vata affecting bladder leading to laxity and retention of urine.

(SID) It is explained by increased Vaḷi influences Aẕal affects Vayu for downward biological movements,Vayu for circulation. Among the seven physical constituents,Cāram to Koẕuppu is affected.

(UNA) predominance of coldness in urinary bladder, weakness of retentive power."

SM83 Renal colic disorder (TM2)

"spasmodic pain in loin radiating to pubic region and thigh. May be associated with hematuria, chills and fever.

(AYU) obstruction of urinary passage (due to renal calculi) aggravates vata leading to spasmodic pain.

(SID) It is explained by increased Aẕal influences Vaḷi affects Vayu for downward biological movements. Among the seven physical constituents, Cāram to Ūṉ is affected.

(UNA) stone in kidney or ureter formed due to impaired temperament of the related organs."

SM84 Nephritis disorder (TM2)

diminution/cessation of urine quantity, fever, heaviness the site of the kidney; may be associated with voiding of reddish discoloured urine, syncope, emesis

(SID) It is explained by the combined vitiation of Vaḷi and Aẕal vitiation of Vaḷi merged with heat, or caused due to the decreased Vayu for downward biological movements .

(UNA) derangement of Dam, Balgham, Ṣafrā, ’Sawdā’.

SM85 Cystitis disorder (TM2)

"pain in groin region, fever, difficulty in mictutrition with burning sensation or retention of urine, nausea and vomiting.

(SID) It is explained by increased aiyam affects Vayu for downward biological movements. Among the the seven physical constituents, Cāram to Koẕuppu is affected.

(UNA) derangement of hot and cold humours."

SM86 Wound of the urinary bladder disorder (TM2)

"pain in the perineal region, dysuria and foul smelling urine with pus and casts.

(SID) This may be explained by increased Aẕal. Among seven physical constituents, Cāram, Cennīr , Ūṉ, and Koẕuppu are affected.

(UNA) presence of irritant Ṣafrā’, injury by vesicular calculus or rupture of pustules of bladder. "

SM87 Dysuria disorder (TM2)

"painful micturtion

(AYU) vitiated pitta vata causing erosion in urethral

(SID) It is explained by the vitiation of Vaḷi merged with excess heat .

(UNA) viscous Riyāḥ in the bladder"

SM88 Dribbling of urine disorder (TM2)

"dribbling of urine

(AYU) vitiated vata affecting the urinary bladder

(SID) it may be explained by increased Aiyam. Among the seven physical constituents Cāram, Cennīr, Ūṉ gets affected.

(UNA) insufficiency of repulsive faculty of bladder, insufficiency of bladder, predominance of Coldness in the body, acidity of urine"

SM89 Thick urine disorder (TM2)

"passing of thick urine.

(AYU) vitiation of kapha, vata

(UNA) defective maturation and sometimes elimination of thick mature humours"

SM8A Haematuria disorder (TM2)

"Passing of blood in the urine.

(AYU) vitiation of pitta and blood affecting urinary tract.

(SID) It is explained by decreased Aẕal affects Vayu for downward biological movements. Among the the seven physical constituents,Cāram to Ūṉ is affected

(UNA) congestion of humours in kidneys, injuries in urinary organs."

SM8B Urinary incontinence disorder (TM2)

"Involuntary flow of urine.

(AYU) vitiation of vata, excess pitta affecting urinary bladder.

(SID) It is explained by increased Aẕal. Among physical constituents Cāram, Cennīr , Ūṉ, and Koẕuppu are affected

(UNA) Predominance of coldness on bladder, flaccidity of the muscles of bladder"

SM8C Urinary stone disorder (TM2)

"Pain in loins & groin, difficulty in micturition, burning micturition

(AYU) It is caused by the vata drying up the kapha in the urinary tract.

(SID) It is explained by the combined vitiation of Vaḷi and Aẕal either vitiation of Vaḷi with excess heat or decreased Vayu for downward biological movements .

(UNA) It is caused due to retention of viscous humour inside the kidneys and hence their transformation into calculus due to the innate heat of body of kidneys. Inflammation and obstruction of kidneys due to their impaired temperament weakens the expulsive faculty of kidneys. As a result there is retention of viscous humours in the kidneys which essentially transforms into calculus"

SM8D Polyuria disorder (TM2)

"Frequent and excessive urination.

(AYU) Vitiation of kapha along with watery part of the primary structural components of the body.

(SID) It is explained by increased Aiyam and decreased Aẕal

(UNA) Predominance of coldness on the bladder, weakness of retentive faculty of kidney."

SM8E Oliguria disorder (TM2)

The disorder is characterized by passage of urine in less quantity. (AYU) It is caused by increase of vata. (UNA) It is caused by weakness of kidneys and liver and few external factors.

SM8Y Other specified urinary system disorders (TM2)

SM8Z Urinary system disorders (TM2), unspecified

Female Reproductive System disorders (TM2) (SM90‑SM9Z)

SM90 Amenorrhoea disorder (TM2)

"absence of menstruation may be primary or secondary

(AYU caused due to pitta situated in the uterine region vitiating the blood

(SID) physical constituents, Cāram and Cennīr gets affected.

(UNA) increased viscosity of Dam due to predominance of coldness or mixing of Balgham with it."

SM91 Endocervicitis disorder (TM2)

"Nodular swelling in genital organs, abnormal menstrual flow, vaginal discharge

(AYU) It is caused due to vitiated kapha affecting the cervix

(SID) It is explained by increased Aẕal and Vaḷi. Among the seven physical constituents, Cāram, Cennīr and Ūṉ gets affected.

(UNA)"

SM92 Bartholin's cyst disorder (TM2)

"a tuberous pear like swelling in vaginal region. may be associated with pus discharge, fistual formation.

(AYU) vitiated pitta affecting skin, muscle and fat tissue.

(SID) It is explained by increased Aẕal and Vaḷi. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected."

SM93 Leucorrhoea disorder (TM2)

"excessive whitish vaginal discharge which may be associated with foul smell, lower abdominal pain, weakness.

(AYU) It is caused by vitiated kapha affecting the vaginal region.

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram and Cennīr gets affected.

(UNA) It is caused due to weakness of nutritive faculty of uterus or accumulation of waste products of Balgham, Ṣafrā', Sawdā' or Dam in the uterus. "

SM94 Female infertility disorder (TM2)

"inability to conceive may be due to primary or secondary amenorrhoea or other ovulation defects

(AYU) decrease or defects in primary product of digested food, vitated pitta, vitiated kapha causing obstruction and vitated vata casing irregular menstrual cycles.

(SID) It is explained by decreased Aẕal . Among seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu, Mūḷai and Cukkilam are affected.

(UNA) caused by predominance of coldness and moistness on the uterus. It may also be caused by predominance of hotness, dryness and thick Rīḥ on it"

SM95 Vaginitis disorder (TM2)

"pain, swelling, intense itching in the vaginal region

(AYU) vitiated kapha, pitta affecting vaginal region.

(SID) It is explained by of increased aiyam influences Aẕal . Among the seven physical constituents, Cāram and Cennīr gets affected. "

SM96 Dysmenorrhoea disorder (TM2)

"painful menstruation, pain in groin region, backache nausea and vomiting; relief of pain after menstruation; May be associated with discharge frothy menstrual fluid with clots.

(AYU) vitiation of kapha, vata affecting nutritional fluid, blood.

(SID) It is explained by deranged Vayu for circulation and Vayu for downward biological movementsn. Among the seven physical constituents, Cāram to Cukkilam is affected.

(UNA) increased viscosity of Dam."

SM97 Hypomenorrhoea disorder (TM2)

"Decreased blood flow during menstrual period

(AYU) vitiated vata affecting the nutritional fluid, blood in uterus region.

(UNA) increased viscosity of Dam."

SM98 Dysfunctional uterine bleeding disorder (TM2)

" increase in the duration of menstrual period and the quantity of blood loss

(AYU) vititiation of pitta and blood

(SID) It is explained by Vaḷi. Among seven physical constituents, Cāram and Cennīr gets affected.

(UNA) It is caused by impaired temperament of uterus and predominece of Dam in the body."

SM99 Uterine polyps disorder (TM2)

"Muscular growth in uterus/vagina, foul smelling discharge,

(AYU) it is caused due to morbid dosha vitiating the skin, muscle and adipose tissue causing muscular growths in the uterus/vagina.

(SID) It may be expalained by derangement of Vaḷi , Aẕal & Aiyam . Among the seven physical constituents, Cāram, Cennīr, Ūṉ, are affected.

(UNA) It is caused due to accumulation of Sawdā' in the inner lining of uterus"

SM9A Uterine prolapse disorder (TM2)

"Descending of uterus, laxity of muscles around uterus, back pain, discharge from uterus

(AYU) It is casued all the three dosha affecting the uterine region

(SID) It is caused by increased Vaḷi

(UNA) It is due to pouring of secretions related to Balgham on uterine ligament leading to atony, external factors like trauma, lifting of heavy objects."

SM9B Vaginismus disorder (TM2)

"constant vaginal pain, inablity allow intercourse.

(AYU) vitiation of pitta, vata affecting vagina.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents, Cāram,Cennīr and Ūṉ gets affected. "

SM9C Metritis disorder (TM2)

"Pain in the lower abdomen, back pain, retention of urine, fever and may be associated with vaginal discharge

(AYU) It is caused due to vitiated blood affecting the uterus

(SID) It is explained by of increased Aiyam influences Aẕal. Among the seven physical constituents, Cāram and Cennīr gets affected.

(UNA) This condition is caused by pouring of matter related to Dam or Ṣafrā' on uterus, predominance of coldness resulting in retention of matter within the uterus and predominance of Sawdā’"

SM9Y Other specified female Reproductive System disorders (TM2)

SM9Z Female Reproductive System disorders (TM2), unspecified

Male Reproductive System disorders (TM2) (SN00‑SN0Z)

SN00 Balanitis disorder (TM2)

"painful swelling and redness of the penis. May be associated with radiating painto loin thigh region.

(AYU) aggravation of pitta affecting skin, muscle resulting in inflammation.

(SID) It is explained by increased aiyam influences Vaḷi affects Vayu for circulation,Vayu for downward biological movements. Among the the seven physical constituents,Cāram to Ūṉ is affect

(UNA) predominance of morbid humours, trauma"

SN01 Hydrocele disorder (TM2)

"Accumulation of fluid in the scrotum, scrotal tissues. May be associated with pain.

(AYU) increase of pitta, vata, kapha leading to laxity of muscles and accumulation of fluids.

(SID) It is explained by increased Vaḷi with aiyam. Among the seven physical constituents, Cāram, Cennīr and Ūṉ gets affected.

(UNA) infiltration of moistness at the site making the structure moist and relaxed."

SN02 Erectile dysfunction disorder (TM2)

"inablitity to indulge in sexual act inspite of having desire due to erectile dysfunction

(AYU) vitatied vata affecting male genetalia

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram,Cennīr, Cukkilam are affected.

(UNA) It is caused by lack of moistness in body and predominance of coldness in nerves of penis"

SN03 Oligospermia disorder (TM2)

"Decreased quantity and quality of semen, decreased sexual power, spermatorrhoea

(AYU) It is due to vitiation of all three dosha

(SID) It is explained by decreased Vaḷi . Among seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu, Mūḷai and Cukkilam are affected

(UNA) predominance of dryness and impaired cold temperament."

SN04 Mustard- size boils on penis disorder (TM2)

"Mustard seed like boils in the penis

(AYU) It is caused by vitiated kapha and blood localising over the penis.

(SID) It is explained by increased Aẕal . Among the seven physical constituents, Cāram, Cennīr get affected. "

SN05 Orchitis disorder (TM2)

"severe radiating pain, swelling, redness and heat in the affected testes.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ and Koẕuppu gets affected.

(UNA) caused by matter of Balgham and Sawdā' origin"

SN06 Penile growth disorder (TM2)

"Small linear growth over the penis

(AYU) it is caused due to morbid dosha vitiating the skin, muscle and adipose tissue causing muscular growths in the penile region

(SID) It is explained by derangement of Vaḷi and iyam . Among the seven physical constituents, Cāram, Cennīr, Ūṉ get affected

(UNA) It is caused by predominance of coldness in the penile region"

SN07 Priapism disorder (TM2)

Painful Penile erection

(AYU It is caused due to vitiated vata affecting the penis.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu, are affected.

(UNA) This condition is caused by excessive accumulation of thick Rīḥ in organs responsible for sexual activity.

SN08 Prostatic enlargement disorder (TM2)

Increased frequency of urination, obstruction in passing urine, hestiancy, weak urinary stream

(AYU) It is caused by vitiated vata.

(SID) It is explained by increased Aiyam and decreased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ are affected.

(UNA) It is caused by the abnormal accumulation of thick Balgham.

SN09 Spermatorrhoea disorder (TM2)

"Abnormal uncontrolled emission of semen with erotic thoughts or during passing of urine

(AYU) It is caused by vitiated vata pushing semen along with urine

(SID) it is explained by increased Aẕal, and decreased Aiyam. Among the seven physical constituents Cāram Ūṉ, Cukkilam gets affected.

(UNA) It is caused by acuteness of semen forcing the body for its excretion, flaccidity of organ responsible for storage of semen due to predominance of coldness and moistness leading to deficient retentive power required, renal debility, etc."

SN0A Phimosis disorder (TM2)

"Obstruction of urethral meatus with the non retractable foreskin. Associated with local pain, dysuria, dribbling of urine.

(AYU)

(SID) It is explained by increased Aẕal . Among the seven physical constituents, Cāram, Cennīr get affected. "

SN0Y Other specified male Reproductive System disorders (TM2)

SN0Z Male Reproductive System disorders (TM2), unspecified

Pregnancy and childbirth related disorders (TM2) (SN10‑SN1Z)

SN10 Decreased breastmilk disorder (TM2)

"decreased or cessation of secretion of breast milk may be associated with decreased size of the breast

(AYU)aggravation of vata and decreased primary product of digested food resulting in reduced breast milk production.

(UNA) impaired temperament and weak absorptive faculty of breasts."

SN11 Vitiated breast milk disorder (TM2)

"Regurgitation of milk, indigestion in the child.

(AYU) weak digestive and metabolic factors, vitated kapha, pitta , vata in the mother; and child afte consuming the milk from her.

(SID) It may be explained by increased Aiyam. Among physical constituents Cāram affected."

SN12 Recurrent pregnancy loss disorder (TM2)

"Three or more consecutive spontaneous abortions.

(AYU) Vitiated Vata affecting the uterus.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

(UNA) predominance of moistness and Rīḥ on uterus and other external and internal factors."

SN1Y Other specified pregnancy and childbirth related disorders (TM2)

SN1Z Pregnancy and childbirth related disorders (TM2), unspecified

SN30 Gonorrhoea disorder (TM2)

"A disorder characterized by painful or burning micturition, discharge of pus in urine, also associated with urethral swelling.

(AYU) It may be explained by physical injury, unhygienic sexual practices affecting three dosha, blood separately or in combination all of them, leading to development of lesions on the genitals.

(SID) It can be transmitted during intercourse from the affected person and to the child from the infected mother during child birth. It may be explained by increase in Aẕal and Vaḷi . Among the seven physical constituents Cāram, Cennīr, Ūṉ, Eṉpu, Koẕuppu, Mūḷai and Curōṇitam gets affected.

(UNA) It may be explained by acute and saline humours specially Ṣafrā’ that causes irritation and abrasion on the passage from which they pass through. Apart from these, it is also caused by intercourse with an affected person. sometimes it is caused by excessive intake of sweet, spicy foods, excessive use of diuretics, sleeplessness , etc."

SN31 Syphillis disorder (TM2)

"painless, hard ulcers on the genetalia may be associated with discharge

(AYU) It is explained by involvement of the three dosha and tissues such as blood, muscle and bone, which causes ulcer.

(SID) It is explained by variations in Mukkuṟṟam which causes ulcer.

(UNA) It is caused by burnt Sawdā’ or putrefied Sawdā’."

SN3Y Other specified urinary and reproductive system disorders (TM2)

SN3Z Urinary and reproductive system disorders (TM2), unspecified

Skin, nail and hair disorders (TM2) (SN40‑SN9Z)

Skin disorders (TM2) (SN40‑SN5Z)

SN40 Dermatitis disorder (TM2)

"reddish discoloration, burning sensation

(AYU) It is caused by vitiated three dosha affecting the skin, blood, muscle tissues.

(SID) It is explained by increased Aẕal and Vaḷi . Among the seven physical constituents Cāram, Cennīr and Ūṉ, gets affected."

SN41 Discoloration of body disorder (TM2)

"Discolouration/ pigmentation of skin

(AYU) It is caused due to increased vata

(SID) It is caused due to increased Vaḷi

(UNA) It is caused due to predominance of waste humours in the body and their deviation towards skin"

SN42 Dryness of skin disorder (TM2)

"Dryness, scaliness and cracking of extremities and face

(AYU) It is caused by increased vata affecting skin

(SID) It is explained by increased Vaḷi and decreased aiyam. Among the seven physical constituents, Cāram and Cennīr gets affected.

(UNA) It is caused by the predominance of dryness in the body."

SN43 Eczema disorder (TM2)

"Crusted eruptions, intense burning resembling flame of fire, itching, dryness of the skin, blackish discolouration may be associated with discharge.

(AYU)

(SID) It is explained by derangement of Vayu for circulation. Among the seven physical constituents Cāram, senner, Eṉpu affected.

(UNA) It is caused by Ṣafrā’ mixed with small quantity of Sawdā’ or Acrid Ṣafrā’ mixed with Dam "

SN44 Foul body smelling disorder (TM2)

"Foul smelling sweat from palm, sole, axilla and groin region

(AYU) predominane of vitated pitta affecting the skin

(UNA) Accumulation of putrified matter in the body and impaired function of sweat glands."

SN45 Excess of sweat disorder (TM2)

"Excessive sweating.

(AYU) It is caused by increased pitta.

(SID) It is expalined by increased Aẕal.

(UNA) It is caused by weakness of the retentive faculty and laxity of the skin pores."

SN46 Scabies disorder (TM2)

"Red papular eruptions over the skin with severe itching and burning and involve mostly hands between fingers, legs, groin and, sometimes, whole body.

(AYU) indigestion, weak digestive and metabolic factors, vitiation of kapha, pitta affecting the skin, integuments

(SID) It is explained by increase of Vaḷi. Among the seven physical constituents, Cāram, Cennīr, are get affected.

(UNA) It is caused by derangement of Dam, mixing of Sawdā' produced as result of burning of Ṣafrā' and salty Balgham with Dam, itch mite affliction"

SN47 Dracunculosis disorder (TM2)

ulceration of eruptions, a red thread like worm comes out from it which is quite long and its length gradually increases.

(AYU) unhyginic conditions leading to vitiation of kapha, blood, skin making scucseptiable for worm infestation.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents ̣ Cāram,Cennīr, Ūṉ are affected.

(UNA) thread like worm infestation.

SN48 Intertrigo disorder (TM2)

sticky moistness, itching, burning sensation of interdigital areas of feet

(AYU) vitiation of kapha, pitta affecting skin, blood, muscle.

(SID) It is explained by increased Aẕal. Among the seven physical constituents ̣ Cāram, Cennīr are affected.

(UNA) accumulation of putrified matter at the site.

SN49 Integumentary disorder (TM2)

"Hypopigmented patches of the skin, loss of sensation, deformity and derangement of shape of the organs and with or with out purulent discharge.

(AYU) skin disorder due to vitiation of all the three dosha and seven tissues.

(SID) It is explained by increased Vaḷi and Aẕal. Among seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu are affected.

(UNA) It is caused by the spread of abnormal burnt Sawdā’ in the body resulting in the morbid temperament of organs."

SN4A Psoriasis disorder (TM2)

"Roughening and hardening of part of skin, whitish scaling, less itching, dryness of skin.

(AYU) It is caused by vitiated vata and kapa dosha affecting the skin

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu are get affected.

(UNA) It is caused by acute and irritant burnt Sawdā’ and dry saline matter."

SN4B Ichthyosis disorder (TM2)

Appearance of skin similar to scales of fish, roughness of skin, sloughing of skin, absence of sweating

(AYU) It is caused by vitiated vata and kapa dosha affecting the skin.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu are affected.

(UNA) It is caused sticking of acrid and noxious matter related to any of the four humours to the skin.

SN4C Scaling of scalp and forehead skin disorder (TM2)

Scaling of scalp / forehead skin

(AYU) It is caused due to increased vata.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ are affected.

(UNA) It is caused by the predominance of dryness in the forehead.

SN4D Vitiligo disorder (TM2)

"Whitish depigmentation of parts of the skin or whole of it may be associated with whiteness of hair of the affected part.

(AYU) It is caused by all the three dosha and affecting the skin

(SID) It is explained by increased Vaḷi affecting Aẕal. Among the seven physical constituents, Cāram, Cennīr are affected.

(UNA) It is caused by the cold morbid temperament of the affected part of the skin and predominance of Balgham. "

SN4E Lentigo disorder (TM2)

Appearance of black spots on the body, painless

(AYU) It is caused due to all the three dosha.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents ̣ Cāram,Cennīr, Ūṉ, Koẕuppu are affected.

(UNA) It is caused due to the collection of Sawdā’ under the skin.

SN4F Birth mark - blackish red disorder (TM2)

"congential blackish / reddish painless circular lesion

(AYU) It is caused due to vitiated kapha and blood

(UNA) It is caused due to the predominance of Sawdā’ under the skin"

SN4G Melasma disorder (TM2)

Appearance of bluish, black or red spots united to form a patch on the face

(AYU) it is due to vitiated vata and pitta affecting the skin of the face.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents ̣ Cāram,Cennīr are affected.

(UNA) It is caused by burnt Dam mixed with Sawdā', Bukhārāt arising from Sawdā', excessive intake of Sawdā’ producing diets, weakness of spleen and amenorrhea, etc.

SN4H Mole disorder (TM2)

"Appearance of black coloured circular spots slightly raised from the surface of the skin

(AYU) It is caused by vitiated vata affecting the skin

(SID) It is explained by increased Vaḷi. Among the seven physical constituents, Cāram and Cennīr gets affected.

(UNA) It is caused due to the predominance of burnt Sawdā’under the skin"

SN4J Black red skin lesion disorder (TM2)

"Apperance of blackish and reddish colouration of skin, severe pain, burning sensation and foul odour

(AYU) It is caused by all the three dosha affecting the skin, blood, muscle and adipose tissue

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram, Cennīr and Ūn are affected. "

SN4K Urticaria disorder (TM2)

"Appearance of abrupt elevated lesion on the skin, itching, pain

(AYU) It is caused due to vata and kapha in association with pitta

(SID) It may be explained by the increased Vaḷi and Aẕal. Among the physical constituents Increased Cāram, Cennīr obeserved due to changes in the blood.

(UNA) It is caused by the predominance of Bukhārāt of strong nature produced by Dam, Balgham, Sawdā' "

SN4L Wheal disorder (TM2)

"Reddish raised circular rashes with itching.

(AYU) It is caused due pitta and kapha

(SID) It is explained by the aggravation of Aẕal with Aiyam. Among the seven physical constituents, Cāram and Cennīr gets affected.

(UNA) It is caused due to the predominance of Dam"

SN4M Boil disorder (TM2)

"Small boils with redness, pain and associated with suppuration

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ are get affected.

(UNA) It is caused by acute Dam in which thick morbid fluid is mixed."

SN4N Prickly heat disorder (TM2)

"Appearance of multiple small prickly eruptions all over the skin

(AYU) It is caused due to increased pitta

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram, Cennīr and Ūṉ gets affected.

(UNA) It is caused by accumulation of acute Ṣafrā' related secretions of thin consistency or thick Bukhārāt of hot nature under the skin."

SN4P Pemphigus vulgaris disorder (TM2)

"Appearance of eruption of skin with collecition of fluid may be associated with fever

(AYU) It is caused by pitta localising in the skin

(SID) It is explained by increased Vaḷi with Aiyam Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu gets affected.

(UNA) It is caused by the predominance of Ṣafrā'"

SN4Q Scar marks disorder (TM2)

"Marks left after the healing of a wound or other morbid process

(SID) It is explained by increased Aiyam. Among the seven physical constituents, Cāram, Cennīr and Ūṉ gets affected.

(UNA) It is caused by the decreased transformative power at the affected site."

SN4R Roughness of skin disorder (TM2)

"Roughness and thickness of skin may be associated with itching

(AYU) It is caused due to vitiated vata

(SID) It is explained by increased Vaḷi , Aẕal and Aiyam. Among the Seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu, gets affected

(UNA) It is caused by predominance of Sawdā and its infiltration towards the skin."

SN4S Verruca disorder (TM2)

"Hard nail lilke eruptions of variable shapes and sizes appearing on the surface of skin

(AYU)weak digestive and metabolic factors, vitiation of primary product of digested food leading to vitiation of vata affecting the blood, muscle, fat and skin.

(SID) It is explained by the imbalance of Vaḷi and Aẕal humour affecting the Aẕal for nourishment of blood and Aẕal for complexion. Among the seven physical constituents Cāram and Cennīr gets affected.

(UNA) caused by extremely thick and dry matter related to Balgham or Sawdā in nature or may be mixture of both."

SN4T Herpes disorder (TM2)

"spreading, superficial clusters of small vesicular eruptions on the skin, sensation of ant-bite, itching, burning.

(AYU) Vitiation of pitta, vata

(SID) It may be explained by increased Vaḷi and Kīẕṉōkku kāl affected especially . Among the seven Uṭaṟtātukkaḷ Cāram, Cennīr, Ūṉ, gets affected.

(UNA) It is caused by predominance of Ṣafrā’ mixed with Dam."

SN4U Ring worm infection disorder (TM2)

"itching, roughness of skin, elevated ring shaped lesion with or without scaling, and blackish or redish discoloration.

(AYU) Vitiation of kapha.

(SID) it is caused by heat, high humidity, lack of personal hygiene, contact with contaminated things and person. It is explained by increased Vaḷi affecting Aiyam. Among the seven physical constituents Cāram and Cennīr gets affected.

(UNA) It is caused by acrid Dam of thin consistency mixed with Sawdā’, and the scaling occurs when saline Balgham is mixed with Sawdā’."

SN4V Acne disorder (TM2)

"small, milky white eruptions appear on face, especially on cheeks and nose during adolescence.

(AYU)aggravation of pitta, kapha affecting fatty tissue.

(SID) It is explained by aggravation of Aẕal associated with Aiyam. Among the seven physical constituents, Cāram and Cennīr gets affected.

(UNA) predominance of Dam in the body,stuck unresolved thick ichorous matter in skin pores."

SN4W Ulcer disorder (TM2)

"discountinuity of structure (ulceration) due to injury or internal causes.

(AYU) vitiation of vata, pitta, skin, muscle

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram, Cennīr and Ūṉ gets affected.

(UNA) loss of continuity, as a result of infiltration of acrid humours and external couses."

SN5Y Other specified skin disorders (TM2)

SN5Z Skin disorders (TM2), unspecified

Nail disorders (TM2) (SN60‑SN6Z)

SN60 Brittle nails disorder (TM2)

"whitish, mica coloured discoloration, brittleness of nails

(AYU) vitiated digestive and metabolic factors resulting in non absorption of nutrients leading to vitiation of vata.

(UNA) excessive dryness in the body and nails"

SN6Y Other specified nail disorders (TM2)

SN6Z Nail disorders (TM2), unspecified

Hair disorders (TM2) (SN70‑SN7Z)

SN70 Furunculosis of scalp disorder (TM2)

"Mutiple opening lesion and excessive soddening in the scalp

(AYU) It is caused by vitiated kapha and blood localising over the scalp

(SID) It is explained by increased Aẕal. Among the seven physical constituents Cāram and Cennīr, gets affected. "

SN71 Baldness disorder (TM2)

"falling of scalp hair

(AYU aggravated vata and pitta affecting the hair roots followed by closure of hair root.

(SID) It is explained by aggravation of Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu, Mūḷai and Cukkilam gets affected.

(UNA)predominance of coldness and dryness, lack of nutrition to the scalp, widening or narrowing of the skin pores, "

SN72 Folliculitis disorder (TM2)

"wet papules, ulceration involving hair follicles on head, face and other body parts.

(AYU) deranged digestive and metabolic factors leading to vitiation of pitta, kapha, skin, blood, muscle, fat tissue

(UNA) It is caused by corrosive & morbid fluids mixed with Dam."

SN73 Premature greying of hair disorder (TM2)

"untimely greying of the hair.

(AYU) increased pitta, vata cause premature greying of the hair.

(SID) It is explained by the decreased Aẕal for nourishment of blood and Vaḷi subsequently increases Aiyam. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu and Mūḷai gets affected.

(UNA) It is caused by impaired funciton of digestive power, excess of Balgham associated with weakened innate heat of body and excess of dryness in the body."

SN7Y Other specified hair disorders (TM2)

SN7Z Hair disorders (TM2), unspecified

SN90 Patchy alopecia disorder (TM2)

"falling of hair in the form of patches from scalp, beard and eyebrows leaving shiny patches.

(AYU aggravated vata and pitta affecting the hair roots

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram and Cennīr gets affected.

(UNA) it is caused by sticking of acrid & noxious matter related to any of the four humorus to the hair roots "

SN91 Dandruff disorder (TM2)

"Dryness of the scalp, appearance of husk like flakes on the scalp, itching, ulceration

(AYU) It is caused by increased dryness due to vata and kapha affecting the scalp.

(SID) It is explained by increased Aẕal . Among the seven physical constituents, Cāram and Cennīr gets affected.

(UNA)It is caused by morbid temperament of the skin of scalp, strong alkaline matter and predominance of salty humours of Balgham origin and Dam mixed with Sawdā’"

SN92 Carbuncle disorder (TM2)

"Red eruptions with suppuration and multiple openings, severe burning sensation.

(AYU) vitiation of blood, flesh and fat.

(SID) It is explained by increased Aẕal. Among the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

(UNA) It is caused by thick acrid Ṣafrā' and acrid Dam."

SN9Y Other specified skin, nail and hair disorders (TM2)

SN9Z Skin, nail and hair disorders (TM2), unspecified

Bone, joint and muscle disorders (TM2) (SP00‑SP4Z)

Bone disorders (TM2) (SP00‑SP0Z)

SP00 Osteoporosis disorder (TM2)

atrophy, weakness of bones; may lead to fractures.

(AYU) weak digestive and metabolic factors, bone metabolism, malnutrition leading to severe aggravation of vata and decrease of kapha.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu,Eṉpu are affected.

(UNA) Predominance of coldness and dryness.

SP0Y Other specified bone disorders (TM2)

SP0Z Bone disorders (TM2), unspecified

Joint disorders (TM2) (SP10‑SP1Z)

SP10 Polyarthritis disorder (TM2)

"Multiple joint pain, restricted movement, swelling and stiffness

(AYU) It is caused due to the involvement of vata and blood

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu and Eṉpu gets affected.

(UNA) it is caused by the predominance of any one of the four humors i.e Dam, Balgham, Safrā and Sawdā."

SP11 Rheumatism disorder (TM2)

"Inflammation and pain of joints, fever with chills and rigors, involvement of other organs such as heart

(AYU) It is caused due to the increased vata associated with ama

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, gets affected.

(UNA) It is commonly caused by matter of whitish colour and thick consistency."

SP12 Osteoarthritis disorder (TM2)

"Pain, swelling, stiffness, hardening and restricted movements of the joint

(AYU) It is caused by increased vata affecting the joint leading to degenerative changes

(SID) It is explained by increased Vaḷi and Aẕal . Among the seven physical constituents, Cāram and Cennīr, Ūṉ, Koẕuppu, Eṉpu gets affected.

(UNA) It is caused by hardening of humors within the joint. "

SP13 Hip joint pain disorder (TM2)

"Non radiating pain of hip joint, altered gait, weakness of lowerlimbs, difficulty in moving hip joints.

(AYU) vitiation of vata.

(SID) It is caused due to the injury to Toṭai maiya varmam

(UNA) It is caused by any of the four humours or more than one humour as in case of polyarthritis but commonly occurs due to immature Balgham."

SP14 Gout disorder (TM2)

"Pain, swelling and tenderness of the foot especially great toe.

(AYU) It is caused due to the derangement of vata and blood associated with pitta

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram and Cennīr gets affected.

(UNA) It is caused by morbid temperament of joints and the collection of morbid matter therein; their weakness (Joints and their body)."

SP15 Frozen shoulder disorder (TM2)

"Pain, stiffness and restricted movements of the shoulder joint

(AYU) It is caused due to increased vata affecting the nerves and vessels of shoulder region

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu and Eṉpu gets affected.

"

SP1Y Other specified joint disorders (TM2)

SP1Z Joint disorders (TM2), unspecified

Muscle disorders (TM2) (SP20‑SP2Z)

SP20 Muscle pain, twisting disorder (TM2)

"Severe spamodic/cramp like pian in upper or lower limb muscles. May be shifting in nature

(AYU) severe vitiation of vata.

(SID) It is explained by increased Vaḷi. Amoung the seven physical constituents Cāram, Cennīr and Ūṉ gets affected.

(UNA) infiltration of irritant humour or predominance of coldness."

SP21 Atony disorder (TM2)

Atony or flaccidity of the joints, muscles and body parts.

(AYU) obstructed or aggravated vata causes loss of functions, flaccidity.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents Cāram,Cennīr are affected.

(UNA) simple cold and wet morbid temperament, cold inflammation of spinal cord, trauma as cirsis of certain diseases.

SP2Y Other specified muscle disorders (TM2)

SP2Z Muscle disorders (TM2), unspecified

SP40 Achillodynia disorder (TM2)

Pain in heel especially during walking.

(AYU) It is caused due to increased vata affecting the heel.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ are affected.

(UNA) It is caused by trauma or infiltration of matter of Dam or Balgham origin coming from parts of the body lying above the heels.

SP41 Sciatica disorder (TM2)

moderate to severe pain, starting from acetabulum of hip bone, mainly travelling laterally to ankle joint and rarely radiating from the medial side of thigh.

(AYU) vitiation of vata affecting nerves, tendons, muscles of leg; may be associated with vitated kapha (resulting in mild pain).

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu,Eṉpu are affected.

(UNA) It is caused mostly by pouring of thick Dam and thick Balgham, occasionally Safrā and rarely by Sawdā, on sciatic nerve.

SP42 Lumbar spondylosis disorder (TM2)

"backache of various degree. May be associated with stiffness, immobility.

(AYU) vitition of vata, kapha affecting the local muscle tissue.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu gets affected.

(UNA) It can be due to cold impaired temperament, predominance of Balgham"

SP43 Lumbo-sacroiliac disorder (TM2)

"lowbackache usually of chronic nature with gradual increase in intensity.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕhuppu gets affected.

(UNA) simple cold morbid temperament or accumulation of Balgham at the site. "

SP44 Torticollis disorder (TM2)

"stiffness and bending of the neck to one side.

(AYU) Vata vitiation affecting neck muscles, tendons.

(SID) It is explained by increased Aiyam. In this type of among the seven physical constituents Cāram, Cennīr, and Ūṉ, gets affected. "

SP45 Cervical spondylosis disorder (TM2)

"pain, stiffness of the neck.

(AYU) vitiation of vata causing stiffness of neck muscles.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu and Eṉpu gets affected."

SP4Y Other specified bone, joint and muscle disorders (TM2)

SP4Z Bone, joint and muscle disorders (TM2), unspecified

Disorders affecting the whole body (TM2) (SP50‑SP9Z)

Febricity disorders (TM2) (SP50‑SP5Z)

SP50 Enteric fever disorder (TM2)

"Continous fever, eruptions of the skin, vomiting, abdominal distension

(SID) It is explained by increased Vaḷi followed by Aiyam. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu, Mūḷai get affected.

(UNA) it is caused by the putrefaction of waste products accumulated in the body"

SP51 Fever disorder (TM2)

"Increased body temperature and absence of sweating

(AYU) It is caused by any of the three dosha affecting the primary product of digested food

(SID) It may be explained by derangement of Vaḷi, Aẕal & Aiyam

(UNA) it is caused by the putrefaction of waste products accumulated in the body"

SP52 Fever disorder with excessive salivation (TM2)

"Fever associated with indigestion, heaviness, decreased thirst, excessive salivation, weakness, expectoration

(AYU) It is caused due to increased kapa dosha affecting the primary product of digested food and leading to weakness of digestive and metabolic factors

(SID) It is explained by increased Aiyam. Among the physical constituents Cāram gets affected.

(UNA) It is caused by putrefaction of Balgham inside the vessels"

SP53 High fever disorder with yellow discouloration (TM2)

"High fever, dizziness, yellowish/reddish discolouration of various body parts, excessive thirst, bitter taste in mouth

(AYU) It is caused due to increased pitta affecting the primary product of digested food and leading to weakness of digestive and metabolic factors

(SID) It is explained by increased Azal. Among physical constituents Cāram, Cennīr gets affected which in turn affects the sleep, nutrition and excretion.

(UNA) It is caused due to putrefaction of Ṣafrā’"

SP54 Fever with body pain disorder (TM2)

"Body pain, blackish discoloration of body, irregular fever, constipation

(AYU) It is caused due to increased vata affecting the primary product of digested food and leading to weakness of digestive and metabolic factors

(SID) It is explained by increased Vaḷi. Among physical constituents Cāram, Cennīr gets affected."

SP55 Fever with chills disorder (TM2)

"Fever with rigor, headache, excessive thrist, restlessness, vomiting

(SID) It is explained by increased Vaḷi. Among physical constituents Cāram, Cennīr gets affected.

(UNA) It is caused as result of putrefaction of Ṣafrā’ outside the vessels"

SP56 High grade fever disorder (TM2)

"High grade fever

(SID) It is caused by increased Vaḷi and Aiyam.

(UNA) It is caused by putrefaction of any of the four humors i.e Dam, Balgham, Ṣafrā’, Sawdā’ "

SP57 Intermittent fever disorder (TM2)

"Irregular onset, remission and episodes of fever

(AYU) It is caused by any of the three dosha affecting the dhathu

(SID) It is explained by aggravated Aẕal. Among the seven physical constituents, Cāram get affected.

(UNA) It is caused by the putrefaction of the humours outside the vessels"

SP58 Continuous fever disorder (TM2)

Continous fever

(AYU) It is caused by all the three dosha affecting primarily primary product of digested food.

(SID) It is explained by increased Vaḷi and Aẕal. Among the seven physical constituents ̣ Cāram,Cennīr are affected.

(UNA) It is caused due to putrefaction of humours inside the vessels.

SP59 Fever disorder due to external factor (TM2)

This disorder is characterised by increased body temperature and caused by external factors like poison, sorrow, grief, excessive anger.

(AYU) It is caused by vitiation of dosha due to external causes.

(SID) It is explained by the derangement of Vali, Aẕal and Aiyam due to external factors and are categorised into 12 types.

(UNA) It is caused by adverse effect of external factors on Rūḥ; physical, vital or psychic.

SP5A Inflammation with morbid matter disorder (TM2)

"swelling with yellowish discolouration, softness with pain and burning sensation

(AYU) It is caused by vitiation of vata, pitta, kapha, blood or all the three dosha together.

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram, Cennīr and Ūṉ get affected.

(UNA) derangement of Dam, Balgham, Ṣafrā, ’Sawdā’"

SP5B Consumptive disorder (TM2)

"continuous low grade fever for a prolonged period of time along with dry skin, sunken cheeks and eyes, anorexia, gradual loss of strength

[AYU] it involves all three dosha (predominantly kapha) leading to obstruction of channels gradually depleting all the seven tissues.

[SID] It is explained by increased Aiyam associated with Vaḷi and Aẕal. Among the physical constituents initially Cāram get affected which involves another physical constituents one by one.

[UNA] extreme hotness within the body and gradual consumption of the essential moistness of the organs."

SP5Y Other specified febricity disorders (TM2)

SP5Z Febricity disorders (TM2), unspecified

Metabolic disorders (TM2) (SP60‑SP6Z)

SP60 Diabetes mellitus disorder (TM2)

"increased thirst, increased urination, sweet urine, debility.

(AYU) increased quantity of urine is due to the association of corrupted element with the watery element of the body, while the turbidity of urine is due to the specific conjunction of dosha and primary structural components of the body.

(SID) It is explained by increased Aẕal humour. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu, Mūḷai, Cukkilam gets affected.

(UNA) Increase of innate heat of kidneys."

SP61 Emaciation disorder (TM2)

"Sudden or gradual loss of body weight, loss of muscle.

(AYU) It is explained as emaciation in the body due to vitiation of vāta.

(SID) It is explained by increased Vaḷi along with Aiyam. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu gets affected.

(UNA) It is caused by weakness of the faculties of stomach due to its cold temperament, derangement of temperament due to Ṣafrā' , or dysfunction of liver."

SP62 High fat disorder (TM2)

"generalized increase of fatty tissue in the body. May be associated with hyperlipidemia.

(AYU) impaired digestive and metabolic factors related to fat tissue, deranged vata, kapha

(SID) It is explained by increased Aiyam. Among udalthadhukkal Cāram, Cennīr, Ūṉ and Koẕuppu are affected"

SP63 Polydipsia disorder (TM2)

"The feeling of extreme thirstiness and difficulty in quenching the thirst.

(AYU) pitta and vāta increases which desiccates the bodily placid and balghamatic elements.

(SID) It is explained by the increased Aẕal humour and then by the vitiated Vaḷi humour.

(UNA) It is caused by the accumulation of thick salty humours in the stomach."

SP64 Obesity disorder (TM2)

"Excessive generalized accumulation of fat.

(AYU) It is caused by increased kapha and fat tissue.

(SID) It is explained by increased Aiyam which influences Vaḷi (Vayu for circulation and Vayu for homeostasis) / Aẕal (Aẕal for digestion, Aẕal for performing desired acts). In seven physical constituents Cāram and Koẕuppu get affected.

(UNA) It is caused by deranged temperament, excessive and abnormal accumulation of humours."

SP6Y Other specified metabolic disorders (TM2)

SP6Z Metabolic disorders (TM2), unspecified

Tumours disorders (TM2) (SP70‑SP7Z)

SP70 Lipoma disorder (TM2)

"Solitary or multiple soft lipoid lump like swellings unders the skin.

(AYU) deranged digestive and metabolic factors, vitiation of kapha and fatty tissue.

(SID) It is explained by the increased Aiyam and Among the seven physical constituents Cāram, Cennīr, Ūṉ and Koẕuppu are gets affected.

(UNA) predominance of Balgham."

SP71 Benign tumour disorder (TM2)

" movable swelling with varying size from gram seed to watermelon. May be of different characters and constitutional symptoms.

(AYU) involvement of all the three vitiated humours, seven elementary tissues

(SID) It is intially caused due to excessive growth activated by Aiyam and later factors of Mukkuṟṟam and seven physical constituents slowly get deranged.

(UNA) impairemetn of temperament, accumulation of humours."

SP72 Deep rooted spreading tumour disorder (TM2)

"uncontrolled spreading of swellings associated with multiple constitutional symptoms like weight loss, severe exhaustion.

(AYU) involvement of all the three vitiated humours, seven elementary tissues

(SID) It is explained by increase of all three houmours. All the seven physical constituents are affected

(UNA) humours related to Sawdā'."

SP7Y Other specified tumours disorders (TM2)

SP7Z Tumours disorders (TM2), unspecified

SP90 Abscess disorder (TM2)

"Pain, swelling, redness of the affected part, discharge of the pus

(AYU)aggravation of pitta affecting skin, fat, muscle tissue resulting in swelling and suppuration.

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram and Cennīr gets affected initialy and then Ūṉ, Koẕuppu and sometimes Eṉpu gets affected.

(UNA) it is due to decreased vital Rūḥ of the affected part as a result of predominance of hotness. "

SP91 Generalised oedema disorder (TM2)

"generalized oedema of the body

(AYU) vitiated blood, pitta and kapha obstruct the movement of vata leading to the generalized swelling

(SID) It is explained by alteration in the potency of blood and increased Aiyam which alters the Vayu for downward biological movements . Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu, gets affected.

(UNA) This condition is caused by weakness of digestive power and cold deranged temperament of liver."

SP92 Oedema disorder (TM2)

Painless soft swelling with pitting on the site of swelling and heaviness.

(AYU) vitiation digestive and metabolic factors, all the three humours and water carrying channels.

(SID) It is explained by increased Aiyam and Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ, Koẕuppu,Eṉpu, Mūḷai are affected.

(UNA) infiltration of Dam, Balgham, Ṣafrā’, Sawdā’, Rīḥ and Bukhārāt at the site.

SP93 Impaired immunity disorder (TM2)

"Overall decrease of health leading to impaired immunity resulting in susceptibility to disease.

(AYU) ojas gets vitiated by dosha and affecting the whole body.

(SID) It is explained by derangement of all three houmours. All the seven physical constituentsare affected.

(UNA) Insufficiency of innate heat."

SP94 Inflammation disorder (TM2)

"Redness, swelling, warmth of affected part,

(AYU) It is caused due to vitiated dosha especially pitta

(SID) It is explained by increased Aẕal. Among the seven Uṭaṟtātukkaḷ, Cāram, Cennīr and Ūṉ get affected.

(UNA)It is caused by accumulation of waste products resulting in harmful effects. It is produced by each of the four body humours, watery matter or Rīḥ.."

SP95 Excessive yawning disorder (TM2)

"Morbid excessive yawning

(AYU) It Is caused by increased vata

(SID) It may be explained by increased Vaḷi

(UNA) It is caused by accumulation of Bukhārāt in the muscles of jaws and lips"

SP96 Laziness disorder (TM2)

"unwillngness to take be physically active and avoiding engaging in mentally active activities.

(AYU) excess kapha obstruting the mental faculties and pitta for intellect.

(UNA) excessive accumulation of Bukhārāt in the body which in turn leads to heaviness of heart, increased fatigue and lethargy"

SP97 Severe fatigue disorder (TM2)

"feeling extreme exhaustion even without any physical effort/work.

(AYU) vitiation of all the three dosha, seven elementary tissues and ojas.

(SID) It is explained by increased Aẕal. Among the seven physical constituents Cāram, Cennīr, Ūṉ and Koẕuppu gets affected. "

SP98 Syncope disorder (TM2)

"temporary loss of consiousness, pale face, cold extremities, nausea

(AYU) It is caused due to vitiated pitta and involving of rajas and tamas

(SID) It is explained by increased Aẕal and Vaḷi. Among the seven physical constituents, Cāram, Cennīr get affected.

(UNA) It is caused by deranged temperament of body, excessive evacuation, congestion, obstruction in the vessels"

SP99 Pruritus disorder (TM2)

"itching of the body without the appearance of eruptions or rashes

(AYU) Excess of vitiated kapha, pitta affecting the skin

(SID) It is explained by increased Aẕal affecting Vaḷi. Among seven physical constituents, Cāram and Cennīr gets affected.

(UNA) It is caused due to retention of acrid and irritant Bukhārāt and a small quantity of irritant humours beneath the skin"

SP9A General debility disorder (TM2)

"exhaustion, loss of complexion.

(AYU) Caused due to weakness of primary structural components of the body.

(SID) It is explained by the increased Vaḷi and Aiyam. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu, Mūḷai, Curōṇitam are affected.

(UNA) It is caused by insufficient or suboptimal functions of the body powers."

SP9Y Other specified disorders affecting the whole body (TM2)

SP9Z Disorders affecting the whole body (TM2), unspecified

Mental, emotional and behavioural disorders (TM2) (SQ00‑SQ4Z)

Mental disorders (TM2) (SQ00‑SQ0Z)

SQ00 Delirium disorder (TM2)

"irrelevant and irrational talk, mental confusion.

(AYU) Vitiation of Vata affecting motor and intellectual faculties.

(SID) It can be explained by derangement of Mukkuṟṟam. Among the seven physical constituents Cāram to Cukkilam is affected.

(UNA) Accumulation of burnt Sawdā', Sawdā' produced as a result of burning of Ṣafrā', Sawdā' produced as a result of burning of Dam and putrefied Balgham in the brain."

SQ01 Hallucination disorder (TM2)

"mental confusion and hallucinations

(AYU) It is caused by vitiation of blood

(SID) It is explained by increased Aẕal. Among the seven physical constituents Cāram, Cennīr and Ūṉ get affected. "

SQ02 Hysteria disorder (TM2)

"Apparent unconsciousness, inability to speak, feeling of a gas ball rolling from abdomen upto throat, behavioural changes.

(SID) It is explained by increased Aẕal and Vaḷi. among the seven physical constituents Cāram to Cukkilam, Curōṇitam gets affected.

(UNA) Accumulation of morbid matter in the uterus and the surrounding organs."

SQ03 Insanity disorder (TM2)

"Confused state of mind, change in behaviour, irritability, loss of intelligence,.

(AYU) caused by the aggravated dosha vitiating the sense organs, mind and intellect.

(SID) It is explained by derangement of Vaḷi, Aẕal and Aiyam. Among the seven physical constituents, Cāram and Cennīr are affected.

(UNA) Impairment in medicatrix naturae, excessive mental fatigue."

SQ04 Depressive disorder (TM2)

"Mental confusion, fear, sadness, depression, may be associated with alterned sleep patterns.

(AYU) grief causing vitiation of the vata,kapha leading to the depression of mental faculty.

(SID) It is explained by increased Aẕal. Among the seven physical constituents Cāram, Cennīr and Ūṉ, gets affected.

(UNA) caused by the accumulation of burnt Sawdā’ or burnt Ṣafrā’ in the brain."

SQ05 Lack of concentration, confusion disorder (TM2)

"difficulty to concentrate, fickleness, confusion

(AYU) vitiation of vata affecting the mind.

(UNA) caused by predominance of hot putrified Balgham, burnt Sawdā’and burnt Ṣafrā’, "

SQ0Y Other specified mental disorders (TM2)

SQ0Z Mental disorders (TM2), unspecified

Emotional disorders (TM2) (SQ10‑SQ1Z)

SQ10 Anxiety ephemeral fever disorder (TM2)

"mild fever, confusion, restlessness, anxiety, mind and body fatigue

(AYU) agitated rajoguna, tamoguna leading to

(SID) It may be explained by increased Vaḷi, decreased Aiyam. Among the the seven physical constituents Cāram is affected.

(UNA) abnornal heating of Rūḥ."

SQ1Y Other specified emotional disorders (TM2)

SQ1Z Emotional disorders (TM2), unspecified

Behavioural disorders (TM2) (SQ20‑SQ2Z)

SQ20 Alcoholism disorder (TM2)

"Confusion, tremors, headache, altered cognitive, intellectual functions, may be associated with fever.

(AYU) Vitiated pitta further accecting Vata.

(SID) There is an increase in Aẕal. Among the seven physical constituents, Cāram, Cennīr, Ūṉ, Koẕuppu, Eṉpu, Mūḷai Cukkilam, Curōṇitam gets affected.

(UNA) It is caused by excessive intake of alcohol leading to impairment of temperament and Rūḥ."

SQ21 Egomania disorder (TM2)

"Feeling onself as superior to others, arrogance, forceful expression

(SID) It is explained by increased Aẕal. and Vaḷi Among the seven physical constituents, Cāram, Cennīr get affected

(UNA) predominance of coldness or coldness and dryness in the mid brain, weakness of thinking faculty."

SQ22 Non alcoholic intoxication disorder (TM2)

"incoherent speech, unstble movements, elation, ecstacy

(AYU) increase of tamoguna affecting intellect.

(SID) It is explained by increased Aẕal and Vaḷi. Among the seven physical constituents, Cāram, Cennīr get affected. "

SQ23 Panic attack disorder (TM2)

"panic attacks, fainting due to excessive emotions

(SID) It is explained by increased Vaḷi. Among the seven physical constituents, Cāram, Cennīr gets affected.

(UNA) sudden inward movement of Rūḥ"

SQ24 Insomnia disorder (TM2)

"loss of sleep, heaviness of head, body pain

(AYU) It is caused due to increased vata

(SID) It is explained by increased Aẕal. Among the seven physical constituents, Cāram to Cukkilam get affected

(UNA) It is caused by predominance of dryness in the body."

SQ2Y Other specified behavioural disorders (TM2)

SQ2Z Behavioural disorders (TM2), unspecified

SQ40 Hypersomnia disorder (TM2)

excess, prolonged deep sleep

(AYU) deranged digestive and metabolic factors, increased kapha and decreased vata.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ are affected.

(UNA) predominance of coldness, excess of Balgham, accumulation of Dam in brain.

SQ41 Lycanthropy disorder (TM2)

"violent behaviour, pacing, intentional loneliness, unwarranted suspicion dryness of tongue along with emaciation and non-healing ulcers of calf muscles.

(AYU) vitiation of pitta, rajoguna

(SID) It is explained by increased Aẕal. Among the seven physical constituents Cāram, Cennīr gets affected.

(UNA) caused by burnt Ṣafrā’"

SQ4Y Other specified mental, emotional and behavioural disorders (TM2)

SQ4Z Mental, emotional and behavioural disorders (TM2), unspecified

External factors disorders (TM2) (SQ50‑SQ8Z)

Infestation disorders (TM2) (SQ50‑SQ5Z)

SQ50 Worm infestation disorder (TM2)

"pain in the abdomen, excessive salivation, grinding of teeth during sleep, decreased or increased appetite, nausea after meals.

(AYU) excessively consumed substances such as blackgram, jaggery, meat, milk etc., it causes vitiated kapha which makes the situation conducive for infestation and growth of infestation.

(SID) It is explained by increased Aẕal. Vaḷi which is followed by Among the seven physical constituents Cāram, Cennīr get affected.

(UNA) It is caused by the putrefaction of fluids related to Balgham in the intestines."

SQ5Y Other specified infestation disorders (TM2)

SQ5Z Infestation disorders (TM2), unspecified

Poisoning disorders (TM2) (SQ60‑SQ6Z)

SQ60 Pseudo poisoning disorder (TM2)

"Sweating, tremor, dryness of mouth, vomiting, fever,

(AYU) It is caused by rajas and tamas affecting the mind

(SID) It is explained by decreased Aẕal which increases the Vaḷi. All the Seven physical constituents gets affected."

SQ61 Artificial poison disorder (TM2)

"Pallor, emaciation, swelling of body parts.

(AYU) It is caused by impairment of functioning of ojas due to poison

(SID) It is explained by increased Aẕal which affects Aiyam. Among the seven physical constituents Cāram and Cennīr are affected. "

SQ6Y Other specified poisoning disorders (TM2)

SQ6Z Poisoning disorders (TM2), unspecified

SQ80 Inadequate diet disorders (TM2)

"Altered appetite, weakness, emaciation, lack of concentration.

(AYU) It is caused by vitiation of Vata, leading to decreased body strength.

(SID) It is explained by increase of Mukkuṟṟam. All the seven physical constituents are affected."

SQ8Y Other specified external factors disorders (TM2)

SQ8Z External factors disorders (TM2), unspecified

Childhood disorders (TM2) (SR00‑SR0Z)

SR00 Marasmus disorder (TM2)

"Emaciation, lack of appetite, unctuous, pale face, eyes; may be associated with fever, dry cough, cyanosis of tongue.

(AYU) It is caused due to obstruction of channels due to breast milk vitiated by kapha

(SID) It may be explained by increased Aiyam followed by Vaḷi. Among physical constituents Cāram and Cennīr are affected."

SR01 Bed wetting disorder (TM2)

involuntary passing of urine during sleep.

(AYU) defective functioning of apaanavaayu and disturbances in general Vata functioning which controls the mind.

(SID) It is explained by increased Vaḷi. Among the seven physical constituents Cāram, Cennīr, Ūṉ are affected.

(UNA) Predominance of coldness on the bladder, flaccidity of the muscles of the bladder.

SR02 Infantile dysentry disorder (TM2)

"Diarrhoea may be assocaited with fever, vomiting.

(SID) It may be explained by increased Vaḷi and increased Aẕal. Among physical constituents Cāram, Cennīr and Ūṉ are affected.

(UNA) It is caused by predominance of coldness and Ṣafrā’. "

SR03 Infantile epilepsy disorder (TM2)

"Episodes of convulsions with frothing from mouth, stiffness of the extremities in infants.

(AYU) It is caused due to possesive state

(SID) It may be explained by increased aiyam. In seven udal thathukal the Caram, Cennīr, Un gets affected.

(UNA) It is caused by thick viscous humour producing obstruction in the nerves originating from brain or by thick Rīḥ producing obstruction in the openings of brain ventricles."

SR04 Ophthalmia neonatarum disorder (TM2)

"Redness, swelling and discharge from the eyes

(AYU) It is caused by vitiated dosha due to vitiated breast milk

(SID) It is explained by increased Vaḷi and Aẕal. "

SR05 Childhood malnutrition disorder (TM2)

"diminution of digestive power, tastelessness, emaciation, abdominal enlargement; may be associated with cough, drowsiness/lassitude, giddiness or dizziness, vomiting and diarrhoea

(AYU) derangement of digestive and metabolic factors, lack of nutrition increasing vata

(SID) It may be explained by increased Aẕal "

SR06 Oral thrush in babies disorder (TM2)

"Appearance of ulcers on the external surface of mouth and tongue

(SID) It may be explained increased Aẕal . Among physical constituents Cāram, Cennīr and Ūṉ are affected.

(UNA) It is caused by accumulation of morbid humours due to indigestion resulting from poor quality of milk"

SR0Y Other specified childhood disorders (TM2)

SR0Z Childhood disorders (TM2), unspecified

Traditional medicine patterns (TM2) (SR10‑ST2Z)

A pattern in traditional medicine (TM2) refers to the manifestation of the patient’s health condition at a given moment in time or constitution, temperament. It delivers information reflecting the overall manifestation or response of the person. It encompasses both specific symptoms/signs and non-specific findings.

Functional elements and humoral derangement patterns (TM2) (SR10‑SR2Z)

This group enlists patterns arising out of derangement of functional elements, humours. It occurs when there is abnormal change in quantity and/or quality of any humour either through increase or decrease in quantity, change of temperament such as getting hot or cold or due to admixture with another humour or through change produced within the humour itself. Such derangement is transient in nature and refer to pre or post disorder manifestation which is clinically relevant to either abort further progression to the morbidity or recovery in the convalescence phase.

SR10 Vitiation of vāta pattern (TM2)

pattern characterized by abdominal pain and increased gaseous movements in abdomen

SR11 Accumulation of Vata pattern (TM2)

pattern characterized by impaired movements of vāta, fullness of abdomen and aversion to factors causing of increase of vāta such as cold

SR12 Aggravation of vata pattern (TM2)

pattern characterized by roughness or hoarseness of voice, emaciation, blackish discoloration of body, twitching in various parts of body, desire for warmth, insomnia, reduced physical strength, hard stools

SR13 Spreading of vata pattern (TM2)

pattern characterized by abnormal movements of vāta, abdominal distension and gurgling sound in the abdomen

SR14 Depletion of vata pattern (TM2)

pattern characterized by sluggishness in activities, reduced talking, lack of interest in activities, loss of consciousness

SR15 Vitiation of pitta pattern (TM2)

pattern characterized by sour erucation, excessive thirst and burning sensation

SR16 Accumulation of pitta pattern (TM2)

pattern characterized by yellowish discoloration of body and mild raised body temperature

SR17 Aggravation of pitta pattern (TM2)

pattern characterized by yellowish discoloration of the body, increased body heat, desire for cold, reduced sleep, loss of consciousness, weakness of body and sense organs, yellowish discoloration of stool, urine and eyes

SR18 Spreading of pitta pattern (TM2)

pattern characterized by localised or whole body burning sensation, feeling of smoky eructation

SR19 Depletion of pitta pattern (TM2)

pattern characterized by reduced body temperature and reduced digestive power, reduced luste of the body

SR1A Vitiation of kapha pattern (TM2)

pattern characterized by aversion to food and nausea

SR1B Accumulation of kapha pattern (TM2)

pattern characterized by heaviness of the body and lethargy

SR1C Aggravation of kapha pattern (TM2)

pattern characterized by whitish discoloration of body, feeling of cold, reduced mobility of the body, heaviness of the body, fatigue, feeling of drowsiness, excessive sleep, loosening of joints

SR1D Spreading of kapha pattern (TM2)

pattern characterized by tastelessness, indigestion, feeling of tiredness, vomiting

SR1E Depletion of kapha pattern (TM2)

pattern characterized by dryness of body, burning sensation inside the body, laxity of joints, thirst, weakness, reduced sleep

SR1F Increase of Vaḷi (Vaḷi humour) pattern (TM2)

This pattern of disequilibrium or the morbid increase of Vaḷi is characterized by emaciation with blackish discoloration of stools, conjunctiva and body, desire to eat warm foods, tremors, abdominal distension, reduced body strength, disturbance in sleep pattern, diminished activities of five sense organs, slurred speech, giddiness, and loss of perseverance, , numbness, urine and stool retention, stiffness of joints, astringent taste in the mouth

SR1G Increase of Aẕal pattern (TM2)

This pattern of disequilibrium or the morbid increase of Aẕal is featured by hotness, moistness, sourness, anger, salivation, bitterness in tongue, hiccups, increased sweat, bad odour, itching, dryness of skin, and anuria, burning micturition, scanty micturition, etc. Yellowish discoloration of urine, feces, skin, and the conjunctiva is due to the hyperfunctioning of Aẕal for complexion. Increased appetite and polydipsia are due to the increased action of Aẕal for digestion in the stomach and intestines. Burning sensation all over the body and disturbed, insufficient sleep are caused due to increase of Aẕal for nourishment of blood.

SR1H Increase of Aiyam pattern (TM2)

This pattern of disequilibrium or the morbid increase of Aiyam is characterized by decreased digestion power/fire, increased salivation, fatigue, heaviness of body with pallor and chillness, weakness of seven physical constituents, paleness of bodily fluids, stools, and conjunctiva, wheezing, flatulence, cough and increased sleep, sensation of sweet taste in tongue

SR1J Decrease of Vaḷi (Vaḷi humour) pattern (TM2)

This pattern of disequilibrium or the morbid decrease of Vaḷi is characterized by body pain of stabbing, bursting nature, feeble voice, decreased activities, the diminished power of knowledge, syncope, and manifestations of increased Aiyam.

SR1K Decrease of Aẕal pattern (TM2)

This pattern of disequilibrium or the morbid decrease of Aẕal is featured by poor digestion, coolness, and demulcent which are attributed to the diminished functioning of Aẕal for digestion and Aẕal for vision. Pallor is due to the diminished functioning of Aẕal for nourishment of blood and Aẕal for vision. The decrease of Aẕal hinders the natural growth of Aiyam.

SR1L Decrease of Aiyam pattern (TM2)

This pattern of disequilibrium or the morbid decrease of Aiyam is characterized by giddiness, weakness of joints due to the loss of synovial fluid, and the apparent projection of the bones. Due to diminution of phlegm in the chest, there will be feeling of emptiness inside the lung field, sweating of hair follicles and palpitations.

SR1M Predominance of Dam pattern (TM2)

Qualitative imperfection or quantitative excess of Dam in the body that may lead to heaviness in the body in general and eyes, head and temporal region in particular and may also lead to bleeding due to rupture of delicate vessels.

SR1N Predominance of Ṣafrā’ pattern (TM2)

Qualitative imperfection or quantitative excess of Ṣafrā’ in the body characterized by rapid and swift pulse, urine that is flame yellow and of thin consistency, increased thirst, dryness and roughness of tongue and bitter taste, yellowish discolouration of skin and eyes, etc.

SR1P Predominance of Balgham pattern (TM2)

Qualitative imperfection or quantitative excess of Balgham in the body characterized by sluggishness, soft skin, excessive secretion of sticky saliva, delayed digestion, increase in sleep, slow pulse, etc.

SR1Q Predominance of Sawdā’ pattern (TM2)

Qualitative imperfection or uantitative excess of Sawdā’ characterized by rough, dry and dark skin, increased appetite, increased viscosity of blood, dark coloured/blackish urine, tendency to develop splenic diseases and psychiatric patterns

SR1R Blood thickening pattern (TM2)

It is an alteration in the quality of the blood characterized by its increased viscosity often resulting from consuming diets that produce thick consistency blood or any other factor.

SR1S Blood thinning pattern (TM2)

It is an alteration in the quality of the blood characterized by its decreased viscosity often resulting from consuming diets that produce thin consistency blood or any other factor.

SR1T Blood deficiency pattern (TM2)

A blood pattern characterized by a decrease in the quantity of blood and anemia.

SR1U Blood hyperviscosity pattern (TM2)

A moisture pattern characterized by an alteration in consistency of the blood as increased viscosity.

SR1V Spoilage of humors pattern (TM2)

Alteration in the quality and temperament of humours to the point that is considered abnormal and brings about diseases associated with imbalance of that humour.

SR1W Burning of humors pattern (TM2)

It is a condition in which a part of moisture of humour is burnt due to exposure to excess abnormal body heat and the remaining part becomes thicker.

SR1X Thickening of humors pattern (TM2)

A condition characterized by thickening of the moist part of one or more of the four humours.

SR20 Pattern of occlusion (TM2)

Pattern characterised by the occlusion of the free flowing and all-pervading Vata dosha or subtype of it by one another or by Pitta, Kapha, tissues, food and excreta leading to hampering of the normal functioning of the dosha.

SR2Y Other specified functional elements and humoral derangement patterns (TM2)

SR2Z Functional elements and humoral derangement patterns (TM2), unspecified

Physical constituent derangement patterns (TM2) (SR40‑SR6Z)

This group enlists patterns arising due to generic abnormality viz., increase, decrease, vitiation of structural elements, composition or breach in continuity.

SR40 Vitiation of "primary structural components of the body" pattern (TM2)

disturbance of homeostasis leading to an abnormal or pathological or diseased state

SR41 Aggravation of primary circulating nutrient fluid pattern (TM2)

The pattern is characterized by nausea, excessive salivation, tastelessness, distaste of mouth, nausea, obstruction in channels, aversion for eating sweet food, generalised body ache, diseases caused by kapha, white discolouration, coldness, obesity, lethargy, heaviness, exhaustion or tiredness to body /inability to perform physical activities, obstruction in channels/obstruction to flow of primary product of digested food, syncope/attacks of swooning, excessive sleep, drowsiness/lassitude, breathlessness/difficult breathing, cough, diminution of digestive power, loosening /dislocation of joints, flaccidity/laxity in body parts, loss of appetite, heaviness with cold and pallor in the body, weakness in body constitution and gasping and bloating

SR42 Depletion of primary circulating nutrient fluid pattern (TM2)

The pattern is characterized by shaking, Intolerance to hearing loud noises, palpitation of heart, palpitation on little exertion, body pain, precordial pain/cardiac pain, tremors, absence of mind/feeling of emptiness in body, thirst, dryness/wasting/emaciation, palpitation, tiredness on little exertion/dyspnoea on exertion, dryness, fatigue in mind and body.

SR43 Morbid increase of blood pattern (TM2)

The pattern is characterized by redness of skin/body parts, reddish coloured eyes, fullness of blood vessels, skin disease, spreading cellulitis/erysipelas, papules/eruptions, irregular or excessive menstruation, redness/inflammation of eyes- conjunctivitis, redness/inflammation of mouth- stomatitis, redness/inflammation of penis- balanitis, redness/inflammation of anus- proctitis, splenomegaly, palpable glandular enlargement in abdomen/abdominal lump, abscess, blackish patches on face, clinical features of jaundice, loss of digestive power, feels as entering into darkness, clinical features of polyarthritis, diseases caused by pitta, unconsciousness/confusion, urine with blood, clinical features of bleeding patterns, inflammation of gums/gingivitis, clinical features of jaundice, throbbing pain, anorexia and colic pain

SR44 Depletion of blood pattern (TM2)

The pattern is characterized by rough/dry skin, cracked skin, faded skin/lusterless skin, dryness of skin, pray for/desire for/liking of sour taste, pray for/desire for/liking for cold, laxity of vessels/tortuous vessels and dryness. pallor, tiredness, burning sensation over the feet and lassitude

SR45 Excessive increase of muscular tissues pattern (TM2)

A pattern characterized by enlargement of hips, cheeks, lips, temple; penis, thighs, calf muscles; heaviness of limbs, hips cheeks, abdomen, thighs, calf; diseases of the palate, tongue, throat; glandular swelling in jaw and throat region, chin, nodules in neck region and an increase in muscle mass in the neck

SR46 Depletion of muscular tissues pattern (TM2)

The pattern is characterized by wasting of hips, wasting of neck, wasting of abdomen, wasting of cheeks/whole side of the face including the temple, wasting/dryness of lips, wasting/ dryness of genitals/penis, wasting of thighs, wasting of chest, wasting of armpits/axilla, wasting of calf, dryness, pricking pain, exhaustion or tiredness of body, flabbiness of arteries, lazy eyes/eye fatigue, splitting type of pain in joints and weakness of five vital senses

SR47 Increase of adipose tissues pattern (TM2)

The pattern is characterized by unctuousness of body parts, pendulous fatty enlargement of abdomen, fatty deposition in flanks, cough, difficulty/hard breathing, dyspnoea on little exertion, bad odour, prodromal signs of prameha, complications of obesity, diseases of kapha & rakta, signs and symptoms of enlargement/hypertrophy of mamsa, exhaustion/fatigue, pendulous fatty enlargement of hips, pendulous fatty enlargement of breasts.

SR48 Depletion of adipose tissues pattern (TM2)

The pattern is characterized by breaking/splitting type of pain, fatigue in mind and body, eye stress, sunken abdomen, splenomegaly, hollowness felling in joints, dryness of body parts, desire for fatty meat, numbness in low back, emaciation, exhaustion/fatigue, dryness/wasting/emaciation, signs symptoms of depletion of māṃsa and weakness of muscles in the loin

SR49 Increase of bone tissues pattern (TM2)

The pattern is characterized by exessive growth of bones/bone growing over another and excessive growth of teeth/redundant tooth which grows over another

SR4A Depletion of bone tissues pattern (TM2)

The pattern is characterized by scalp hair fall/thinning, body hair fall/thinning, nail fall/thinning, beard/moustache fall/thinning, teeth fall/decaying, exhaustion/fatigue, dislocation of joint/lax joints, pain in the bones, gums and tooth, cracked teeth, cracked nail, dryness, roughness/dryness, pricking type of pain in the bones, desire to eat bony-meat.

SR4B Increase of bone marrow pattern (TM2)

The pattern is characterized by heaviness of the whole body, heaviness and swelling of the eyes, redness of eyes, redness of body, furuncles at the base of small joints ,swollen phalanges, oliguria, and nonhealing ulcers

SR4C Depletion of bone marrow pattern (TM2)

The pattern is characterized by decaying, weakness, lightness, repeatedly affliction with diseases due to vata, less quantity of semen /śukra, breaking type of pain in small joints, pricking/piercing type of pain of the bone, feeling of emptiness in bones, porousness of bones, giddiness or dizziness, black out.

SR4D Increase of reproductive tissues and semen pattern (TM2)

The pattern is characterized by seminal calculi/precipitated semen as calculus, excessive ejaculation of semen, excessive desire of intercourse with women

SR4E Depletion of reproductive tissues and semen pattern (TM2)

The pattern is characterized by weakness or loss of physical strength, dryness of mouth, pallor/pale colour of body parts, exhaustion or tiredness to body and mind, exhaustion/fatigue, inability to perform sexual act/impotence, not able to ejaculate semen/suppression of semen, penile pain, scrotal pain/severe pain in scrotum, inability to perform sexual act, delayed ejaculation, semen with little blood on ejaculation, blackout, pricking type of pain in scrotum, smoky sensation in penis.

SR4F Diminution of Ojas pattern (TM2)

the pattern is characterized by fear, loss of physical strength or weakness, constantly thinking, distressed sense organs/sense organs not able to perform properly, diminished complexion, lack mental strength, dry, wasted/dried up/emaciated, syncope/attacks of swooning, extreme wasting of muscles/diminution of muscle mass, confusion/delirium, excess talking/irrelevant speech/incoherent speech, death.

SR4G Derangement of Ojas pattern (TM2)

the pattern is characterized by stiffness of the body, heaviness of limbs, swelling caused by vāta, discoloration of the skin; fatigued mind and body, drowsiness/lassitude, sleep

SR4H Dislodgement of Ojas pattern (TM2)

the pattern is characterized by loosening /dislocation of joints, exhaustion or tiredness of body, depletion of dosha, suppression of activities

SR4J Increased menstrual flow pattern (TM2)

the pattern is characterized by generalised bodyache, excessive menstrual bleeding/menorrhagia, bad odour

SR4K Diminution of menstrual flow pattern (TM2)

the pattern is characterized by menstruation not on proper time/metrorrhagia, scanty menstrual flow, pain in vagina.

SR4L Increased secretion of breast milk pattern (TM2)

the pattern is characterized by fully extended/large breast, frequent lactation, pricking pain

SR4M Decreased secretion of breast milk pattern (TM2)

the pattern is characterized by emaciated breast /absence of charm of breasts, supression of lactation, reduced lactation

Derangement of channels pattern (TM2) (SR50‑SR5Z)

derangement of srōtas is caused by the intake of incompatible food which leads to the origin of disease.

SR50 Derangement of channels carrying essense of digested food pattern (TM2)

the pattern is characterized by disinclination for food, tastelessness, distaste of mouth, ageusia, nausea, heaviness, drowsiness/lassitude, generalised body ache, fever, fainting, pallor, obstruction of the channels of circulation, inability to perform sexual act/impotence, exhaustion or tiredness of body, emaciated/thin /malnourished, loss of digestive power, premature appearance of wrinkles, premature appearance of grey hairs.

SR51 Derangement of channels enriching blood pattern (TM2)

pattern is characterized by cyanosis, fever, burning sensation, pallor, haemorrhage and blood-red eyes.

SR52 Derangement of channels enriching muscle tissue pattern (TM2)

the pattern is characterized by swelling, varicose veins, death, emaciation of muscles, excessive growth in muscle tissue, tumour, goite and cervical lympheadenitis.

SR53 Derangement of channels carrying fat pattern (TM2)

the pattern is characterized by perspiration, oiliness of the body, dryness of the palate, non-pitting oedema and thirst.

SR54 Derangement of channels enriching bone pattern (TM2)

the pattern characterized by excess aggravation of vata, severe localized and/or generalied body pains, weightloss, extra growth of bone and teeth, deformities in nail and nail bed, deformities in hairs and moustache, splitting pain in bone and toothache.

SR55 Derangement of channels enriching bone marrow pattern (TM2)

the pattern is characterized by interphalangeal joint pain, interphalangeal joints enlargement, giddiness, unconsciousness and feeling of darkness infront of eyes.

SR56 Derangement of channels enriching seminal fluid pattern (TM2)

the pattern is characterized by inability to perform sexual act/impotence, lack of sexual arousal, birth of diseased offspring/progeny, birth of impotent offspring, birth of offspring with reduced lifespan, birth of offspring with deformities, infertility, abortion, miscarriage, delayed ejaculation, blood tinged semen, no semen on ejaculation.

SR57 Derangement of channels enriching vital life force pattern (TM2)

the pattern is characterized by severe restricted expiration, agitated expiration, slow expiration, frequent expiration, expiration with loud sound, expiration with pain.

SR58 Derangement of channels for fluid circulation pattern (TM2)

the pattern is characterized by dryness in tongue, palate, lips and root organ of water-carrying conduits along with excessive severe thirst.

SR59 Derangement of digestive tract pattern (TM2)

the pattern is characterized by disinclination for food, tastelessness, indigestion, vomiting

SR5A Derangement of channels of faeces pattern (TM2)

the pattern is characterized by difficulty in defecation, scanty defecation, defecation with sound, painful defecation, defecating watery stools, defecating scybalous/hard stools, defecating large volume stools.

SR5B Derangement of urinary tract pattern (TM2)

the pattern is characterized by burning sensation in penis.

SR5C Derangement of channels producing sweat pattern (TM2)

the pattern is characterized by absence of perspiration, excess perspiration, excessive roughness, excessive smoothness, burning sensation all over the body and horripilation.

SR5D Derangement of channels enriching breast milk pattern (TM2)

It is characterized by eight types of vitiations of breast milk, they are distasteful, frothy, ununctous due to vitiation of vata, discoloration, foul smelling due to vitiation of pitta, unctuous, slimy and heaviness due to vitiation of kapha.

SR5E Derangement of mind related channels pattern (TM2)

the pattern is characterized by perversion of mind, intellect, consiousness, knowledge, memory, desire, manners, behaviour and conduct.

SR5Y Other specified derangement of channels pattern (TM2)

SR5Z Derangement of channels pattern (TM2), unspecified

SR60 Increase of female reproductive tissue pattern (TM2)

This is characterized by excessive desire or hypersexuality towards the opposite sex due to increased sexual drive (libido) and arousability. It is also characterized by vaginal calculi due to stasis and contagion in the lower genital tract.

SR61 Decrease of female reproductive tissue pattern (TM2)

This is characterized by dryness of the vagina resulting in failure to reproduce along with bloody vaginal discharge, hematuria, dyspareunia, aching pain, and hyperpigmentation of the vagina. It affects normal vaginal lubrication, acidic vaginal pH, and normal physiologic condition leading to inflammation of the lower genital tract.

SR62 Pattern resulting in abnormal number of organs and appendages (TM2)

a general term for patterns that cover those structural diseases in which numer of body organs is abnormally increased or decreased

SR63 Pattern of abnormal positioning of organs and appendages (TM2)

a general term for patterns that cover those structural diseases in which defects in position and proximity of body organs occur. The defects in position include total or partial shifting of any organ. It also includes the defects in voluntary and involuntary movements of body organs. The movement may decrease or increase. The defects in proximity include, loss of gap between two adjacent organs leading to cessation of their movement

SR64 Pattern of abnormal relative position of organs (TM2)

a general term for patterns that cover those structural diseases in which the position of an organ in relation to neighbouring structures is abnormally changed

SR65 Loss of continuity pattern (TM2)

a general term for patterns that cover the diseases which are caused by loss of continuity in simple organ

SR66 Rīḥ pattern (TM2)

A body constituents pattern characterized by any pathological alteration in the quality or quantity of Rīḥ in the body.

SR67 Bukhārāt pattern (TM2)

A body constituents pattern characterized by any pathological alteration in the quality or quantity of Bukhārāt in the body.

SR68 Compound pattern (TM2)

A disorder that primarily affects compound organs but may subsequently spread to compound organs.

SR69 Pattern of quantity (TM2)

A disorder of composition characterized by a pathological change in the quantity of any body constituent or organ.

SR6Y Other specified physical constituent derangement patterns (TM2)

SR6Z Physical constituent derangement patterns (TM2), unspecified

Excretory products derangement patterns (TM2) (SR80‑SR8Z)

This group enlists patterns due to abnormal change either in nature of excretory products i.e. Urine, stool, sputum, sweat or in their manner of excretion indicate the nature of pathology developing in the body and help the physician in determining the nature and stage of disease.

SR80 Morbid increase of feces pattern (TM2)

the pattern is characterized by gurgling sound in flanks, heaviness and enlargement of abdomen. Gurgling sound in flanks to be changed to gurgling sounds in abdomen.

SR81 Depletion of faeces pattern (TM2)

the pattern is characterized by gripping type of pain (colic), pain in the pericardial region/angina pectoris, pain in flanks, reverse intestinal movement of vāyu associated with sound, oblique movement of vāyu with sound in abdomen, increased bowel movements in flanks, less quantity of faeces.

SR82 Excessive urine pattern (TM2)

the pattern is characterized by frequent micturition, pricking pain in urinary bladder,abdominal distension, feeling of urge even after micturition.

SR83 Reduced urine pattern (TM2)

the pattern is characterized by dysuria, pricking pain in urinary bladder, oliguria,discolouration of urine, hematuria, thirst and dryness of mouth.

SR84 Hyperhidrosis pattern (TM2)

the pattern is characterized by bad odour of skin, itching, increased perspiration

SR85 Anhidrosis pattern (TM2)

the pattern is characterized by stiff/rigid body hairs, wasting/contracture of skin, impaired touch perception, loss of perspiration, hair fall, tearing/cracking of skin, numbness of skin, hardness/roughness of skin.

SR86 Faeces with undigested food residues pattern (TM2)

the pattern is characterized by obstruction in channels, diminution of physical strength, heaviness, lethargy, indigestion, spitting out, obstruction to passage of faeces, tastelessness and exhaustion without exertion.

SR87 Urine of over heat pattern (TM2)

This disequilibrium is characterized by colour of the fire with flames, due to excessive heat. It is due to increased Aẕal, which affects Vayu for downward biological movements, and cukkilam is affected.

SR88 Urine colour of excessive cold pattern (TM2)

This disequilibrium is characterized by a type of blue colour urine that represents excessive cold. This results in Vaḷi diseases in children and old age people.

SR89 Urine colour of excessive depravement of Vaḷi, Aẕal and Aiyam pattern (TM2)

This disequilibrium is characterized by pure leafy green colour urine indicates excessive depravement of Vaḷi, Aẕal and Aiyam. This is a severe condition.

SR8A Urine like colour of raw-meat washings pattern (TM2)

Abnormal change of colour and consistency of urine caused by weakness of liver or excess of blood and abnormal temperament of liver. It is characterized by like colour of raw-meat washings urine

SR8B Delayed passing of stool pattern (TM2)

Abnormal change in the time for passing out of stool caused by weakness of digestion, coldness of intestines and excess of moisture . It is characterized by delayed passing of stool

SR8C Dry stool pattern (TM2)

Abnormal change in consistency of stool caused by fatigue, excessive urination, presence of excessive hotness in the body, use of dry foods and constipation. It is characterized by dry stool

SR8D Larger quantity of stool pattern (TM2)

Abnormal change in the quantity of stool, when it is larger than food intake caused by presence of excessive quantity of humours in the body. It is characterized by large quantity of stool

SR8E Sharp smelling sweat pattern (TM2)

a pattern marked by sharp smelling sweat due to presence of matter related to Ṣafrā', pungent and sharp matter within the body

SR8F Sour smelling sweat pattern (TM2)

a pattern marked by sour smelling sweat due to presence of sour Balgham within the body

SR8G Sweat of thick consistency pattern (TM2)

a pattern caused by thickness of disease causing matter, marked by sweat of thick consistency

SR8H Sweat of thin consistency pattern (TM2)

a pattern caused by thinness of disease causing matter, marked by sweat of thin consistency,

SR8J Lack of sweat pattern (TM2)

a pattern marked by lack of sweat as a result of weakness of repulsive faculty

SR8K Excess of sputum pattern (TM2)

Abnormal change in quantity of sputum caused by maturation of disease causing matter and stationary phase of disease. It is characterized by excessive quantity of sputum

SR8L Lack of sputum pattern (TM2)

Abnormal change in quantity of sputum caused by progressive phase of disease. It is characterized by scantiness of sputum

SR8M Moderate quantity of sputum during convalescence pattern (TM2)

Abnormal change in quantity of sputum caused by convalescence. It is characterized bymoderate quantity of sputum

SR8N Excess of sweat pattern due to decreased vitality (TM2)

A pattern marked by excessive sweating and denotes weakness and decreased vitality.

SR8Y Other specified excretory products derangement patterns (TM2)

SR8Z Excretory products derangement patterns (TM2), unspecified

Power derangement and chronic accumulation patterns (TM2) (SS10‑SS4Z)

This group of patterns enlists conditions arising due to deranged power viz. digestion, metabolism, innate transformative strength of tissues, which provides the basis for different bodily functions. It can manifest as the weakness, strength and loss of power that leads to many morbid conditions.

Digestive fire based patterns (TM2) (SS10‑SS1Z)

SS10 Derangement of digestive power pattern (TM2)

the pattern is characterized by derangement of digestive power

SS11 Irregular digestive power pattern (TM2)

pattern characterized by irregular digestion irrespective of quantity and quality of food.

SS12 Elevated digestive power pattern (TM2)

Pattern characterized by quick digestion of varied quantity and quality of food.

SS13 Subdued digestive power pattern (TM2)

Pattern characterized by delayed digestion of food.

SS14 Highly elevated digestive power pattern (TM2)

The pattern is characterized by severly increased state of digestive power leading to quick digestion of food despite of frequent and extra quantity intake. If food is not taken, leads to digestion of body tissues leading to weakness, succumbs to death,may be associated with thirst, difficulty in breathing, burning sensation, syncope, burning sensation in throat, palate, lips at the end of digestion.

SS15 State of incomplete digestion, transformation or metabolism pattern (TM2)

Pattern characterized by reduced body strength, heaviness of the body, reduced digestive power, lethargy, indigestion, expectoration, tastelessness, feeling of weakness even without exertion.

SS16 Natural digestive fire pattern (TM2)

"It is a natural digestive fire and the increase and decrease of this fire can be classified as Toxic Digestive Fire, Strong Digestive Fire, Weak Digestive Fire

"

SS17 Strong digestive fire pattern (TM2)

This disequilibrium is characterized by the unusual combination of Vayu for homeostasis and Aẕal which produce excessive heat increasing the digestive process where even half-cooked gets digested.

SS18 Toxic digestive fire pattern (TM2)

This disequilibrium is characterised by displacement of Vayu for homeostasis and excessive toxic heat formation causing indigestion.

SS19 Weak digestive fire pattern (TM2)

This disequilibrium is characterized by Vayu for homeostasis which combines with Aiyam and the consequent production of heat that is dull and causes slow digestion of food, flatulence due to vayu, gas trouble with turbulent sound in stomach and intestines, and heaviness of the body.

SS1Y Other specified digestive fire based patterns (TM2)

SS1Z Digestive fire based patterns (TM2), unspecified

Chronic accumulation patterns (TM2) (SS20‑SS2Z)

SS20 Suppression of breath pattern (TM2)

Pattern characterized by cough, flatulence of the stomach, anorexia, intolerable pain, fever, and excessive perineal heat.

SS21 Suppression of yawning pattern (TM2)

Pattern characterized by the tiredness of the face, exertion, indigestion while proper food intake, stupor, heaviness of head, eyes, pain all over the body

SS22 Suppression of hunger and thirst together pattern (TM2)

Pattern characterized by the diminished and improper function of the organs, acute excruciated pain of the abdomen, back, and waist, mental confusion, weakness and muscle wasting of the body, dullness of the face, and diseases of the joint.

SS23 Suppression of semen pattern (TM2)

Pattern characterized by fever, anuria, knee joint pain, chest pain, and pain present over one-sided upper and lower extremities, penile pain, pain in scrotum, generalised bodyache, precordial pain/cardiac pain, obstruction/retention in passage of urine/oliguria, swelling in the bladder,swelling in anus, swelling in the scrotum, pain in bladder and pain in anus.

SS24 Suppression of cough pattern (TM2)

Pattern characterized by continuous cough, difficulty in breathing, and thoracic patterns.

SS25 Suppression of micturition pattern (TM2)

Pattern characterized by retention of urine, ulceration in the urethral passage, pain in the joints and genitals, gaseous distension of the abdomen, and accumulation of pus or blood in the urethral meatus with ulcers extending the muscle layer, burning sensation in the urethral meatus, pain in urinary bladder, penile pain,dysuria, severe headache, flexion/ bending of body, distention in groins, drop by drop urination,severe pain in anus, pain in groins and severe pain in scrotum.

SS26 Suppression of sleep pattern (TM2)

Pattern characterized by the heaviness of the head, redness of eyes, temporary hearing loss, and blathering, yawning, generalised bodyache, drowsiness/lassitude, diseases of head, heaviness of eyes, rigidity/stiffness of the body, heaviness of head, confusion/delirium and lethargy.

SS27 Suppression of sneeze pattern (TM2)

Pattern characterized by headache, facial deviation, pain in the hip joints, and feels as though tottering five sense organs and motor functions, torticollis/stiffness of neck, headache, facial paralysis, hemicranial headache, impairment of sense organs, diseases of head, diseases of eyes, diseases of nose, diseases of ear, feeling of fullness in throat, feeling of fullness in mouth and severe pricking pain in throat.

SS28 Suppression of tears pattern (TM2)

Pattern characterized by pain in the chest, sinusitis, eye diseases, and wounds in the head, cold, catarrh, diseases of eyes, heart diseases, tastelessness, giddiness or dizziness, heaviness of head/ headache, cold, catarrh, torticollis/stiffness of neck and palpable glandular enlargment in abdomen/ abdominal lump.

SS29 Suppression of vomiting pattern (TM2)

Pattern characterized by the induration of the skin, itching, anaemia, eye problems, wheezing, fever, and cough, itching, wheal like skin eruptions, tastelessness, blackish circular patches on face, oedema, fever, skin disease, nausea, spreading cellulitis/erysipelas, diseases of eyes, itching, cough, and breathlessness/difficult breathing

SS2A Suppression of stool pattern (TM2)

Pattern characterized by the feculent vomiting, respiratory illness, knee joint pain, headache, flatulence, and weakness, pain in rectum, headache,supression of flatus, supression of faeces, calf claudication/cramp in the calf muscles, abdominal distension, gurgling sound of the intestines/ barborygmus, colicky pain in the abdomen, cutting type of pain in anus, obstruction/retention to the passage of faeces

SS2B Supression of exertional hyperpnea pattern (TM2)

Pattern characterized by occurrence of diseases of heart, loss of consciousness.

SS2C Suppression of hunger pattern (TM2)

Pattern characterized by emaciation, weakness, discolouration, generalised bodyache, tastelessness, giddiness or dizziness, drowsiness/lassitude, diminished vision, breaking type of pain in the body, fatigue in mind and body, pain.

SS2D Suppression of thirst pattern (TM2)

Pattern characterized by dryness in the throat, dryness in mouth, deafness/ hearing impairment, exhaustion/fatigue, exhaustion or tirednes of body, precordial pain/cardiac pain, dryness/wasting/emaciation, unconsciousness/ confusion, giddiness or dizziness, diseases of heart

SS2E Suppression of flatus pattern (TM2)

Pattern characterized by by retension of faeces, obstruction/retention in passage of urine, retention of flatus, abdominal distension, pain, exhaustion without exertion, diseases of abdomen, colicky pain in the abdomen, feeling of obstruction in the precordial region/impairment of cardiac activity, headache, increased respiration/ dysponea, hiccup, cough, cold, catarrh, choking sensation in throat,, diminution in quantity of stools, loss of digestive power

SS2F Pattern of humour accumulated with air (TM2)

Three life humours accumulated with air manifest different types of symptoms individually

SS2G Pattern of humour accumulated with excess cold (TM2)

Three life humours accumulated with excess cold manifest different types of symptoms individually

SS2H Pattern of humour accumulated with excess heat (TM2)

Three life humours accumulated with excess heat manifest different types of symptoms individually

SS2Y Other specified chronic accumulation patterns (TM2)

SS2Z Chronic accumulation patterns (TM2), unspecified

Power derangement patterns (TM2) (SS30‑SS3Z)

SS30 Physical faculties derangement pattern (TM2)

Derangement of power / faculty serving the functions of nutrition, growth, reproduction and evacuation of waste products from the body for the preservation of individual as well as species.

SS31 Nutritive faculty derangement pattern (TM2)

Derangement of power/faculty making alteration in the food in such a manner that it becomes temperamentally similar to the body and suitable to replace the daily wear and tear

SS32 Collecting faculty derangement pattern (TM2)

Derangement of power/faculty which selects and collects the matter for digestion

SS33 Adhesive faculty derangement pattern (TM2)

Derangement of power/faculty which attaches the digested matter to the organs for their nutrition

SS34 Assimilation faculty derangement pattern (TM2)

Derangement of power/faculty, which transforms the matter attached to the organ by adhesive faculty in such a way that it resembles the nourished organ in all respects and becomes a part of that organ

SS35 Absorptive faculty derangement pattern (TM2)

Derangement of power/faculty, which serves the nutritive faculty and absorbs the beneficial material into the organs

SS36 Retentive faculty derangement pattern (TM2)

Derangement of power/faculty, which serves the nutritive faculty and retains the dietary material in organs till the digestive faculty completes its work

SS37 Digestive faculty derangement pattern (TM2)

Derangement of power/faculty, which serves the nutritive faculty and digests the dietary material to make it a part of an organ

SS38 Expulsive faculty derangement pattern (TM2)

Derangement of power/faculty, which serves the nutritive faculty and expels the waste products from orgns outside the body

SS39 Growth faculty derangement pattern (TM2)

Derangement of power/faculty, which develops the organs in the required form and size and integrates the nutrient material to complete the individual development

SS3A Reproductive faculties derangement pattern (TM2)

Derangement of primary physical faculties provided to an individual for preservation of its species

SS3B Vital faculty derangement pattern (TM2)

Derangement of faculty, which is essential for life and reaches from heart to the body organs through arteries and keeps them alive

SS3C Psychic faculties derangement pattern (TM2)

Derangement of faculty which is furnished in an individual for the sensory/perceptive and motor/motive function of the body, it controls the nervous tissues to perform the functions of sensation/perception and regulates the nervous system for motor activity

SS3D Debility of organs pattern (TM2)

Debility of organs is caused by deficiency of power/ Rūḥ/ temperament derangement /composition derangement of organs; Apart from these immediate causes, debility of organs can also be due to pain, fevers, excessive hunger etc. It is characterised by non optimal functions of the affected organ.

SS3E Innate heat weakness pattern (TM2)

An innate heat pattern characterized by weakness of the innate heat that results in physical weakness and susceptibility to diseases.

SS3F Disruption of innate heat pattern (TM2)

An innate heat pattern characterized by a decrease in the innate heat to the point of life-threatening diseases.

SS3G Weakness of psychic spirit pattern (TM2)

A Rūḥ pattern characterized by decreased quantity and weakness of the psychic Rūḥ that results in non optimal functioning of the psychic power/faculty (e.g., the sensory and motor functions).

SS3H Weakness of natural spirit pattern (TM2)

A Rūḥ pattern characterized by decreased quantity and weakness of the physical Rūḥ that results in non optimal functioning of the physical power/faculty (e.g., growth, providing organs with necessary nutrients)

SS3J Weakness of vital spirit pattern (TM2)

A Rūḥ pattern characterized by decreased quantity and weakness of the vital Rūḥ that results in non optimal functioning of the vital power/faculty (e.g., distribution of blood by the heart).

SS3Y Other specified power derangement patterns (TM2)

SS3Z Power derangement patterns (TM2), unspecified

SS4Y Other specified power derangement and chronic accumulation patterns (TM2)

SS4Z Power derangement and chronic accumulation patterns (TM2), unspecified

Body constitution and temperament patterns (TM2) (SS50‑ST1Z)

This group enlists patterns based on inherent nature, body constitution or temperament of a person formed at the time of conception which is considered to stay consistent throughout the lifetime and specific states viz., age.. The Sub Section dealing with "temperament derangement" enlists patterns representing derangement at the level of qualitative understanding of body components, temperament. They aid in the assessment of the qualities and quantities of all the participating primary components in a compound which are not in accordance with the natural needs. Understanding of underlying pathology at this level helps in pinpointing the diagnosis and make prudent therapeutic choices. Overall understanding of these patterns aid in specific measures for managing disorders and maintenance of quality of life throughout the lifespan.

Constitution patterns (TM2) (SS50‑SS5Z)

SS50 Vata constitution pattern (TM2)

The pattern is characterized by thin built, too tall or too short stature, prominent tendons and veins, dusky or dark complexion, dry and non lustrous skin, cracked soles and palms, unstable joints, sound from joints on movement, prominently visible calf muscles, small, rounded, dull, sunken & dry eyes, dull white sclera, unsteady gaze, eyes remains half open during sleep, rough, dry, split hair ends, dusky hair, dry, rough & small teeth, excess teeth; small, thin, rough & dry nails, excessive nail growth, speedy gait, quick initiation & completion of actions, inconsistent actions, feeble, unpleasant, shattered & broken voice, fast & unclear speech, stammering, hoarseness of voice, too high pitched or too low pitched voice, fast eating habit,frequently gets hungry, easy awakening from sleep, reduced sleep, snoring, grinding of teeth during sleep, having dreams of walking / flying in the sky / mountains / dried water bodies / trees, indecisiveness, quick comprehension but less & unstable memory, having few friends/ unstable friendship, ungratefulness, fondness for travelling, music, dancing, humour, tradition, history, gardens, luxurious life, reading & listening to texts, fond of sweet, sour & saline taste, fond of sudation and massage, talkativeness, irrelevant talking, reduced tolerance, easily frightened, intolerance to cold, desirous of hot foods and drinks, jealousy, tendency to steal, hide or plagiarize, aversion to cold

SS51 Pitta constitution pattern (TM2)

The pattern is characterized by delicate body, fair complexion with yellowish tinge, presence of moles, pimples & freckles, early appearance of wrinkles, warm feeling of body on touch, tendency for frequent ulceration of mouth, delicate & lax joints, laxity of muscles, coppery eyes, few & thin eye lashes, eyes get easily reddened upon getting angry or exposure to sunlight, soft, scanty, reddish brown hair, premature graying of hair, baldness, coppery colored nails, frequent feeling of hunger, intense feeling of hunger and thirst, drinks more water, frequently gets thirsty, easy bowel evacuation, profuse sweating, increased body odor especially from axilla, scalp, mouth, having frequent dreams of fire, lightening, gold, red flowers & falling of meteors, good intelligence, short tempered nature, fondness for consuming food of sweet, bitter & astringent taste, capable of placing one's views strongly in debates, profound oratory, intolerance to heat, desire for cold, affectionate to dependents, valor, purity of thought, deeds, having competitive spirit

SS52 Kapha constitution pattern (TM2)

The pattern is characterized by well built proportionate body, cheerful & pleasing appearance, broad forehead, body complexion resembling lotus, straw or gold, smooth & clear skin, compact joints, well-built muscles, big elongated eyes, milky white & clearly distinguished sclera, dense eye lashes, steady gaze, oily, curly, dense, black hair, steady gait, slow in activities, clear, deep & pleasant voice, having less appetite & thirst, having ability to tolerate hunger & thirst, slow speed of eating, less sweating, likes to sleep, having dreams of water bodies, lotus, water birds like swan, having delayed comprehension & grasping power, having good memory, stable & cordial in friendship, delayed initiation of activities, having self control, do not get agitated quickly, staying calm and patient, fore-sightedness, virtuousness, fondness for music, likes pungent taste, limited in speech, relevant and thoughtful in speech, truthfulness, soft spokenness, endowed with forgiveness, respectful towards teachers & elders, strong in enmity, humble, dignified and thoughtful in nature, generous and judicious nature.

SS53 Vata-Pitta constitution pattern (TM2)

having combined features of vata and pitta constitution

SS54 Pitta-Kapha constitution pattern (TM2)

having combined features of pitta and kapha constitution

SS55 Kapha-Vata constitution pattern (TM2)

having combined features of kapha and vata constitution

SS56 Body constitution with a predominance of all three dosha pattern (TM2)

having combined features of vata, pitta and kapha constitution

SS57 Vaḷi body constitution pattern (TM2)

This constitutional pattern is described as tall and slim body built with darkish complexion, dull eyes with black and white tint, thick eyebrows, dark hair with split hair ends, bulky thigh, crepitus of knee while walking, fluctuating speech nature showing clarity of speech one time and in another time with agitated or blabbering speech, increased intake of food but having less stamina, virility and strength, sleeping with half opened eyes, dreaming as if walking in the sky, mountains or forest, mild affinity to warm foods, sweet, sour, and salty articles, dislikes chilled and cold food articles.

SS58 Aẕal body constitution pattern (TM2)

This constitutional pattern is described as medium body built with yellow or reddish tinged complexion, slightly wrinkled skin, scanty body hair, thin eye lashes, premature greying, presence of moles and pimples in the body. There will be always warmth in the body on touch, excessive sweating and body odour. Eyes become easily redden on hunger, thirst, and after exposure to sun. Intolerant to hunger, thirst, anger, heat and fear, medium libido, fond of sandal cosmetics, floral garlands, and dew, likes sweet, astringent, bitter and cold food articles. The person in attitude shows bravery, revenging mentality, respectful, loving, compassionate, and disciplined. The person will be highly intelligent and cognitive, and while sleeping occasionally dreams on lightning, fire, and sun.

SS59 Aiyam body constitution pattern (TM2)

This constitutional pattern is described as well built, bulkiness, pleasing appearance, broad forehead and chest, complexion of the body similar to a lotus or with golden hue, unctuous and smooth clear skin without moles, freckles and dryness etc, big and elongated beautiful eyes with thick and dense eyelashes, milky white sclera, oily, curly dark hair, firm and steady gait, clear and pleasant voice, prefers warm food, bitter, astringent, and pungent food articles, less food intake but more activity and stamina, tolerant to thirst, appetite, heat, and stress, fond of music, increased strength and libido, The person in attitude shows good qualities, intelligent, high morality, ethics, respects elderly, friendship, and while sleeping occasionally dreams on water bodies, lotus, cool mountains water birds like swan

SS5A Vaḷi-predominant Aẕal body constitution pattern (TM2)

This constitutional pattern is described as slim body with dark complexion, sexual desire, short temperness, speaks harshly and fond of astringent and pungent tasted food articles.

SS5B Vaḷi-predominant Aiyam body constitution pattern (TM2)

This constitutional pattern is described as slim body with dark complexion, sexual desire, short temperness, speaks harshly and fond of astringent and pungent tasted food articles.

SS5C Aẕal-predominant Vaḷi body constitution pattern (TM2)

This constitutional pattern is described as pale or reddish complexion with dryness of the body, likes scented articles, sweet voice, intelligent, and fond of pungent and sour tasted food articles.

SS5D Aẕal-predominant Aiyam body constitution pattern (TM2)

This constitutional pattern is described as skin complexion resembling michaelia champaca flower, increased sexual desire, melodious voice, respectful and with good moral qualities, fond of sour and sweet tasted food articles.

SS5E Aiya-predominant Aẕal body constitution pattern (TM2)

This constitutional pattern is described as fatty or bulky natured body built with reddish or greenish tint complexion, reddish tinted body hairs, bursted (cracked) voice, courage, truthfullness, fame, fond of sweet and sour tasted food articles.

SS5F Aiya-predominant Vaḷi body constitution pattern (TM2)

This constitutional pattern is described as bulky body built with blackish and reddish complexion, interested in sexual activities , courage, intelligent and multiskilled, fond of sour and pungent tasted food articles

SS5Y Other specified constitution patterns (TM2)

SS5Z Constitution patterns (TM2), unspecified

Personality patterns (TM2) (SS60‑SS6Z)

SS60 Personality with a calm, composed mindset (TM2)

Personality with a knowledge-seeking, respectful, law-abiding, courageous, generous, patient, tolerant, calm, artistic and composed disposition.

SS61 Personality with an agitated, reactive mindset (TM2)

Personality with anger, jealousy, wavering braveness and timidness, sorrowfulness, overeating, hypersexuality, agitated and reactive disposition.

SS62 Personality with a confused, negative mindset (TM2)

Personality with a dullness, crookedness, immediate gratification, negative attitude, fickleness, foolishness, cowardice, confusion and negative disposition.

SS6Y Other specified personality patterns (TM2)

SS6Z Personality patterns (TM2), unspecified

Temperament based patterns (TM2) (SS70‑SS7Z)

SS70 Human temperament pattern (TM2)

The temperament of human being which is considered to be the most perfect and noble in comparison with all other species. This temperament is inclined towards heat.

SS71 Temperament according to age pattern (TM2)

The temperament of an individual in different phases of life.

SS72 Dam predominant temperament pattern (TM2)

A type of temperamentcaused by the predominance of Dam in the body which is hot and moist. The individuals with this type of temperamenthave strong built, full pulse, pinkish colour of skin, etc.

SS73 Ṣafrā’ predominant temperament pattern (TM2)

A type of temperament caused by the predominance of Ṣafrā’ in the body which is hot and dry. The individuals with this type of temperament have thin built, yellow colour of skin and rapid pulse, etc.

SS74 Balgham predominant temperament pattern (TM2)

A type of temperament caused by the predominance of Balgham in the body which is cold and moist. The individuals with this type of temperament have fatty body, excessive sleep, whitish colour of skin, etc.

SS75 Sawdā’ predominant temperament pattern (TM2)

A type of temperament caused by the predominance of Sawdā’ in the body which is cold and dry. The individuals with this type of temperament have thin built with prominent veins, dry and blackish colour of skin, etc.

SS7Y Other specified temperament based patterns (TM2)

SS7Z Temperament based patterns (TM2), unspecified

Age dependent patterns (TM2) (SS80‑SS8Z)

SS80 Kapha predominant age pattern (TM2)

The pattern is characterized by kapha dominant stage of life from birth to sixteen years, immaturity of body, low physical & mental endurance, having increased susceptibility to kapha predominant conditions.

SS81 Pitta predominant age pattern (TM2)

The pattern is characterized by pitta dominant stage of life from seventeen years to sixty years, relatively stable in terms of well-formed structural elements, good physical and mental endurance, having increased susceptibility to pitta predominant conditions.

SS82 Vata predominant age pattern (TM2)

The pattern is characterized by vata dominant stage of life above sixty years of age, overall decline in terms of physical, mental strength, having increased susceptibility to vata predominant conditions.

SS83 Childhood age pattern (TM2)

It extends from birth to ten years and characterized by the child prone for crying, hiccup, vomiting, flatulence, abdominal bloating, gastrointestinal upsets, respiratory conditions and urogenital problems. It falls in Vali predominant age segment of first 33 years in life.

SS84 Adult age pattern (TM2)

It extends from eleven years to fifty years and it is characterized by decline of lustre of the body after 30 years, decline of beauty after 40 years, and decline of physique after 50 years due to combination of primordial water element and primordial earth element. It is in Vali predominant age usually last for first 33 years and Azhal predominant age usually last for second 33 years

SS85 Old age pattern (TM2)

It extends from fifty one years to hundred years characterized by greying of hair, declining of vision and walk after 60 years due to combination of primordial water and fire elements, decline in physical, mental strength after 70 years due to combination of primordial fire and air elements and increased susceptibility to more disease and breathlessness after 80 years due to combination of primordial air and ether elements. This part of life period spans during the Aẕal and Aiyam phase of centennial years of life expectancy.

SS86 Hot and moist predominant temperament age pattern (TM2)

It extends from birth up to thirty years and is characterized by vulnerability to disorders related to teething, mouth ulcers, cough, vomiting, inflammation of umbilicus, diarrhea, spasms, worm infestation, abscesses, pharyngitis, lymphadenopathies etc

SS87 Hot predominant temperament with lesser degree of moistness age pattern (TM2)

It extends from thirty to forty years of age is characterized by vulnerability to disorders like haemoptysis, epilepsy, fevers, phthisis, etc.

SS88 Cold and dry predominant temperament age pattern (TM2)

It extends from forty to sixty years of age is characterized by vulnerability to bronchial asthma, pleurisy, inflammation of lungs, fever accompanied with insomnia, fever accompanied with delirium, Hectic fever, prolonged loose motions, lienteric diarrhea, intestinal abrasions, rupture of blood vessels

SS89 Cold predominant temperament with greater degree of dryness age pattern (TM2)

It extends from sixty years of age onwards and is characterized by vulnerability to respiratory disorders, joint pain, vertigo, unconsciousness, insomnia, diminished vision, diminished hearing, delayed healing ulcers

SS8Y Other specified age dependent patterns (TM2)

SS8Z Age dependent patterns (TM2), unspecified

ST00 Abnormal temperament pattern (TM2)

Deranged temperament caused by any intrinsic or extrinsic factor leading to a temperament not in accordance to natural needs, characterized by specific symptoms of dominating qualities i.e. hotness, coldness, moistness and dryness

ST01 Simple morbid temperament pattern (TM2)

Deranged temperament having any one of two active and two passive qualities as dominent quality caused by any intrinsic or extrinsic factor leading to an impaired temperament not in accordance to natural needs, characterized by specific symptoms of that dominating quality i.e. hotness, coldness, moistness and dryness

ST02 Simple abnormal temperament without substance pattern (TM2)

Deranged temperament having any one of two active and two passive qualities as dominent quality without involment of matter caused by any intrinsic or extrinsic factor leading to an ill temperament not in accordance to natural needs, characterized by specific symptoms of that dominating quality i.e. hotness, coldness, moistness and dryness

ST03 Abnormal hot temperament pattern (TM2)

Deranged temperament where hotness is dominent quality caused by any intrinsic or extrinsic factor, characterized by specific symptoms of dominent heat e.g. burning sensation in the body, excessive thirst, bitter taste in mouth, rapidity of pulse etc.

ST04 Abnormal cold temperament pattern (TM2)

Deranged temperament where coldness is dominent quality caused by any intrinsic or extrinsic factor, characterized by specific symptoms of dominent coldness e.g. slow digestion, lesser thirst and flaccidity of joints etc.

ST05 Abnormal moist temperament pattern (TM2)

Deranged temperament where moistness is dominent quality caused by any intrinsic or extrinsic factor, characterized by specific symptoms of dominent moistness e.g. softness of the body, excessive salivation, frequent motions, excessive sleep and edema of eye lids etc.

ST06 Abnormal dry temperament pattern (TM2)

Deranged temperament where dryness is dominent quality caused by any intrinsic or extrinsic factor, characterized by specific symptoms of dominent dryness e.g. dry skin, insomnia and liking for wet and humectent items etc.

ST07 Abnormal temperament associated with substance pattern (TM2)

Deranged temperament in which, the specific state of equilibrium is disturbed due to change in the specific ratio of quantity and quality of humours locally or generally.

ST08 Abnormal hot temperament with substance pattern (TM2)

Hot deranged temperament with involment of matter caused by any intrinsic or extrinsic factor leading to an ill temperament not in accordance to natural needs, characterized by specific symptoms of hot temperament eg. burning sensation in the body, excessive thirst, bitter taste in mouth, rapidity of pulse etc.

ST09 Abnormal cold temperament with substance pattern (TM2)

Deranged temperament cold caused by predominance of cold substances, characterized by specific symptoms of cold temperament eg. slow digestion, lesser thirst and flaccidity of joints etc.

ST0A Abnormal moist temperament with substance pattern (TM2)

Deranged temperament caused by predominance of moist substances, characterized by specific symptoms of moist substance e.g. flabbiness of the body, excessive salivation, frequent motions, excessive sleep and edema of eye lids etc.

ST0B Abnormal dry temperament with substance pattern (TM2)

Dry deranged temperament caused by predominance of dry substances, characterized by specific symptoms of dry substance e.g. dry skin, insomnia and liking for wet and humectent items etc.

ST0C Compound morbid temperament pattern (TM2)

Deranged temperament having dominance of combination of two (one active and one passive) of four qualities i.e. hotness, coldness, moistness, caused by any intrinsic or extrinsic factor leading to an ill temperament not in accordance to natural needs, characterized by specific symptoms of that dominat combination of qualities

ST0D Simple compound abnormal temperament pattern (TM2)

Deranged temperament having dominence of combination of two (one active and one passive) of four qualities i.e. hotness, coldness, moistness and dryness, caused by any intrinsic or extrinsic factor leading to an ill temperament without involment of substance, characterized by specific symptoms of that dominat combination of qualities

ST0E Simple hot and moist abnormal temperament pattern (TM2)

Deranged temperament where combination of hotness and moistness are dominent quality without involment of substance, caused by any intrinsic or extrinsic factor, characterized by combined symptoms of dominent hot and moist temperament

ST0F Simple hot and dry abnormal temperament pattern (TM2)

Deranged temperament where combination of hotness and dryness are dominent quality without involment of substance, caused by any intrinsic or extrinsic factor, characterized by combined symptoms of dominent hot and dry temperament

ST0G Simple cold and moist abnormal temperament pattern (TM2)

Deranged temperament where combination of coldness and moistness are dominent quality without involment of substance, caused by any intrinsic or extrinsic factor, characterized by combined symptoms of dominent cold and moist temperament

ST0H Simple cold and dry abnormal temperament pattern (TM2)

Deranged temperament where combination of coldness and dryness are dominent quality without involment of substance, caused by any intrinsic or extrinsic factor, characterized by combined symptoms of dominent cold and dry temperament

ST0J Compound abnormal temperament associated with substance pattern (TM2)

Deranged temperament having dominence of combination of two (one active and one passive) of four qualities i.e. hotness, coldness, moistness and dryness, caused by any intrinsic or extrinsic factor leading to an ill temperament with involment of substance, characterized by specific symptoms of that dominat combination of qualities

ST0K Abnormal hot and moist temperament associated with substance pattern (TM2)

Deranged temperament where combination of hotness and moistness are dominent quality with involment of substance, caused by any intrinsic or extrinsic factor, characterized by combined symptoms of dominent hot and moist temperament

ST0L Abnormal hot and dry temperament associated with substance pattern (TM2)

Deranged temperament where combination of hotness and dryness are dominent quality with involment of substance, caused by any intrinsic or extrinsic factor, characterized by combined symptoms of dominent hot and dry temperament

ST0M Abnormal cold and moist temperament associated with substance pattern (TM2)

Deranged temperament where combination of coldness and moistness are dominent quality with involment of substance, caused by any intrinsic or extrinsic factor, characterized by combined symptoms of dominent cold and moist temperament

ST0N Abnormal cold and dry temperament associated with substance pattern (TM2)

Deranged temperament where combination of coldness and dryness are dominent quality with involment of substance, caused by any intrinsic or extrinsic factor, characterized by combined symptoms of dominent cold and dry temperament

ST0P Stable abnormal temperament pattern (TM2)

Deranged temperament caused by prolonged exposure to factors altering normal temperament of the body to their qualities which can not be corrected easily, characterized by specific symptoms of that particular temperament which does not get corrected easily

ST0Q Unstable abnormal temperament pattern (TM2)

Deranged temperament caused by exposure to factors altering normal temperament of the body to their specific qualities which can be corrected easily, characterized by specific symptoms of that particular temperament which gets corrected easily

ST0R Thickening of moisture pattern (TM2)

A condition in which there is thickening or increased viscosity of body fluids.

ST0S Presence of foreign moisture pattern (TM2)

This is a moistness produced by the disturbance of metabolism and this moistness dominate the innate heat resulting in its dimunition.

ST0T Thinning of moistures pattern (TM2)

A condition in which there is decreased viscosity of body fluids.

ST0U Infection of moistures pattern (TM2)

An abnormal change occurring in the humours/ body fluids caused by extrinsic or intrinsic factors; in extrinsic factors there may be morbid bodies; due to this change the physiological functions of the humours alter; the other causes are stagnation in blood vessels or obstruction in viscera,etc.

ST0V Change of temperament of psychic Rūḥ pattern (TM2)

It is the alteration/change of temperament of psychic Rūḥ. It is characterised by disturbed psychic faculties.

ST0W Predominance of hotness pattern (TM2)

A pattern characterized by warmer skin, red complexion, reddish urine, increase thirst, restlessness and comfort in cold air.

ST0X Predominance of coldness pattern (TM2)

A pattern characterized by whitish complexion, white thick urine, laxity in pulse, decreased thirst and desire to stay in hot air.

ST10 Predominance of moistness pattern (TM2)

A pattern characterized by softer skin, loose body, intolerance to things of moist nature and excessive salivation.

ST11 Predominance of dryness pattern (TM2)

A pattern characterized by dry and rough skin, desire for moist things, insomnia, etc.

ST1Y Other specified body constitution and temperament patterns (TM2)

ST1Z Body constitution and temperament patterns (TM2), unspecified

Varmam and Marmam patterns (TM2) (ST20‑ST2Z)

This group enlists patterns arising due to trauma or pressure at vulnerable, vital locations or points which are known as Varmam (Siddha), Marma (Ayurveda). This may lead to deranged, diminished energy in these points leading to morbidity if not attended in time.

ST20 Injury pattern in the varmam or marmam (TM2)

The pattern of injury to vital points characterised by dizziness, delerium, impairment of sensory perception, fatigue.

(AYU) aggravation of all the three dosha affecting the vital life.

(SID) It is caused due to the injury to the varmam points with particular force causing derangement of Vaḷi , Aẕal , Aiyam affecting the flow of vital life energy

ST2Y Other specified varmam and Marmam patterns (TM2)

ST2Z Varmam and Marmam patterns (TM2), unspecified

CHAPTER V

Supplementary section for functioning assessment

This chapter has 120 four-character categories.

Code range starts with VD00

The section allows for creating functioning profiles and overall functioning scores of individuals, which are suitable to describe and quantify the level of functioning associated with a health conditions.

To guide functioning assessment, the section includes two ICF-based instruments developed by WHO: the WHO Disability Assessment Schedule (WHODAS 2.0 36-item version), and the Model Disability Survey (MDS).

The section is complemented by a generic set of functioning categories of high explanatory power derived from the ICF Annex 9.

This chapter contains the following top level blocks:

* WHODAS 2.0 36-item version
* Brief Model Disability Survey
* Generic functioning domains

WHODAS 2.0 36-item version

This subsection includes the domains and questions for use with the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0) 36 item version. The WHODAS 2.0 captures an individual’s level of functioning in six major life domains of the “activity and participation” dimension: cognition, mobility, self-care, getting along, life activities and participation in society. For all domains, the WHODAS 2.0 36-item version provides domain-specific and overall summary score of functioning. The table below provides the classification of severity of the functioning problem, based on the response received to the question related to the relevant functioning category. For coding, the relevant additional digit is added after the decimal point to the code of the relevant functioning category.

| **additional digit** | **Level of functioning problem** |
| --- | --- |
| .0 | None (no problem) |
| .1 | Mild |
| .2 | Moderate |
| .3 | Severe |
| .4 | Extreme or cannot do |

Cognition [WHODAS]

VD00 Attention functions [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in concentrating on doing something for ten minutes?

VD01 Memory functions [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in remembering to do important things?

VD02 Solving problems [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in analysing and finding solutions to problems in day to day life?

VD03 Basic learning [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in learning a new task, for example, learning how to get a new place?

VD04 Communicating with - receiving - spoken messages [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in generally understanding what people say?

VD05 Conversation [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in starting and maintaining a conversation?

Mobility [WHODAS]

VD10 Maintaining a standing position [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in standing for long periods such as 30 minutes?

VD11 Changing body position - standing [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in standing up from sitting down?

VD12 Moving around within the home [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in moving around inside your home?

VD13 Moving around outside the home and other buildings [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting out of your home?

VD14 Walking [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in walking a long distance such as a kilometre (or equivalent)?

Self-care [WHODAS]

VD20 Washing oneself [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in washing your whole body?

VD21 Dressing [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting dressed?

VD22 Eating [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in eating?

VD23 Carrying out daily routine [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in staying by yourself for a few days?

Getting along [WHODAS]

VD30 Relating with strangers [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in dealing with people you do not know?

VD31 Informal relationship with friends - maintaining [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in maintaining a friendship?

VD32 Family relationships [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting along with people who are close to you?

VD33 Informal relationship with friends - making new friends [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in making new friends?

VD34 Intimate relationships [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in sexual activities?

Life activities [WHODAS]

VD40 Taking care of household responsibilities [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in taking care of your household responsibilities?

VD41 Doing most important household tasks [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in doing most important household tasks well?

VD42 Doing housework [WHODAS]

VD42.0 Getting all needed housework done [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting all the household work done that you need to do?

VD42.1 Getting household work done quickly [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting your household work done as quickly as needed?

VD42.Y Other specified doing housework [WHODAS]

VD42.Z Doing housework [WHODAS], unspecified

VD43 Remunerative employment [WHODAS]

VD43.0 Difficulties in daily work or school [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in your day to day work/school?

VD43.1 Doing most important work or school task [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in doing your most important work/school tasks well?

VD43.2 Getting all needed work or school work done [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting all the work done that you need to do?

VD43.3 Getting remunerative work or school work done quickly [WHODAS]

Because of your health condition, in the past 30 days, how much difficulty did you have in getting your work done as quickly as needed?

VD43.Y Other specified remunerative employment [WHODAS]

VD43.Z Remunerative employment [WHODAS], unspecified

Participation and impact of health problems [WHODAS]

VD50 Recreation and leisure [WHODAS]

In the past 30 days, how much of a problem did you have in joining in community activities (for example: festivities, religious or other activities) in the same way as anyone else can?

VD51 Problems by barriers [WHODAS]

In the past 30 days, how much of a problem did you have because of barriers or hindrances in the world around you?

VD52 Human rights [WHODAS]

In the past 30 days, how much of a problem did you have living with dignity because of the attitudes and actions of others?

VD53 Time spent on health condition [WHODAS]

In the past 30 days, how much time did you spend on your health condition, or its consequences?

VD54 Emotional effect of health condition [WHODAS]

In the past 30 days, how much have you been emotionally affected by your health condition?

VD55 Health drain on financial resources [WHODAS]

In the past 30 days, how much has your health been a drain on the financial resources of you or your family?

VD56 Health problems causing family problems [WHODAS]

In the past 30 days, how much of a problem did your family have because of your health problems?

VD57 Problems in relaxation or pleasure [WHODAS]

In the past 30 days, how much of a problem did you have in doing things by yourself for relaxation or pleasure?

Brief Model Disability Survey

This subsection includes the domains and questions for use with the WHO Model Disability Survey (MDS) brief version. The brief MDS includes body functions as well as activities and participation categories. The brief MDS allows to generate an overall summary score of functioning.

VE00 Seeing and related functions [BMDS]

How much difficulty do you have seeing things at a distance [without glasses]?

VE01 Hearing and vestibular functions [BMDS]

How much difficulty do you have hearing [without hearing aids]?

Mental functions [BMDS]

VE10 Energy and drive functions [BMDS]

VE11 Sleep functions [BMDS]

VE12 Emotional functions [BMDS]

VE13 Attention functions [BMDS]

VE14 Memory functions [BMDS]

Sensory functions and pain [BMDS]

VE20 Sensation of pain [BMDS]

Generic functioning domains

This subsection contains a generic set of functioning categories of high explanatory power derived from the ICF Annex 9.

Mental functions

This chapter is about the functions of the brain: both global mental functions, such as consciousness, energy and drive, and specific mental functions, such as memory, language and calculation mental functions.

VV00 Energy and drive functions

General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfying specific needs and general goals in a persistent manner.

Exclusions: Consciousness functions (VV00‑VV0Z)

Emotional functions (VV04)

Psychomotor functions (VV00‑VV0Z)

Sleep functions (VV01)

Temperament and personality functions (VV00‑VV0Z)

VV01 Sleep functions

General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes.

Exclusions: Attention functions (VV02)

Consciousness functions (VV00‑VV0Z)

Energy and drive functions (VV00)

Psychomotor functions (VV00‑VV0Z)

VV02 Attention functions

Specific mental functions of focusing on an external stimulus or internal experience for the required period of time.

Exclusions: Consciousness functions (VV00‑VV0Z)

Energy and drive functions (VV00)

Memory functions (VV03)

Perceptual functions (VV00‑VV0Z)

Psychomotor functions (VV00‑VV0Z)

Sleep functions (VV01)

VV03 Memory functions

Specific mental functions of registering and storing information and retrieving it as needed.

Inclusions: immediate memory

recent memory

remote memory

memory span

remembering

Exclusions: Attention functions (VV02)

Calculation functions (VV00‑VV0Z)

Consciousness functions (VV00‑VV0Z)

Higher-level cognitive functions (VV00‑VV0Z)

intellectual functioning (VV00‑VV0Z)

Mental functions of language (VV00‑VV0Z)

Orientation functions (VV00‑VV0Z)

Perceptual functions (VV00‑VV0Z)

Thought functions (VV00‑VV0Z)

VV04 Emotional functions

Specific mental functions related to the feeling and affective components of the processes of the mind.

Inclusions: affect

sadness

tension

lability of emotion

flattening of affect

Exclusions: Energy and drive functions (VV00)

Temperament and personality functions (VV00‑VV0Z)

VV0Y Other specified mental functions

VV0Z Mental functions, unspecified

Sensory functions and pain

This chapter is about the functions of the senses, seeing, hearing, tasting and so on, as well as the sensation of pain.

VV10 Seeing and related functions

VV11 Hearing and vestibular functions

VV12 Sensation of pain

Sensation of unpleasant feeling indicating potential or actual damage to some body structure.

Inclusions: aching pain

burning pain

dull pain

sensations of generalized or localized pain

stabbing pain

VV1Y Other specified sensory functions and pain

VV1Z Sensory functions and pain, unspecified

Voice and speech functions

This chapter is about the functions of producing sounds and speech.

VV20 Voice functions

Functions of the production of various sounds by the passage of air through the larynx.

Exclusions: Alternative vocalization functions (VV20‑VV2Z)

Articulation functions (VV20‑VV2Z)

Mental functions of language (VV00‑VV0Z)

VV2Y Other specified voice and speech functions

VV2Z Voice and speech functions, unspecified

Functions of the cardiovascular, haematological, immunological and respiratory systems

This chapter is about the functions involved in the cardiovascular system (functions of the heart and blood vessels), the haematological and immunological systems (functions of blood production and immunity), and the respiratory system (functions of respiration and exercise tolerance).

VV30 Exercise tolerance functions

Functions related to respiratory and cardiovascular capacity as required for enduring physical exertion.

Exclusions: additional respiratory functions (VV30‑VV3Z)

Functions of the cardiovascular system (VV30‑VV3Z)

Haematological system functions (VV30‑VV3Z)

Respiration functions (VV30‑VV3Z)

Respiratory muscle functions (VV30‑VV3Z)

VV3Y Other specified functions of the cardiovascular, haematological, immunological and respiratory systems

VV3Z Functions of the cardiovascular, haematological, immunological and respiratory systems, unspecified

Functions of the digestive, metabolic and endocrine systems

This chapter is about the functions of ingestion, digestion and elimination, as well as functions involved in metabolism and the endocrine glands.

VV40 Functions related to the digestive system

VV4Y Other specified functions of the digestive, metabolic and endocrine systems

VV4Z Functions of the digestive, metabolic and endocrine systems, unspecified

Genitourinary and reproductive functions

This chapter is about the functions of urination and the reproductive functions, including sexual and procreative functions.

VV50 Urination functions

Functions of discharge of urine from the urinary bladder.

Exclusions: Sensations associated with urinary functions (VV50‑VV5Z)

Urinary excretory functions (VV50‑VV5Z)

VV51 Sexual functions

Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages.

Exclusions: Procreation functions (VV50‑VV5Z)

Sensations associated with genital and reproductive functions (VV50‑VV5Z)

VV5Y Other specified genitourinary and reproductive functions

VV5Z Genitourinary and reproductive functions, unspecified

Neuromusculoskeletal and movement-related functions

This chapter is about the functions of movement and mobility, including functions of joints, bones, reflexes and muscles.

VV60 Mobility of joint functions

Functions of the range and ease of movement of a joint.

Exclusions: Control of voluntary movement functions (VV60‑VV6Z)

Stability of joint functions (VV60‑VV6Z)

VV61 Muscle power functions

Functions related to the force generated by the contraction of a muscle or muscle groups.

Exclusions: Functions of structures adjoining the eye (VV10)

Muscle endurance functions (VV60‑VV6Z)

Muscle tone functions (VV60‑VV6Z)

VV6Y Other specified neuromusculoskeletal and movement-related functions

VV6Z Neuromusculoskeletal and movement-related functions, unspecified

Functions of the skin and related structures

This chapter is about the functions of skin, nails and hair.

VV70 Functions of the skin

VV7Y Other specified functions of the skin and related structures

VV7Z Functions of the skin and related structures, unspecified

Learning and applying knowledge

This chapter is about learning, applying the knowledge that is learned, thinking, solving problems, and making decisions.

VV80 Basic learning

VV81 Solving problems

Finding solutions to questions or situations by identifying and analysing issues, developing options and solutions, evaluating potential effects of solutions, and executing a chosen solution, such as in resolving a dispute between two people.

Exclusions: Making decisions (VV80‑VV8Z)

Thinking (VV80‑VV8Z)

VV8Y Other specified learning and applying knowledge

VV8Z Learning and applying knowledge, unspecified

General tasks and demands

This chapter is about general aspects of carrying out single or multiple tasks, organizing routines and handling stress. These items can be used in conjunction with more specific tasks or actions to identify the underlying features of the execution of tasks under different circumstances.

VV90 Carrying out daily routine

Carrying out simple or complex and coordinated actions in order to plan, manage and complete the requirements of day-to-day procedures or duties, such as budgeting time and making plans for separate activities throughout the day.

Exclusions: Undertaking multiple tasks (VV90‑VV9Z)

VV91 Handling stress and other psychological demands

Carrying out simple or complex and coordinated actions to manage and control the psychological demands required to carry out tasks demanding significant responsibilities and involving stress, distraction, or crises, such as taking exams, driving a vehicle during heavy traffic, finishing a task within a time-limit or taking responsibility for a group of individuals.

VV9Y Other specified general tasks and demands

VV9Z General tasks and demands, unspecified

Communication

This chapter is about general and specific features of communicating by language, signs and symbols, including receiving and producing messages, carrying on conversations, and using communication devices and techniques.

VW00 Communicating with - receiving - spoken messages

Comprehending literal and implied meanings of messages in spoken language, such as understanding that a statement asserts a fact or is an idiomatic expression.

VW01 Conversation

Starting, sustaining and ending an interchange of thoughts and ideas, carried out by means of spoken, written, signed or other forms of language, with one or more people one knows or who are strangers, in formal or casual settings.

VW0Y Other specified communication

VW0Z Communication, unspecified

Mobility

This chapter is about moving by changing body position or location or by transferring from one place to another, by carrying, moving or manipulating objects, by walking, running or climbing, and by using various forms of transportation.

VW10 Maintaining a standing position

Staying in a standing position for some time such as when standing in a queue.

Inclusions: staying in a standing position or hard surfaces

staying in a standing position on a slope

staying in a standing position on slippery surfaces

VW11 Transferring oneself

Moving from one surface to another, such as sliding along a bench or moving from a bed to a chair, without changing body position.

Exclusions: Changing basic body position (VW10‑VW1Z)

VW12 Carrying, moving and handling objects

VW13 Walking

Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking forwards, backwards, or sideways.

Exclusions: Moving around (VW10‑VW1Z)

Transferring oneself (VW11)

VW14 Moving around within the home

Walking and moving around in one's home, within a room, between rooms, and around the whole residence or living area.

Inclusions: moving from floor to floor

moving on an attached balcony

moving in a restricted area such as a courtyard, porch or garden

VW15 Moving around using equipment

Moving the whole body from place to place, on any surface or space, by using specific devices designed to facilitate moving or create other ways of moving around, such as with skates, skis, or scuba equipment, or moving down the street in a self-propelled wheelchair or a walker.

Exclusions: Driving (VW10‑VW1Z)

Moving around (VW10‑VW1Z)

Transferring oneself (VW11)

Using transportation (VW16)

Walking (VW13)

VW16 Using transportation

Using transportation to move around as a passenger, such as being driven in a car, bus, rickshaw, jitney, pram or stroller, wheelchair, animal-powered vehicle, private or public taxi, train, tram, subway, boat or aircraft and using humans for transportation.

Exclusions: Driving (VW10‑VW1Z)

Moving around using equipment (VW15)

VW1Y Other specified mobility

VW1Z Mobility, unspecified

Self-care

This chapter is about caring for oneself, washing and drying oneself, caring for one's body and body parts, dressing, eating and drinking, and looking after one's health.

VW20 Washing oneself

Washing and drying one's whole body, or body parts, using water and appropriate cleaning and drying materials or methods, such as bathing, showering, washing hands and feet, face and hair, and drying with a towel.

Exclusions: Caring for body parts (VW21)

Toileting (VW22)

VW21 Caring for body parts

Looking after those parts of the body, such as skin, face, teeth, scalp, nails and genitals, that require more than washing and drying.

Exclusions: Toileting (VW22)

Washing oneself (VW20)

VW22 Toileting

Planning and carrying out the elimination of human waste (menstruation, urination and defecation), and clean oneself afterwards.

Exclusions: Caring for body parts (VW21)

Dressing (VW23)

Moving around within the home (VW14)

Walking (VW13)

Washing oneself (VW20)

VW23 Dressing

Carrying out the coordinated actions and tasks of putting on and taking off clothes and footwear in sequence and in keeping with climatic and social conditions, such as by putting on, adjusting and removing shirts, skirts, blouses, pants, undergarments, saris, kimono, tights, hats, gloves, coats, shoes, boots, sandals and slippers.

VW24 Eating

Carrying out the coordinated tasks and actions of eating food that has been served, bringing it to the mouth and consuming it in culturally acceptable ways, cutting or breaking food into pieces, opening containers and packets, using eating implements, having meals, feasting or dining.

Exclusions: Drinking (VW20‑VW2Z)

Preparing meals (VW30)

VW25 Looking after one's health

Ensuring physical comfort, health and physical and mental well-being, such as by maintaining a balanced diet, and an appropriate level of physical activity, keeping warm or cool, avoiding harms to health, following safe sex practices, such as using condoms, getting immunizations and regular physical examinations.

VW2Y Other specified self-care

VW2Z Self-care, unspecified

Domestic life

This chapter is about carrying out domestic and everyday actions and tasks. Areas of domestic life include caring for one's belongings and space, acquiring food, clothing and other necessities, household cleaning and repairing, caring for personal and other household objects, and assisting others.

VW30 Preparing meals

Planning, organizing, cooking and serving simple and complex meals for oneself and others, such as by making a menu, selecting edible food and drink, getting together ingredients for preparing meals, cooking with heat and preparing cold foods and drinks, and serving the food.

Exclusions: Acquisition of goods and services (VW30‑VW3Z)

Caring for household objects (VW30‑VW3Z)

caring for others (VW32)

Doing housework (VW31)

Drinking (VW20‑VW2Z)

Eating (VW24)

VW31 Doing housework

Managing a household by cleaning the house, washing clothes, using household appliances, storing food and disposing of garbage, such as by sweeping, mopping, washing counters, walls and other surfaces; collecting and disposing of household garbage; tidying rooms, closets and drawers; collecting, washing, drying, folding and ironing clothes; cleaning footwear; using brooms, brushes and vacuum cleaners; using washing machines, dryers and irons.

Exclusions: Acquiring a place to live (VW30‑VW3Z)

Acquisition of goods and services (VW30‑VW3Z)

Caring for household objects (VW30‑VW3Z)

caring for others (VW32)

Preparing meals (VW30)

VW32 Assisting others

Assisting household members and others with their learning, communicating, self-care, movement, within the house or outside; being concerned about the well-being of household members and others.

Exclusions: Remunerative employment (VW50)

VW3Y Other specified domestic life

VW3Z Domestic life, unspecified

Interpersonal interactions and relationships

This chapter is about carrying out the actions and tasks required for basic and complex interactions with people (strangers, friends, relatives, family members and lovers) in a contextually and socially appropriate manner.

VW40 Basic interpersonal interactions

Interacting with people in a contextually and socially appropriate manner, such as by showing consideration and esteem when appropriate, or responding to the feelings of others.

VW41 Relating with strangers

Engaging in temporary contacts and links with strangers for specific purposes, such as asking for directions or making a purchase.

Engaging in temporary contacts and links with strangers for specific purposes, such as when asking for information, directions or making a purchase.

VW42 Intimate relationships

Creating and maintaining close or romantic relationships between individuals, such as husband and wife, lovers or sexual partners.

VW4Y Other specified interpersonal interactions and relationships

VW4Z Interpersonal interactions and relationships, unspecified

Major life areas

This chapter is about carrying out the tasks and actions required to engage in education, work and employment and to conduct economic transactions.

VW50 Remunerative employment

Engaging in all aspects of work, as an occupation, trade, profession or other form of employment, for payment, as an employee, full or part time, or self-employed, such as seeking employment and getting a job, doing the required tasks of the job, attending work on time as required, supervising other workers or being supervised, and performing required tasks alone or in groups.

VW5Y Other specified major life areas

VW5Z Major life areas, unspecified

Community, social and civic life

This chapter is about the actions and tasks required to engage in organized social life outside the family, in community, social and civic areas of life.

VW60 Recreation and leisure

Engaging in any form of play, recreational or leisure pursuit, such as informal or organized play and sports, programmes of physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading or singing for enjoyment, playing musical instruments; sightseeings, tourism and travelling for pleasure.

Exclusions: Political life and citizenship (VW60‑VW6Z)

Religion and spirituality (VW60‑VW6Z)

remunerative and non-remunerative work ( and ) (VW50‑VW5Z)

Riding animals for transportation (VW10‑VW1Z)

Reading (VV80‑VV8Z)

Singing (VW00‑VW0Z)

VW61 Human rights

Enjoying all nationally and internationally recognized rights that are accorded to people by virtue of their humanity alone, such as human rights as recognized by the United Nations Universal Declaration of Human Rights (1948), the United Nations Convention on the Rights of the Child (1989), the United Nations Standard Rules for the Equalization of Opportunities for Persons with Disabilities (1993), and the United Nations Convention on the Rights of Persons with Disabilities (2006); the right to self-determination or autonomy; and the right to control over one's destiny.

Exclusions: Political life and citizenship (VW60‑VW6Z)

VW6Y Other specified community, social and civic life

VW6Z Community, social and civic life, unspecified

VW8Y Other specified generic functioning domains

VW8Z Generic functioning domains, unspecified

CHAPTER X

Extension Codes

This chapter has 6928 four-character categories.

Code range starts with XS8H

Extension codes should never be used in primary classification coding or tabulation.

* They are provided for use as supplementary or additional codes when desired to identify more detail in statistical categories classified elsewhere.
* Extension codes may be used alone in other contexts.

Coded Elsewhere: Extension codes of particular relevance to skin diseases

This chapter contains the following top level blocks:

* Severity Scale Value
* Temporality
* Aetiology
* Topology Scale Value
* Anatomy and topography
* Histopathology
* Dimensions of injury
* Dimensions of external causes
* Consciousness
* Substances
* Diagnosis code descriptors
* Capacity or context
* Health Devices, Equipment and Supplies
* Extension codes of particular relevance to skin diseases

Severity Scale Value

Generic Severity Scale Value

Coded Elsewhere: Basic 3-Value Severity Scale Value: Mild-Moderate-Severe

Clinical Severity Scale Value: Stage 1-2-3-4

Clinical Severity Scale Value: Stage 1-2-2a-2b-3-4

Mild Moderate Severe Scale Value

XS8H None

XS5W Mild

XS0T Moderate

XS25 Severe

XS2R Profound

Inclusions: Complete

Clinical Staging Scale Value

XS7A Stage 1

XS5S Stage 2

XS4D Stage 2a

XS6D Stage 2b

XS00 Stage 3

XS3T Stage 3a

XS90 Stage 3b

XS6G Stage 4

XS9N Stage 5

XS88 Stage 6

XS52 Stage 7

XS0G Stage 8

XS2C Stage 9

XS2X Stage 10

Grading Scale Value

XS24 Grade 0

XS6P Grade 1

XS31 Grade 2

XS6F Grade 3

XS0K Grade 4

XS87 Grade 5

XS9M Grade 6

XS5M Grade 7

XS7F Grade 8

XS8J Grade 9

XS57 Grade 10

Phase Scale Value

XS4A Phase 0

XS3K Phase 1

XS4M Phase 2

XS8V Phase 3

XS21 Phase 4

XS8Z Phase 5

XS41 Phase 6

XS73 Phase 7

XS9Z Phase 8

XS83 Phase 9

XS47 Phase 10

Problem Scale Value

XS5C 0 No problem

XS6Y 1 Mild problem

XS8T 2 Moderate problem

XS9D 3 Severe problem

XS91 4 Complete problem

XS5P 9 Not applicable

Disease Specific Severity Scale Value

Tumour spread simplified Scale Value

XS0J A Remission / Free of disease

XS05 B Local Disease

XS0E Local limited

XS67 Locally advanced

XS9S C Regional disease

XS4Z D Distant disease

Tumour spread staging Scale Value

XS76 Stage 0

XS1G Stage I

XS4P Stage II

XS6H Stage III

XS9R Stage IV

Histological Grading Scale Value

XS56 Grade I

Well differentiated

XS58 Grade II

Moderately differentiated

XS7Z Grade III

Poorly differentiated

XS7M Grade IV

Undifferentiated

XS7H Undetermined grade

Grade cannot be assessed

NYHA Functional Classification: Class I-IV

XS3A NYHA Class I - No limitation of physical activity

No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnoea (shortness of breath).

XS6B NYHA Class II - Slight limitation of physical activity

Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnoea (shortness of breath).

XS9T NYHA Class III - Marked limitation of physical activity

Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation or dyspnoea.

XS9F NYHA Class IV - Unable to carry on any physical activity without discomfort

Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

Chronic Obstructive Lung Disease Criteria: GOLD 1-4

XS80 GOLD 1 - mild: FEV1≥ 80% predicted

XS7U GOLD 2 - moderate: 50% ≤FEV1 <80% predicted

XS8K GOLD 3 - severe: 30% ≤FEV1 <50% predicted

XS50 GOLD 4 - very severe: FEV1 <30% predicted

Peripheral arterial disease (PAD) Severity Classification by Fontaine

XS1Y Stage I: Asymptomatic, incomplete blood vessel obstruction

XS5L Stage II: Mild claudication pain in limb

XS5V Stage IIA: Claudication at a distance > 200 metres

XS6C Stage IIB: Claudication at a distance < 200 metres

XS9L Stage III: Rest pain, mostly in the feet

XS2J Stage IV: Necrosis and/or gangrene of the limb

Endometriosis Severity Scale Value

XS3V No endometriosis

XS5N Filmy endometriosis

XS55 Dense endometriosis

Vocal Cord Paralysis Severity Scale Value

XS1H Incomplete vocal cord paralysis

XS66 Partial vocal cord paralysis

XS7K Complete vocal cord paralysis

Sepsis Severity Scale Value

XS5E Mild sepsis

XS65 Severe sepsis

XS26 Septic shock

Peripheral arterial disease (PAD) Severity Classification by Rutherford

XS1T Grade 0 Category 0: Asymptomatic -no hemodynamically significant occlusive disease

Objective criteria: Normal treadmill or reactive hyperemia test

XS0Q Grade 0 Category 1: Mild claudication

Objective criteria: Completes treadmill exercise; ankle pressure (AP) after exercise > 50 mm Hg but at least 20 mm Hg lower than resting value

XS2W Grade I Category 2: Moderate claudication

Objective criteria: Between categories 1 and 3

XS51 Grade I Category 3: Severe claudication

Objective criteria: Cannot complete standard treadmill exercise, and ankle pressure (AP) after exercise < 50 mm Hg

XS8M Grade II Category 4: Ischaemic rest pain

Objective criteria: Resting ankle pressure (AP) < 40 mm Hg, flat or barely pulsatile ankle or metatarsal pulse volume recording (PVR); toe pressure (TP) < 30 mm Hg

XS6U Grade III Category 5: Minor tissue loss - nonhealing ulcer, focal gangrene with diffuse pedal ischaemia

Objective criteria: Resting ankle pressure (AP) < 60 mm Hg, ankle or metatarsal pulse volume recording (PVR) flat or barely pulsatile; toe pressure (TP) < 40 mm Hg

XS0U Grade III Category 6: Major tissue loss - extending above transmetatarsal (TM) level, functional foot no longer salvageable

Objective criteria: Same as category 5.

Pain Severity Scale Value

The chronic pain severity scale value is a compound measure comprised of pain intensity, pain-related distress, and pain-related interference. Each of this measures is a patient rating.

Pain intensity

Pain intensity is defined as the strength of the subjective pain experience (“how much does the pain hurt?”). The patient should be asked to rate the average pain intensity for the last week on an 11-point numerical rating scale (ranging from 0 ‘no pain’ to 10 ‘worst pain imaginable’) or a 100 mm visual rating scale.

XS5B No pain

Pain intensity rating NRS: 0

XS5D Mild pain

Pain intensity rating NRS: 1-3

XS9Q Moderate pain

Pain intensity rating NRS: 4-6

XS2E Severe pain

Pain intensity rating NRS: 7-10

Pain-related distress

Pain-related distress is defined as the multifactorial unpleasant emotional experience of a cognitive, behavioral, emotional, social, or spiritual nature due to the chronic pain (“how distressed are you by the pain?). The patient should be asked to rate the average pain-related distress they experienced in the last week on an 11-point numerical rating scale (ranging from 0 ‘no pain-related distress’ to 10 ‘extreme pain-related distress’) or a 100mm visual rating scale.

XS1J No distress

Pain-related distress rating NRS: 0

XS3R Mild distress

Pain-related distress rating NRS: 1-3

XS7C Moderate distress

Pain-related distress rating NRS: 4-6

XS7N Severe distress

Pain-related distress rating NRS: 7-10

Pain-related interference

Pain-related interference is a measure for how much the pain interferes with daily activities and participation (“how much does the pain interfere with your life?”). The patient should be asked to rate the average pain-related interference they experienced in the last week on an 11-point numerical rating scale (ranging from 0 ‘no interference’ to 10 ‘unable to carry on activities’) or a 100mm visual rating scale.

XS71 No pain-related interference

Pain-related interference rating NRS: 0

XS5R Mild pain-related interference

Pain-related interference rating NRS: 1-3

XS2L Moderate pain-related interference

Pain-related interference rating NRS: 4-6

XS2U Severe pain-related interference

Pain-related interference rating NRS: 7-10

Presence of psychosocial factors Scale Value

Use this extension code to code the presence or absence of problematic emotional (e.g., anger, fear), cognitive (e.g., excessive worry, catastrophizing), behavioral (e.g., avoidance) or social factors (eg, work, relationships) that accompany a given health condition (e.g., chronic pain). The code for the presence of psychosocial factors is appropriate when there is positive evidence that psychological or social factors contribute to the cause, the maintenance or the exacerbation of the health condition, or associated disability, or when the health condition results in negative psychobehavioral consequences (eg, demoralisation, hopelessness, avoidance, withdrawal). Assigning this extension code does not require a judgement regarding aetiological contributions or causal priorities.

XS7G Psychosocial factors present

XS8B No psychosocial factors present

Adult Nutritional Status Scale Value

XS11 Underweight BMI Below 18.5 kg/m²

XS43 Normal weight BMI 18.5–24.9 kg/m²

XS7R Pre-obesity BMI 25.0–29.9 kg/m²

XS3Y Obesity class I BMI 30.0–34.9 kg/m²

XS6N Obesity class II BMI 35.0–39.9 kg/m²

XS2B Obesity class III BMI greater than or equal to 40 kg/m²

Coronary atherosclerosis Severity Scale Value

XS2V Single vessel disease

XS8U Multiple vessel disease

Anaphylaxis Severity Scale Value

XS09 Anaphylaxis grade 1

Anaphylaxis grade 1 is considered when there is a single organ system involved.

XS59 Anaphylaxis grade 2

Anaphylaxis grade 2 is considered in cases of more than one organ system involvement; but not life-threatening.

XS2Y Anaphylaxis grade 3

Anaphylaxis grade 3 is considered in life-threatening cases with more than one organ system involved.

XS85 Anaphylaxis grade 4

Anaphylaxis grade 4 is considered in life-threatening cases with cardiac arrest.

Temporality

Course of the Condition

Pattern, Activity, or Clinical Status

Intermittent-Persistent Scale Value

XT5G Intermittent

XT6Z Persistent

XT5T Persistent with overlaid attacks

XT3B Asymptomatic

XT1T Subclinical

XT98 Active

XT7X Episodic

XT4M Prodromal

XT44 Recurrent

XT4D Relapse

XT9C Cause of late effect

A condition that results in a late effect.

Course

Coded Elsewhere: Acute-Chronic Scale Value

Acute-Subacute-Chronic Scale Value

XT5R Acute

XT1L Subacute

XT8W Chronic

Onset

XT2Q Early onset

XT46 Immediate onset

XT3R Late onset

XT64 Delayed onset

XT3Z Rapid onset

Rapid or sudden onset of a condition/illness that requires more immediate and/or aggressive treatment

XT42 Gradual onset

Time in Life

XT0S Pregnancy

For the mother, the period of time between fertilization and parturition.

XT4Z Postpartum

XT1G Puerperium

For the mother, the period of time that lasts from birth through the 42nd day of life for the child.

XT77 Antenatal - WHO Standard

For the fetus, the period of time between fertilization and parturition.

XT5L Antenatal - Aus. Standard

XT5P Antenatal - Can. Standard

XT04 Antenatal - Ger. Standard

XT9S Antenatal - US Standard

XT16 Neonatal

The period of time from birth through the 28th day of life.

XT6P Early Neonatal

The period of time from birth through the seventh day of life.

XT30 Late Neonatal

The period of time from the eighth through the 28th day of life.

XT3N Perinatal

The period of time between 22 weeks after fertilization and 7 days after parturition.

XT2C Infancy

The period of time between 29 and 365 days of life.

XT4X Child under 5

The period of time from the start of the 1st year of life through the end of the 4th.

XT50 Child over 5

The period of time from the start of the 5th year of life through the end of the 14th

XT9V Middle Childhood

The period of time from the start of the 5th year of life through the end of the 10th.

XT7Q Early Adolescence

The period of time from the start of the 11th year of life through the end of the 14th

XT7M Adolescent

The period of time from the start of the 15th year of life through the end of the 19th.

XT4T Middle Adolescence

The period of time from the start of the 15th year of life through the end of the 17th.

XT9X Late Adolescence

The period of time from the start of the 18th year of life through the end of the 19th.

XT15 Young Adult

The period of time from the start of the 20th year of life through the end of the 24th.

XT6S Adult

The period of time from the start of the 25th year of life through the end of the 64th.

XT19 Early Geriatric

The period of time from the start of the 65th year of life through the end of the 84th year

XT13 Late Geriatric

The period of time from the start of the 85th year through the end of life.

Duration of pregnancy

Use as additional code, if desired, for cases of Abortive outcome of pregnancy, Threatened abortion, Fetal death in utero, Premature rupture of membranes (before 37 completed weeks of gestation), False labour before 37 completed weeks of gestation (threatened premature labour) and Preterm labour (early onset of labour).

XT3X Duration of pregnancy less than 5 completed weeks

XT09 Duration of pregnancy 5-13 completed weeks

XT65 Duration of pregnancy 14-19 completed weeks

XT5N Duration of pregnancy 20-21 completed weeks

XT0T Duration of pregnancy 20-25 completed weeks

XT4J Duration of pregnancy 26-33 completed weeks

XT84 Duration of pregnancy 34-36 completed weeks

XT6G Duration of pregnancy more than 36 completed weeks

XT6K Unspecified duration of pregnancy

Duration of pregnancy not specified

Aetiology

Coded Elsewhere: Allergens

Causality

XB8M Congenital

XB8D Iatrogenic

XB5F Idiopathic

XB1Y Familial

XB25 Nosocomial

Inclusions: Hospital-acquired

XB4Q Environmental

Occupational relevance

XB17 Occupation as primary factor

XB5G Occupation as cofactor

XB80 Not occupation-related

XB5W Life-style

XB22 Community acquired

XT9T Ageing-related

Ageing-related means "caused by biological processes which persistently lead to the loss of organism's adaptation and progress in older ages"

XB2G Post traumatic

XB4S Genetic

XB7K Hereditary

XB7S Non-hereditary

Infectious Agents

XN74M Bacteria

XN5PZ Gram Negative Bacteria

XN25B Acinetobacter

XN8LS Acinetobacter baumannii

XN5YN Acinetobacter junii

XN0DS Acinetobacter nosocomialis

XN2QH Acinetobacter pittii

XN048 Anaplasma

XN1MH Anaplasma phagocytophilum

XN3NJ Bartonella

XN0W4 Bartonella bacilliformis

XN3F6 Bartonella clarridgeiae

XN5J5 Bartonella elizabethae

XN5SH Bartonella grahamii

XN862 Bartonella henselae

XN302 Bartonella koehlerae

XN14D Bartonella quintana

XN43H Bartonella rochalimae

XN6KD Bartonella vinsonii

XN94Y Bartonella washoensis

XN9W3 Bordetella

XN173 Bordetella bronchiseptica

XN23B Bordetella pertussis

XN7LQ Bordetella parapertussis

XN22N Brucella

XN7A8 Brucella abortus

XN84J Brucella canis

XN7ZW Brucella melitensis

XN3UP Brucella suis

XN01M Burkholderia

XN351 Burkholderia gladioli

XN6Y3 Burkholderia mallei

XN3LD Burkholderia pseudomallei

XN335 Burkholderia cepacia complex

XN06D Burkholderia stabilis

XN0ZW Burkholderia anthina

XN15B Burkholderia contaminans

XN7US Campylobacter

XN0BA Campylobacter coli

XN3EN Campylobacter fetus

XN4Q5 Campylobacter jejuni

XN27H Chlamydia

XN9EE Chlamydia pneumoniae

XN4S7 Chlamydia psittaci

XN4Q4 Chlamydia trachomatis

XN0FZ Citrobacter

XN0M3 Citrobacter freundii

XN5H6 Coxiella

XN0QS Coxiella burnetii

XN9M7 Ehrlichia

XN293 Ehrlichia canis

XN4GW Ehrlichia chaffeensis

XN2YH Ehrlichia ewingii

XN1VF Eikenella

XN9W5 Enterobacter

XN3YM Enterobacter cloacae

XN4WC Escherichia

XN6P4 Escherichia coli

XN88S Enteroinvasive Escherichia coli

XN2U0 Enteropathogenic Escherichia coli

XN81Z Enterotoxigenic Escherichia coli

XN108 Shiga toxin-producing Escherichia coli

XN5NF Enterohaemorrhagic Escherichia coli

XN55V Enteroaggregative Escherichia coli

XN6MP Escherichia hermannii

XN2S7 Pseudescherichia vulneris

XN94G Francisella

XN6HJ Francisella philomiragia

XN0BX Francisella tularensis

XN4ZY Francisella novicida

XN4LF Fusobacterium

XN7B1 Fusobacterium necrophorum

XN5MA Fusobacterium novum

XN4P8 Fusobacterium nucleatum

XN911 Fusobacterium polymorphum

XN2HK Haemophilus

XN6MB Haemophilus ducreyi

XN1P6 Haemophilus influenzae

XN1BX Haemophilus influenzae aegyptius

XN0FG Haemophilus influenzae type B

XN6XR Helicobacter

XN0YS Helicobacter bilis

XN0TD Helicobacter bizzozeronii

XN42L Helicobacter canis

XN354 Helicobacter cinaedi

XN6JN Helicobacter felis

XN9X3 Helicobacter ganmani

XN8PN Helicobacter hepaticus

XN3DY Helicobacter pylori

XN9D7 Helicobacter salomonis

XN079 Helicobacter suis

XN620 Klebsiella

XN027 Klebsiella granulomatis

XN7WL Klebsiella oxytoca

XN741 Klebsiella pneumoniae

XN7EJ Kingella kingae

XN3SZ Legionella

XN14Z Legionella longbeachae

XN9YS Legionella pneumophila

XN9RA Leptospira

XN1R8 Leptospira alexanderi

XN7D2 Leptospira borgpetersenii

XN9K9 Leptospira broomii

XN5HC Leptospira fainei

XN20F Leptospira inadai

XN78P Leptospira interrogans

XN110 Leptospira kirschneri

XN481 Leptospira kmetyi

XN6NU Leptospira licerasiae

XN4KP Leptospira noguchii

XN01X Leptospira santarosai

XN4FL Leptospira species

XN4E7 Leptospira weilii

XN77E Leptospira wolffii

XN5UB Leptospira genomospecies 1 (alstonii)

XN2JD Leptotrichia

XN734 Leptotrichia buccalis

XN4GY Leptotrichia goodfellowii

XN0SF Leptotrichia hofstadii

XN4SA Leptotrichia hongkongensis

XN7NF Leptotrichia shahii

XN6QY Leptotrichia trevisanii

XN5SN Leptotrichia wadei

XN90V Moraxella

XN8G6 Morganella

XN1W2 Mycoplasma

XN3NR Mycoplasma fermentans

XN9UG Mycoplasma genitalium

XN674 Mycoplasma hyorhinis

XN3AD Mycoplasma penetrans

XN4NV Mycoplasma pneumoniae

Inclusions: Pleuro-pneumonia-like-organism [PPLO]

XN69X Neisseria

XN59Y Neisseria gonorrhoeae

XN1DV Neisseria meningitidis

XN3CR Neisseria meningitidis serogroup A

XN8FU Neisseria meningitidis serogroup B

XN7EM Neisseria meningitidis serogroup C

XN03X Neisseria meningitidis serogroup W

XN0C2 Neisseria meningitidis serogroup X

XN5H0 Neisseria meningitidis serogroup Y

XN8ST Neorickettsia

XN7C8 Neorickettsia sennetsu

XN3U2 Pasteurella

XN30D Pasteurella multocida

XN1ZM Pleisiomonas

XN3BS Proteus

XN9ZF Proteus mirabilis

XN9DS Proteus morganii

XN7PE Proteus penneri

XN118 Proteus vulgaris

XN7R2 Providencia

XN2PG Providencia rettgeri

XN022 Pseudomonas

XN5L6 Pseudomonas aeruginosa

XN3JP Pseudomonas oryzihabitans

XN52E Pseudomonas mallei

XN8J7 Pseudomonas plecoglossicida

XN8AA Pseudomonas pseudomallei

XN4YH Rickettsia

XN9YP Rickettsia africae

XN7WV Rickettsia akari

XN23V Rickettsia australis

XN8U4 Rickettsia conorii

XN6W8 Rickettsia felis

XN9NE Rickettsia helvetica

XN5NY Rickettsia hoogstraalii

XN3XV Rickettsia japonica

XN8SY Rickettsia prowazekii

XN33Q Rickettsia rickettsii

XN1N6 Rickettsia sibirica

XN2AR Rickettsia typhi

XN0QE Salmonellae

XN5VC Salmonella enterica spp.

XN0UV Salmonella Paratyphi

XN1K5 Salmonella paratyphi A

XN322 Salmonella paratyphi B

XN5TR Salmonella paratyphi C

XN4AM Salmonella Typhi

XN7U5 Salmonella Panama

XN97K Salmonella Weltevreden

XN13V Salmonella Wandsworth

XN3DF Salmonella Virchow

XN4QY Salmonella Give

XN3AE Salmonella Gaminara

XN0N5 Salmonella Agona

XN5SM Salmonella Kiambu

XN3TU Salmonella Thompson

XN15L Salmonella Typhimurium

XN8SF Salmonella Saintpaul

XN2MU Salmonella Stanley

XN0LX Salmonella Strathcona

XN5WE Salmonella Senftenberg

XN291 Salmonella Tennessee

XN87G Salmonella Newport

XN5TM Salmonella Hartford

XN1QX Salmonella Oranienburg

XN2SZ Salmonella Poona

XN36N Salmonella Kedougou

XN5LV Salmonella Litchfield

XN4LH Salmonella Mbandaka

XN1FK Salmonella Montevideo

XN3UH Salmonella Mikawasima

XN7QM Salmonella Concord

XN8RF Salmonella Cubana

XN39C Salmonella Infantis

XN6JL Salmonella Havana

XN1W7 Salmonella Enteritidis

XN0Q7 Salmonella Bareilly

XN4MS Salmonella Braenderup

XN3KA Salmonella Brandenburg

XN0NU Salmonella Choleraesuis

XN910 Salmonella Bredeney

XN52S Salmonella Nchanga

XN8F6 Salmonella Lille

XN7EC Salmonella Sandiego

XN2DJ Salmonella enterica subspecies enterica serovar 4,5,12:i:-

XN7PN Salmonella enterica subspecies enterica serovar 4,[5],12:i:-

XN2DW Salmonella bongori spp

XN71D Serratia spp

XN2V6 Serratia marcescens

XN7HG Shigella spp

XN7Y2 Shigella flexneri

XN8RN Shigella boydii

XN285 Shigella dysenteriae

XN9M9 Shigella sonnei

XN23Z Spirillum

XN0J7 Spirillum minus

XN78V Spirillum pulli

XN17K Spirillum volutans

XN96A Spirillum winogradskyi

XN708 Streptobacillus

XN91U Streptobacillus moniliformis

XN1L0 Stenotrophomonas

XN0AD Stenotrophomonas maltophilia

XN36C Treponema

XN76V Treponema carateum

XN711 Treponema pallidum

XN6AL Treponema pallidum carateum

XN35Z Treponema pallidum endemicum

XN030 Treponema pallidum pallidum

XN46P Treponema pallidum pertenue

XN1R2 Ureaplasma

XN8RL Vibrio

XN7N1 Vibrio cholerae

XN8P1 Vibrio cholerae O1, biovar cholerae

XN62R Vibrio cholerae O1, biovar eltor

XN8KD Vibrio cholerae O139

XN1AA Vibrio parahaemolyticus

XN44G Vibrio vulnificus

XN4QG Yersinia

XN91V Yersinia enterocolitica

XN6QS Yersinia pestis

XN6K8 Yersinia pseudotuberculosis

XN65H Bacteroides

XN2R7 Bacteroides fragilis

XN9EB Cronobacter

XN2YF Cronobacter sakazakii

XN9AS Brevundimonas

XN8W4 Brevundimonas diminuta

XN2F0 Brevundimonas vesicularis

XN1J7 Aeromonas

XN40Z Aeromonas hydrophila

XN0XY Aeromonas caviae

XN4X0 Herbaspirillum

XN7QA Herbaspirillum huttiense

XN706 Elizabethkingia

XN6BA Elizabethkingia anophelis

XN6C4 Elizabethkingia meningoseptica

XN15X Ralstonia

XN6AH Ralstonia picketti

XN694 Ralstonia mannitolilytica

XN9VM Ralstonia insidiosa

XN3NY Raoultella

XN0MD Raoultella ornithinolytica

XN6PA Orientia

XN675 Orientia tsutsugamushi

XN2QM Gram Positive Bacteria

XN3G0 Actinomyces

XN0GV Actinomyces gerencseriae

XN15T Actinomyces israelii

XN8HN Actinomyces species

XN8EK Actinomycetales

XN8P7 Actinomadura

XN9ZE Bacillus

XN94F Bacillus anthracis

XN8PY Bacillus cereus

XN33F Bifidobacterium

XN0PT Bifidobacterium dentium

XN198 Clostridium

XN2JN Clostridium botulinum

XN7J5 Clostridium perfringens

XN4LP Clostridium sordellii

XN5NQ Clostridium tetani

XN3NT Corynebacterium

XN9N1 Corynebacterium diphtheriae

XN78S Corynebacterium minutissimum

XN752 Corynebacterium striatum

XN3MP Corynebacterium tenuis

XN1F7 Enterococcus

XN2H4 Enterococcus faecalis

XN51E Enterococcus faecium

XN0DT Enterococcus avium

XN3XY Enterococcus casseliflavus

XN724 Enterococcus durans

XN8BQ Enterococcus gallinarum

XN4ZZ Enterococcus mundtii

XN3QK Enterococcus raffinosus

XN494 Erysipelothrix

XN4FJ Erysipelothrix rhusiopathiae

XN4D1 Listeria

XN39H Listeria ivanovii

XN602 Listeria monocytogenes

XN20K Nocardia

XN2BK Nocardia asteroides

XN1LG Nocardia brasiliensis

XN5M7 Propionibacterium

XN27L Propionibacterium propionicus

XN9ZG Staphylococcus

XN6BM Staphylococcus aureus

XN4B5 Panton-Valentine Leukocidin–producing Staphylococcus aureus

XN0PR Staphylococcus auricularis

XN0H1 Staphylococcus capitis

XN99G Staphylococcus caprae

XN95B Staphylococcus cohnii

XN8KJ Staphylococcus epidermidis

XN2GD Staphylococcus haemolyticus

XN09P Staphylococcus leei

XN4N7 Staphylococcus lugdunensis

XN8WC Staphylococcus pasteuri

XN6FH Staphylococcus pettenkoferi

XN9X8 Staphylococcus schleiferi

XN2HN Staphylococcus sciuri

XN7RE Staphylococcus simulans

XN4C9 Staphylococcus warneri

XN7TQ Staphylococcus xylosus

XN567 Staphylococcus hominis

XN3NM Streptococcus

XN1V3 Alpha-hemolytic Streptococcus

XN3PW Streptococcus pneumoniae

This is a Gram-positive, alpha-hemolytic, aerotolerant anaerobic member of the genus Streptococcus. This diagnosis is as the cause of diseases classified to other chapters.

XN9LA Streptococcus viridans

XN1AF Beta-haemolytic Streptococcus

XN2NS Gamma-haemolytic Streptococcus

XN6LP Streptococcus, group A

Streptococcus is a genus of spherical Gram-positive bacteria belonging to the phylum Firmicutes and the lactic acid bacteria group.

XN7YG Streptococcus pyogenes

XN2M1 Streptococcus, group B

Streptococcus is a genus of spherical Gram-positive bacteria belonging to the phylum Firmicutes and the lactic acid bacteria group.

XN0KC Streptococcus agalactiae

XN518 Group C Streptococcus

XN0TY Streptococcus zooepidemicus

XN5KC Streptococcus, group D

Streptococcus is a genus of spherical Gram-positive bacteria belonging to the phylum Firmicutes and the lactic acid bacteria group.

XN6KJ Streptococcus bovis

XN625 Streptococcus equinus

XN8BJ Group E Streptococcus

XN6BB Group F Streptococcus

XN84N Group G Streptococcus

XN8UN Streptococcus dysgalactiae

XN40Y Group H Streptococcus

XN39R Streptococcus anginosus

XN3L7 Streptococcus canis

XN0FR Streptococcus constellatus

XN4PA Streptococcus iniae

XN67P Streptococcus intermedius

XN5BP Streptococcus mitis

XN2RH Streptococcus mutans

XN4B2 Streptococcus oralis

XN18T Streptococcus parasanguinis

XN58W Streptococcus peroris

XN6KE Streptococcus pseudopneumoniae

XN5DB Streptococcus ratti

XN3BQ Streptococcus salivarius

XN9FP Streptococcus sanguinis

XN0XM Streptococcus sobrinus

XN5SE Streptococcus suis

XN4LM Streptococcus thermophilus

XN1TV Streptococcus uberis

XN0Z2 Streptococcus vestibularis

XN7PP Tropheryma

XN5P4 Tropheryma whipplei

XN0SE Clostridioides difficile

XN87X Bacteria, neither Gram Negative nor Gram Positive

XN2DX Borrelia

XN7GL Borrelia afzelii

XN13C Borrelia burgdorferi

XN4VZ Borrelia garinii

XN3PD Borrelia hermsii

XN2P3 Borrelia miyamotoi

XN6VH Borrelia parkeri

XN5R4 Borrelia recurrentis

XN140 Borrelia vincentii

XN2NR Mycobacterium

XN6YB Mycobacterium africanum

XN8AB Mycobacterium bovis

XN8N3 Mycobacterium canettii

XN4MR Mycobacterium caprae

XN9H9 Mycobacterium colombiense

XN8FC Mycobacterium indicus pranii

XN5TS Mycobacterium leprae

XN3T2 Mycobacterium microti

XN7H2 Mycobacterium pinnipedii

XN1N2 Mycobacterium tuberculosis

XN96Q Non-tuberculous mycobacterium

XN3L9 Mycobacterium kansasii

XN5C1 Mycobacterium malmoense

XN53D Mycobacterium xenopi

XN6PL Mycobacterium asiaticum

XN4MW Mycobacterium simiae

XN975 Mycobacterium szulgai

XN74T Mycobacterium scrofulaceum

XN7YR Mycobacterium haemophilum

XN8ZX Mycobacterium fortuitum

XN8RB Mycobacterium marinum

XN9M0 Mycobacterium ulcerans

XN3D3 Mycobacterium chelonei

XN97H Mycobacterium avium complex

XN5LZ Mycobacterium avium

XN8FF Mycobacterium avium hominissuis

XN5NW Mycobacterium avium paratuberculosis

XN145 Mycobacterium avium silvaticum

XN3ZQ Mycobacterium intracellulare

XN077 Mycobacterium chimaera

XN4TQ Mycobacterium abscessus complex

XN7V4 Mycobacterium abscessus subsp. abscessus

XN5SW Mycobacterium abscessus subsp. massiliense

XN017 Mycobacterium abscessus subsp. bolletii

XN44M Mycobacterium chelonae

XN3BH Virus

XN000 Adenovirus

Adenovirus infections most commonly cause illness of the respiratory system; however, depending on the infecting serotype, they may also cause various other illnesses and presentations.

XN0R0 Atadenovirus

XN05K Aviadenovirus

XN728 Ichtadenovirus

XN93P Mastadenovirus

XN13L Siadenovirus

XN6ME Alphavirus

XN0SK Aura virus

XN434 Babanki virus

XN5KQ Barmah Forest virus

XN6XS Bebaru virus

XN0UF Cabassou virus

XN4ZB Chikungunya virus

XN78T Eastern equine encephalitis virus

XN26A Everglades virus

XN87D Kyzylagach virus

XN5ZC Mayaro virus

XN1VS Middelburg virus

XN34P Mosso das Pedras virus

XN7PD Mucambo virus

XN0H9 Ndumu virus

XN9WS Ockelbo virus

XN6AD o'nyong nyong virus

XN240 Paramana virus

XN3YZ Pixuna virus

XN79Q Río Negro virus

XN49A Ross River virus

XN4D3 Salmon pancreatic disease virus

XN3D4 Semliki Forest virus

XN0D6 Sindbis virus

XN132 Sleeping Disease virus

XN5MK Southern elephant seal virus

XN4ER Tonate virus

XN2B3 Trocara virus

XN445 Venezuelan equine encephalitis virus

XN8PC Whataroa virus

XN2CK Western equine encephalitis virus

XN1BE Arbovirus

XN5VQ La Crosse virus

XN8AC Arenavirus

XN2WG Chapare virus

XN56K Guanarito virus

XN2ZL Junín virus

XN0CU Lassa virus

XN77P Lujo virus

XN4ZL Lymphocytic choriomeningitis virus

XN45B Machupo virus

XN55S Sabiá virus

XN5VM Bornavirus

XN395 Borna disease virus 1

XN125 variegated squirrel bornavirus 1

XN7S5 Bunyavirus

XN9UC Amur virus

XN17V Crimean-Congo haemorrhagic fever virus

XN16H Dobrava virus

XN2QZ gōu virus

XN3GW Hantaan virus

XN8UR Kurkino virus

XN8AF Muju virus

XN4S8 Orthobunyavirus

XN09U Cristoli virus

XN4U2 Oropouche orthobunyavirus

XN28L Puumala virus

XN9PD Saaremaa virus

XN3PV Seoul virus

XN95V Sochi virus

XN0E0 Soochong virus

XN9G5 Tula virus

XN2VY Anajatuba virus

XN4AP Andes virus

XN2C8 Araucária virus

XN2WJ bayou virus

XN0A0 Bermejo virus

XN66E Black Creek Canal virus

XN8LW Blue River virus

XN18Y Castelo dos Sonhos virus

XN6XF El Moro Canyon virus

XN8G9 Juquitiba virus

XN6P0 Laguna Negra virus

XN2CJ Lechiguanas virus

XN2BW Maciel virus

XN3WK Monongahela virus

XN5SF Muleshoe virus

XN9VX New York virus

XN9BY Orán virus

XN5JV Paranoá virus

XN65X Pergamino virus

XN2VC Río Mamoré virus

XN7R1 sin nombre virus

XN057 Tunari virus

XN8AQ Araraquara virus

XN5VU Phlebovirus

XN2YW Punta Toro virus

XN7AS Rift Valley fever phlebovirus

XN72W Sicilian phlebovirus

XN7FG Naples phlebovirus

XN3V9 Toscana phlebovirus

XN3BT Dabie bandavirus

XN9RK Calicivirus

XN4EB Lagovirus

XN8L1 Nebovirus

XN3Y2 Norovirus

XN9EH Sapovirus

XN0R6 Vesivirus

XN83D Coronavirus

These are species in the genera of virus belonging to the subfamily Coronavirinae in the family Coronaviridae. Coronaviruses are enveloped viruses with a positive-sense RNA genome and with a nucleocapsid of helical symmetry. This diagnosis is as the cause of diseases classified to other chapters.

XN0UA Human coronavirus 229E

XN9KN Human coronavirus HKU1

XN7CX Human coronavirus OC43

XN3BD Middle East respiratory syndrome coronavirus

XN5V7 Pipistrellus bat coronavirus HKU5

XN1N9 Rousettus bat coronavirus HKU9

XN1V8 Severe Acute Respiratory Syndrome coronavirus

XN1GJ Tylonycteris bat coronavirus HKU4

XN109 SARS-CoV-2

XN0HL SARS-CoV-2 Alpha

XN4Q7 SARS-CoV-2 Beta

XN5BQ SARS-CoV-2 Gamma

XN8V6 SARS-CoV-2 Delta

XN1GK SARS-CoV-2 Epsilon

XN3ZE SARS-CoV-2 Zeta

XN2V4 SARS-CoV-2 Eta

XN4Q1 SARS-CoV-2 Theta

XN3UD SARS-CoV-2 Iota

XN9LB SARS-CoV-2 Kappa

XN6AM SARS-CoV-2 Lambda

XN39J SARS-CoV-2 Mu

XN161 SARS-CoV-2 Omicron

XN8Z4 BA.5

XN4UD BQ.1

XN51Y XBB

XN72A XBB.1.5

XN201 XBB.1.16

XN8RW EG.5

XN031 BA2.86

XN3QV BA.1

XN53K BA.2

XN2P0 Enterovirus

These are a genus of positive-sense single-stranded RNA viruses associated with several human and mammalian diseases. This diagnosis is as the cause of diseases classified to other chapters.

XN3MC Coxsackievirus

XN2TU Echovirus

XN3M0 Poliovirus

XN6KZ Wild poliovirus type 1

XN9CF Wild poliovirus type 2

XN97R Wild poliovirus type 3

XN2T1 Circulating vaccine-derived poliovirus type 1

XN1XN Circulating vaccine-derived poliovirus type 2

XN7UU Circulating vaccine-derived poliovirus type 3

XN19Z Rhinovirus

XN6R5 Filovirus

XN2LW Genus Ebolavirus

XN1EN Ebola virus

XN8JT Bundibugyo virus

XN9QG Reston virus

XN13U Sudan virus

XN8TT Taï Forest virus

XN12Y Bombali virus

XN4XZ Genus Marburgvirus

XN3F2 Marburg virus

XN5M2 Ravn virus

XN0AC Flavivirus

XN4CA Dengue virus

XN22Z Dengue virus 1

XN4RL Dengue virus 2

XN9XQ Dengue virus 3

XN2EQ Dengue virus 4

XN9ZK Japanese encephalitis virus

XN5QW Saint Louis encephalitis virus

XN0L1 Tick-borne encephalitis virus

XN1MT Tick-borne encephalitis virus-European subtype

XN8WB Tick-borne encephalitis virus-Far Eastern subtype

XN4LG Tick-borne encephalitis virus-Siberian subtype

XN4E1 West Nile virus

XN9S3 Yellow fever virus

XN1H2 Zika virus

Zika virus (ZIKV) is a flavivirus from the Flaviviridae family and Spondweni serocomplex. The virus was first identified in 1947 in the Zika forest in Uganda in the rhesus macaque population. There are two main lineages of ZIKV, the African lineage and the Asian lineage.

XN7C2 Rocio virus

XN7W2 Alkhurma hemorrhagic fever virus

XN2JR Kyasanur Forest disease virus

XN41M Hepatitis virus

XN5XD GB virus C

XN40D Hepatitis A virus

XN0GA Hepatitis B virus

XN1EZ Hepatitis C virus

XN99N Hepatitis D virus

XN7TG Hepatitis E virus

XN6BW Hepatitis F virus

XN7V1 Human herpesvirus

XN6DH Ictalurvirus

XN9QL Pityriasis Rosea virus

XN465 Alphaherpesvirinae

XN42C Mardivirus

XN41T Herpes simplex virus-1

XN5V1 Herpes simplex virus-2

XN0TA Varicella zoster virus

XN4P4 Iltovirus

XN8TA Betaherpesvirinae

XN3SQ Cytomegalovirus

XN5FN Muromegalovirus

XN1GF Roseolavirus

XN9NM Roseolavirus A

XN8AM Roseolavirus B

XN2VN Gammaherpesvirinae

XN0R2 Epstein-Barr virus

XN7NE Rhadinovirus

XN487 Human immunodeficiency virus

XN8LD Human immunodeficiency virus type 1

XN71W Human immunodeficiency virus type 2

XN8JY Human papillomavirus

This is an ancient taxonomic family of non-enveloped DNA viruses, collectively known as papillomaviruses. This diagnosis is the cause of diseases classified to other chapters.

XN2KP Human papillomavirus 45

XN6LA Human papillomavirus 1

XN2FC Human papillomavirus 2

XN7DE Human papillomavirus 6

XN7T9 Human papillomavirus 11

XN2NK Human papillomavirus 16

XN97Y Human papillomavirus 18

XN3HA Human papillomavirus 31

XN1WJ Human T-cell lymphotropic virus

XN5SG Influenza virus

XN8WJ Influenza A virus

XN297 Influenza A H1N1 virus

XN4TT Influenza A H5N1 virus

XN7JR Influenza A H5N6 virus

XN35G Influenza A H7N9 virus

XN2J2 Influenza A H1 virus

XN9Z9 Influenza A H1N1v virus

XN3VG Influenza A H1N2v virus

XN9SG Influenza A H1N1 pdm2009 virus

XN3UJ Influenza A H1pdm09N2 2:6 reassortant influenza virus

XN02Z Swine influenza A H1N1 virus

XN16M Influenza A H1N2 variant

XN79W Influenza A H2N2 virus

XN8WA Influenza A H3 virus

XN6WE Influenza A H3N2 virus

XN476 Swine influenza A H3N2 virus

XN3UU Influenza A H3N2 Panama/2007/99 virus

XN9HE Influenza A H3N2 Moscow/10/99 virus

XN9FE Influenza A H3N2v virus

XN81W Equine influenza A H3N8 virus

XN6MR Influenza A H5 virus

XN5DQ Influenza A H5N2 virus

XN6MY Influenza A H5N8 virus

XN0AS Influenza A H6N1 virus

XN9GE Influenza A H7N2 virus

XN2SA Influenza A H7N2 variant

XN8Q3 Influenza A H7N3 virus

XN5WA Influenza A H7N4 virus

XN8YT Influenza A H7N7 virus

XN71C Influenza A H9 virus

XN412 Influenza A H9N2 virus

XN5SY Influenza A H10N3 virus

XN66Y Influenza A H10N7 virus

XN0MW Influenza A H10N8 virus

XN8SG Influenza B virus

XN8U3 Influenza C virus

XN67Q Influenza D virus

XN33B Lyssavirus

XN796 Rabies virus

XN8R7 Orthopolyomavirus

XN7UP John Cunningham virus

XN82V Paramyxovirus

XN98T Henipavirus

XN5PM Cedar Virus

XN53N Hendra virus

XN931 Nipah virus

XN513 Human metapneumovirus

XN186 Measles virus

XN22H Mumps virus

XN6CR Parainfluenza virus

XN4QJ Rubulavirus

XN7X8 Parvovirus

This belongs to the Poxviridae family. Like all members of that family, they are oval, relatively large, double-stranded DNA viruses. Parapoxviruses have a unique spiral coat that distinguishes them from other poxviruses. This diagnosis is as the cause of diseases classified to other chapters.

XN8PS Erythrovirus

XN447 Bocaparvovirus

XN8W9 Pneumovirus

XN275 Human respiratory syncytial virus

This is a virus that causes respiratory tract infections. It is a major cause of lower respiratory tract infections and hospital visits during infancy and childhood. This diagnosis is the cause of diseases classified to other chapters.

XN9WH Polyomavirus

XN0TQ BK polyoma virus

XN7UC Poxvirus

XN32K Orthopoxvirus

XN3Y3 Buffalopox virus

XN0AU Cowpox virus

XN2GM Monkeypox virus

XN4L3 Monkeypox virus Clade I

Based on the virus genome sequence there are two clades/variants of the Monkeypox virus recognised; Clade I and Clade II.

XN1BH Monkeypox virus Clade II

Based on the virus genome sequence there are two clades/variants of the Monkeypox virus, also known as variants, recognised; Clade I and Clade II.

Additionally, it was agreed that the Clade II consists of two subclades; Clade IIa and Clade IIb, with the latter referring primarily to the group of variants largely circulating in the 2022 global outbreak.

XN00B Monkeypox virus Clade IIa

Clade IIa and Clade IIb are two recognised subclades of the Monkeypox virus Clade II.

XN7VR Monkeypox virus Clade IIb

Clade IIa and Clade IIb are two recognised subclades of the Monkeypox virus Clade II.

Clade IIb refers to a group of variants largely circulating in the 2022 global outbreak.

XN4Q0 Variola virus

XN06N Vaccinia virus

XN1M0 Parapox virus

XN7JF bovine papular stomatitis virus

XN8E5 Orf virus

XN8JR pseudocowpox virus

XN0CV Yatapox virus

XN0K5 tanapox virus

XN81C yaba monkey tumour virus

XN5G8 Molluscipoxvirus

XN7YE Molluscum contagiosum virus

XN22T Reovirus

Reovirus is a nonenveloped double-stranded RNA virus. This virus was initially not known to be related to any specific disease, and so was named Respiratory Enteric Orphan virus. However, some members of the reovirus family have been shown to cause mild illnesses such as diarrhea.

XN6FR Retrovirus

This is an RNA virus that replicates in a host cell. First it uses its own reverse transcriptase enzyme to produce DNA from its RNA genome, reverse of the usual pattern, thus retro (backwards).

XN2R0 Alpharetrovirus

XN0TH Betaretrovirus

XN787 Deltaretrovirus

XN6HX Epsilonretrovirus

XN4K8 Gammaretrovirus

XN5R7 Lentivirus

XN6JB Oncovirus

XN6N7 Rotavirus

XN6TN Rotavirus A

XN55H Rotavirus B

XN0F5 Rotavirus C

XN29P Rotavirus D

XN71N Rotavirus E

XN2F7 Rubivirus

XN2WE Rubella virus

XN7R4 Astrovirus

XN6T9 Vesiculovirus

XN2BR Chandipura virus

XN9XS Vesicular stomatitis virus

XN8AY Fungi

XN0WC Aspergillus

XN6Q9 Aspergillus clavatus

XN6B8 Aspergillus flavus

XN5Z7 Aspergillus fumigatus

XN25K Aspergillus terreus

The Aspergillus terreus is found in a wide variety of habitats, soil, compost, or dust, and the spectrum of diseases caused covers allergic bronchopulmonary aspergillosis, Aspergillus bronchitis and/or tracheobronchitis, and invasive and disseminated aspergillosis.

XN7Q2 Aspergillus niger

XN4XX Basidiobolus

XN4RM Basidiobolus ranarum

XN08A Blastomyces

XN14F Blastomyces dermatitidis

XN3CL Candida

XN31P Candida albicans

XN72N Candida auris

XN0RY Candida haemulonii

XN066 Chromomycosis

XN106 Chrysosporium

XN8W1 Chrysosporium parvum

XN7Q9 Coccidioides

XN53F Coccidioides immitis

XN5TT Coccidioides posadasii

XN62A Conidiobolus

XN3KM Conidiobolus coronatus

XN4AQ Conidiobolus incongruus

XN69C Cryptococcus

XN0LE Cryptococcus gattii

XN3EH Cryptococcus neoformans

XN7WW Dermatophyte fungi

XN655 Anthropophilic dermatophytes

XN2T0 Epidermophyton floccosum

XN3YF Microsporum audouinii

XN2R2 Microsporum ferrugineum

XN8M6 Trichophyton concentricum

XN628 Trichophyton gourvilii

XN8BW Trichophyton interdigitale

XN96H Trichophyton megninii

XN2JF Trichophyton rubrum

XN53A Trichophyton schoenleinii

XN135 Trichophyton soudanense

XN1K6 Trichophyton tonsurans

XN31R Trichophyton violaceum

XN8BF Trichophyton yaoundei

XN2SY Zoophilic dermatophytes

XN5ER Microsporum canis

XN6NM Microsporum equinum

XN5GR Microsporum gallinae

XN3WX Microsporum nanum

XN7JK Microsporum persicolor

XN3YG Trichophyton equinum

XN4DQ Trichophyton mentagrophytes

XN4H4 Trichophyton simii

XN69S Trichophyton verrucosum

XN1Z2 Geophilic dermatophytes

XN2VZ Microsporum gypseum

XN7TP Microsporum praecox

XN3AG Geotrichum

XN0ES Geotrichum candidum

XN9LU Histoplasma

XN8VH Histoplasma capsulatum

XN7YN Histoplasma duboisii

XN119 Hortaea

XN0EF Hortaea werneckii

XN3CM Lacazia

XN3NU Lacazia loboi

XN9ZX Loboa

XN43L Malassezia

XN25C Malassezia furfur

XN0TE Malassezia globosa fungus

XN9ZV Microsporidia

XN1NU Mucor

XN6QM Rhizopus

XN9KP Rhizopus arrhizus

XN7RH Paracoccidioides

XN5UX Paracoccidioides brasiliensis

XN79A Talaromyces

A new fungal genus formerly part of Penicillium

XN1ZF Penicillium

XN7JJ Penicillium notatum

XN0LD Talaromyces marneffei

The fungus formerly known as Penicillium marneffei

XN4YW Piedraia

XN6H7 Piedraia hortae

XN5XK Pneumocystidomycetes

XN3NS Pseudallescheria

XN6BV Pseudallescheria boydii

XN720 Rhinosporidium

XN18W Rhinosporidium seeberi

XN200 Sporothrix

XN6GM Sporothrix schenckii

XN766 Trichosporon

XN0X5 Fusarium

XN55Z Fusarium sporotrichioides

XN7KH Fusarium incaratum-equiseti

XN1FQ Fusarium chlamydosporum

XN5KR Fusarium dimerum

XN6XG Fusarium fujikuroi

XN3HT Fusarium oxysporum

XN0E6 Fusarium solani

XN16V Alternaria alternata

XN8XY Cladosporium herbarum

XN7TH Epicoccum purpurascens

XN79P Mucor racemosus

XN6EG Phoma

XN4FM Stemphylium botryosum

XN93N Curvularia lunata

XN0W9 Exserohilum

XN26M Exserohilum rostratum

XN9SM Exserohilum longirostratum

XN9LC Exserohilum mcginnisii

XN4XH Sarocladium

XN8VN Sarocladium kiliense

XN7ZD Sarocladium strictum

XN9S1 Parasites

Helminths

XN9CG Ancylostoma

XN5V8 Ancylostoma duodenal

XN7A5 Angiostrongylus

XN2UG Angiostrongylus cantonensis

XN23C Angiostrongylus costaricensis

XN574 Anisakis

XN9HA Anisakis marina

XN9PQ Ascaris

XN97M Ascaris lumbricoides

XN0JL Brugia

XN5RM Brugia malayi

XN80F Brugia timori

XN8T0 Capillaria

XN9DT Capillaria philippinensis

XN9GC Clonorchis

XN5SV Clonorchis sinensis

XN3QD Dicrocoelium

XN6EF Diphyllobothrium

XN67S Diphyllobothrium latum

XN7UT Diphyllobothrium species

XN570 Dipylidium

XN20Y Dipylidium caninum

XN15W Dirofilaria

XN3BX Dirofilaria immitis

XN7JS Dirofilaria repens

XN7A6 Dracunculus

XN9Q5 Dracunculus medinensis

XN84K Echinococcus

XN1H0 Echinococcus granulosus

XN0K1 Echinococcus multilocularis

XN6TQ Echinococcus oligarthrus

XN9LQ Echinococcus vogeli

XN801 Echinostoma

XN1DG Enterobius

XN4AR Enterobius vermicularis

XN1H3 Fasciola

XN90A Fasciola gigantica

XN7X9 Fasciola hepatica

XN35Y Fasciolopsis

XN024 Fasciolopsis buski

XN0H2 Gnathostoma

XN8DD Gnathostoma hispidum

XN8GS Gnathostoma spinigerum

XN23M Heterophyes

XN69Y Hookworm

XN629 Hymenolepis

XN9S5 Hymenolepis nana

XN8ZQ Loa

XN1QQ Loa loa

XN5Z0 Mansonella

XN6PZ Mansonella ozzardi

XN8AX Mansonella perstans

XN0JQ Mansonella streptocerca

XN123 Metagonimus

XN3E8 Nanophyetus

XN9T3 Necator

XN8K8 Necator americanus

XN7L5 Oesophagostomum

XN0NZ Oesophagostomum bifurcum

XN9R1 Onchocerca

XN8T4 Onchocerca volvulus

XN91W Opisthorchis

XN27A Paragonimus

XN0A6 Paragonimus westermani

XN9NR Phylum Nemata

XN78L Schistosoma

XN86N Schistosoma haematobium

XN90N Schistosoma matthei

XN9FK Schistosoma intercalatum

XN1ZJ Schistosoma japonicum

XN8HD Schistosoma mansoni

XN9T7 Schistosoma mekongi

XN5B9 Sparganum

XN89M Spirometra

XN07X Strongyloides

XN1KQ Strongyloides stercoralis

XN5RB Syngamus

XN04L Syngamus trachea

XN0D8 Taenia

XN871 Taenia saginata

XN8XE Taenia solium

XN8DL Ternidens

XN2L3 Toxocara

XN7MR Toxocara canis

XN54C Toxocara cati

XN597 Trichinella

XN34A Trichinella spiralis

XN025 Trichostrongylus

XN4K7 Trichostrongylus colubriformis

XN4MM Trichuris

XN6UA Trichuris trichiura

XN0H3 Wuchereria

XN3V2 Wuchereria bancrofti

XN2DD Halicephalobus

XN10L Halicephalobus gingivalis

Protozoa

XN0HM Acanthamoeba

XN7S2 Amoeba

XN9YX Babesia

XN7ZS Balantidium

XN3H4 Balantidium coli

XN6UY Blastocystis

XN1M7 Blastocystis hominis

XN1XA Coccidia

subclass of microscopic, spore-forming, single-celled obligate intracellular parasites belonging to the apicomplexan class Conoidasida

XN8LE Cryptosporidium

XN0NC Cryptosporidium canis

XN5SZ Cryptosporidium felis

XN4ZT Cryptosporidium hominis

XN4VU Cryptosporidium meleagridis

XN4MN Cryptosporidium muris

XN9BP Cryptosporidium parvum

XN7VL Cyclospora

XN4BR Cyclospora cayetanensis

XN3S1 Entamoeba

XN82F Entamoeba histolytica

XN6H5 Giardia

XN94Z Giardia lamblia

XN4Y2 Isospora

XN9ZT Isospora belli

XN8JE Leishmania

XN87Z Leishmania aethiopica

XN6DJ Leishmania brasiliensis

XN1M5 Leishmania donovani infantum

XN3HN Leishmania chagasii

XN7EU Leishmania major

XN1EE Leishmania mexicana

XN95N Leishmania tropica

XN1M1 Naegleria

XN6EV Naegleria fowleri

XN5FW Plasmodium

XN69B Plasmodium falciparum

XN7K1 Plasmodium malariae

XN5WD Plasmodium ovale

XN217 Plasmodium vivax

XN93K Plasmodium knowlesi

XN12A Plasmodium cynomolgi

XN92F Sarcocystis

XN7HC Toxoplasma

XN896 Toxoplasma gondii

XN316 Trichomonas

XN7YM Trichomonas vaginalis

XN9H4 Trypanosoma

XN0C1 Trypanosoma brucei

XN7TC Trypanosoma brucei gambiense

XN5C7 Trypanosoma brucei rhodesiense

XN56V Trypanosoma cruzi

XN7XH Dientamoeba

XN86U Dientamoeba fragilis

XN30L Retortamonas

XN9K3 Retortamonas intestinalis

XN4BE Chilomastix

XN0UD Chilomastix mesnili

Lice and Mites

XN4RB Demodex

XN9EL Dermanyssus

XN59U Vandellia cirrhosa

XN857 Infestation by beetle

XN00Z Insect larva

XN2K0 Leech

XN9MA Linguatula serrata

XN0ZB Liponyssoides

XN0D5 Pediculus

XN84U Phthirus

XN3E3 Sarcoptes

XN5YU Sarcoptes scabiei var. hominis

XN7Z8 Trombicula

XN6VS Tunga

XN2GY Porocephalidae

XN8CT Screwworm

XN4JW New World screwworm

XN8TR Old World screwworm

Other Pathogens

XN7AM Prion

XN42T Prototheca

XN47C Pythium

Topology Scale Value

Relational

XK7V Anterior

XK8L Posterior

XK9H Medial

XK09 Lateral

XK5N Superior

XK4H Inferior

XK4M Ventral

XK87 Dorsal

XK6J Proximal

XK6C Distal

XK3Z Ipsilateral

XK3Y Contralateral

XK2H External

XK49 Internal

XK7F Superficial

XK16 Deep

Distribution

XK2J Complete distribution

XK6P Consolidated distribution

XK31 Diffuse distribution

XK5A Disseminated distribution

XK37 Focal distribution

XK63 Generalised distribution

XK06 Incomplete distribution

XK0V Intertriginous distribution

XK5F Linear distribution

XK9A Localised distribution

XK36 Segmental distribution

XK7Z Systematised distribution

Laterality

XK9J Bilateral

XK8G Left

XK9K Right

XK70 Unilateral, unspecified

Regional

XK62 Brachial

XK07 Caudal

XK2K Cranial

XK0P Infratentorial

XK18 Supratentorial

Anatomy and topography

Functional anatomy

Haematopoietic system

XA8EC5 Blood

XA8UK8 Blood cells

XM8QV9 Erythrocytes

XA32R4 Leucocytes

XA2WC0 Granulocytes

XA8C44 Neutrophils

XA5G96 Basophils

XA0V82 Eosinophils

XA46Q2 Monocytes

XA9DP6 Macrophages

XA8YQ2 Lymphocytes

Lymphocytes include natural killer cells (which function in cell-mediated, cytotoxic innate immunity), T cells (for cell-mediated, cytotoxic adaptive immunity), and B cells (for humoral, antibody-driven adaptive immunity).

XA10B5 Platelets

XA7UR0 Plasma

XA3JX0 Platelet-rich plasma

Platelet-rich plasma consists of two elements: plasma (the liquid portion of blood) and platelets (a type of blood cells that play an important role in healing throughout the body).

XA9XK1 Bone marrow

XA5869 Haematopoietic stem cells

XA3K78 Common myeloid progenitor

XA8LY0 Erythroblast

XA6385 Myeloblast

XA3EA5 Megakaryoblast

XA0TJ1 Lymphoblast

Immune system

Lymphoid organs

Organs involved in immune regulation

XA8373 Thymus

Inclusions: Thymus gland

XA2PK9 Connective and other soft tissues of thymus

XA7FU9 Spleen

XA1EM4 Lingual tonsil

XA8US7 Waldeyer ring

XA3V90 Palatine tonsil

XA33X2 Lymph nodes

XA9U65 Lymph nodes of head, face and neck

XA6H69 Occipital lymph node

XA7YF1 Auricular lymph node

XA91C5 Posterior auricular lymph node

XA56J5 Preauricular lymph node

XA0W17 Parotid lymph node

XA1Q47 Subparotid lymph node

XA85E1 Superficial parotid lymph node

XA07P4 Deep parotid lymph node

Coded Elsewhere: Preauricular lymph node (XA56J5)

XA2U89 Facial lymph node

XA1SG7 Buccinator lymph node

XA8DW7 Mandibular lymph node

XA2S79 Deep facial lymph node

XA1DV2 Lingual lymph node

XA8027 Sublingual lymph node

XA42P9 Submental lymph node

XA9E80 Submandibular lymph node

XA4759 Anterior cervical lymph node

Coded Elsewhere: Anterior jugular node (XA6YX2)

XA9PW0 Deep cervical lymph node

XA2RE9 Prelaryngeal lymph node

XA4LC1 Pretracheal lymph node

XA7W32 Paratracheal lymph node

XA08L8 Retropharyngeal lymph node

XA60D1 Jugular lymph node

XA6YX2 Anterior jugular node

XA6HG6 Jugulodigastric lymph node

XA5A75 Jugulo-omohyoid lymph node

XA5XT7 Cervical lymph node

XA4R20 Inferior cervical lymph node

XA1W79 Lateral cervical lymph node

XA6AC0 Superior deep cervical lymph node

Coded Elsewhere: Jugulodigastric lymph node (XA6HG6)

XA3S48 Inferior deep cervical lymph node

Coded Elsewhere: Jugulo-omohyoid lymph node (XA5A75)

XA7N00 Superficial cervical lymph node

XA00M7 Supraclavicular lymph node

XA9WH0 Intrathoracic lymph nodes

XA41B8 Tracheobronchial lymph node

XA96Z0 Bronchopulmonary lymph node

XA5MW1 Hilar lymph node

XA9QW9 Pulmonary lymph node

XA3194 Tracheal lymph node

XA2JX0 Superior tracheobronchial lymph node

XA1PA1 Inferior tracheobronchial lymph node

XA61B8 Mediastinal lymph node

XA5HA3 Anterior mediastinal visceral lymph node

XA7571 Posterior mediastinal visceral lymph node

XA8VY5 Oesophageal lymph node

XA8E34 Intercostal lymph node

XA2CH0 Parasternal lymph node

XA1478 Superior diaphragmatic lymph node

XA4P97 Innominate lymph node

XA05C1 Intra-abdominal lymph nodes

XA59Q1 Lumbar lymph node

XA25W0 Aortic lymph node

XA4WV3 Preaortic lymph node

XA38T7 Coeliac lymph node

XA1HL1 Gastric lymph node

XA1FW5 Inferior gastric lymph node

XA1T01 Upper superior gastric lymph node

XA3F65 Superior gastric lymph node

XA3ET7 Lower superior gastric lymph node

XA4WL5 Paracardial superior gastric lymph node

XA2AX1 Pyloric lymph node

XA1RP0 Subpyloric lymph node

XA11U1 Hepatic lymph node

XA35G1 Common duct lymph node

XA71D7 Cystic lymph node

XA7ZP7 Pancreaticosplenic lymph node

XA6W89 Pancreaticoduodenal lymph node

XA9PJ7 Splenic lymph node

XA8X72 Splenic hilar lymph node

XA7T42 Pancreatic lymph node

XA2P83 Peripancreatic lymph node

XA8Y29 Inferior mesenteric lymph node

XA6ZA5 Pararectal inferior mesenteric lymph node

XA37Y9 Superior mesenteric lymph node

XA26J2 Mesenteric lymph node

XA69J6 Ileocolic lymph node

XA66B8 Ileal ileocolic lymph node

XA8W06 Anterior ileocolic lymph node

XA7JE2 Posterior ileocolic lymph node

XA73R0 Right colic ileocolic lymph node

XA09W7 Colic lymph node

XA4F32 Midcolic lymph node

XA8JH9 Epicolic lymph node

XA9JM2 Paracolic lymph node

XA7PM1 Intermediate colic lymph node

XA3TX6 Preterminal colic lymph node

XA6KK3 Lateral aortic lymph node

Coded Elsewhere: Common iliac lymph node (XA1MS6)

External iliac lymph node (XA8M66)

Internal iliac lymph node (XA0TJ6)

XA9T50 Epigastric lymph node

Coded Elsewhere: Inferior epigastric lymph node (XA5VA3)

XA53K4 Iliac circumflex lymph node

XA0TK3 Retroaortic lymph node

XA3TG4 Intestinal lymph node

XA0KH9 Retroperitoneal lymph node

XA7DX9 Suprarenal lymph node

XA2YR9 Porta hepatis lymph node

XA5HU6 Pelvic lymph nodes

XA50T5 Iliac lymph node

XA1MS6 Common iliac lymph node

XA0TJ6 Internal iliac lymph node

XA8M66 External iliac lymph node

XA9Z71 Obturator lymph node

XA4J45 Suprainguinal lymph node

XA24Q3 Sacral lymph node

XA1EN9 Lateral sacral lymph node

XA86R4 Median sacral lymph node

XA32C4 Presymphysial lymph node

XA5VA3 Inferior epigastric lymph node

XA9TN5 Female genital lymph node

XA3QA5 Parametrial lymph node

XA5M72 Uterine paracervical lymph node

XA7TQ3 Lymph nodes of upper extremity

XA90B2 Axillary lymph node

XA63L4 Pectoral lymph node

XA6NK2 Lateral axillary lymph node

XA9R12 Subscapular lymph node

XA8HY4 Central axillary lymph node

XA1N88 Subclavicular axillary lymph node

XA9CD6 Subclavian lymphatic trunk

XA2UJ4 Intermediate lymph node

XA3H20 Cubital lymph node

XA5183 Epitrochlear lymph node

XA0MR2 Infraclavicular lymph node

XA86X1 Lymph nodes of lower extremity

XA7N26 Inguinal lymph node

XA1114 Superficial inguinal lymph node

XA4RT0 Subinguinal lymph node

XA30V5 Superficial subinguinal lymph node

XA6EE2 Deep subinguinal lymph nodes

XA5130 Femoral lymph node

XA4AU1 Lymph node of Cloquet

XA4W98 Popliteal lymph node

XA2PP2 Tibial lymph node

XA3X71 Anterior tibial lymph node

XA4T07 Lymph nodes of multiple regions

XA0GJ0 Mononuclear phagocyte system

Endocrine system

Coded Elsewhere: Ovary (XA1QK0)

Testis (XA4947)

XA1CN1 Hypothalamus

XA1EU3 Pineal gland

XA8J35 Pituitary gland

Coded Elsewhere: Pituitary fossa (XA9N34)

XA9787 Rathke pouch

XA5309 Craniopharyngeal duct

Craniopharyngeal duct is a bony channel that connects the floor of the sella turcica, along the midline, to the nasopharynx.

XA8RK3 Thyroid gland

Coded Elsewhere: Thyroglossal duct (XA0SH3)

XA8LV3 Left lobe of thyroid gland

XA9L72 Right lobe of thyroid gland

XA4NE5 Isthmus of thyroid gland

XA5109 Pyramidal lobe of thyroid gland

XA1342 Parathyroid gland

XA45E6 Pancreatic islets

XA0NE9 Adrenal gland

Coded Elsewhere: Adrenal vein (XA6TQ3)

Inferior adrenal artery (XA9QC3)

XA8956 Adrenal cortex

XA6SS0 Adrenal medulla

Nervous system

XA3JU6 Central nervous system

XA0AK4 Meninges

XA6HA2 Cerebral meninges

XA9M51 Cranial dura mater

XA6WL2 Cranial arachnoid

XA2T81 Cranial pia mater

XA7N98 Tentorium cerebelli

XA09H1 Falx without further specification

XA1FV7 Falx cerebri

XA33G9 Falx cerebelli

XA5AH0 Spinal meninges

XA8R98 Spinal dura mater

XA0382 Spinal arachnoid

XA8SH5 Spinal pia mater

XA04B5 Dura mater

XA3D30 Arachnoid mater

XA6AF5 Pia mater

XA9738 Brain

Coded Elsewhere: Cranial fossa (XA0KU6)

XA1M33 Cerebrum

Coded Elsewhere: Hypothalamus (XA1CN1)

XA8GR3 Cerebral hemisphere

XA2NT0 Frontal Lobe

XA3RD9 Frontal pole

XA97T4 Temporal lobe

XA7BD1 Hippocampus

XA7J78 Uncus

XA1XY9 Amygdala

XA92Y6 Parietal Lobe

XA89Y2 Occipital lobe

XA5TY2 Brodmann area

XA0B59 Occipital pole

XA64R0 Cerebral cortex

XA7L93 Thalamus

XA4T82 Basal ganglia

XA64F9 Corpus striatum

XA8W72 Lentiform nucleus

XA80J3 Globus pallidus

XA8KA5 Putamen

XA7TX5 Caudate nucleus

XA00D6 Claustrum

XA5TX3 Optic chiasm

XA63Y1 Optic tract

XA5CF8 Visual cortex

XA1ZN9 Cerebral white matter

XA0XP7 Insula

XA5JN6 Internal capsule

XA84G1 Operculum

XA4F88 Pallium

XA0Z39 Rhinencephalon

XA5N14 Cerebral lobe

Coded Elsewhere: Occipital lobe (XA89Y2)

Parietal Lobe (XA92Y6)

Temporal lobe (XA97T4)

Frontal Lobe (XA2NT0)

XA73A8 Supratentorial region of brain

XA1CW2 Cerebellum

XA4SL2 Cerebellar hemisphere

XA7E38 Cerebellar tonsil

XA8E64 Cerebellar vermis

XA5694 Superior vermis

XA70Y8 Inferior vermis

XA8733 Limbic system

XA26E8 Cerebral ventricle

XA45Y8 Lateral ventricle of the brain

XA1XM1 Choroid plexus of lateral ventricle

XA1H64 Third ventricle of the brain

XA53A3 Choroid plexus of third ventricle

XA83T2 Cerebral aqueduct

XA1804 Fourth ventricle of the brain

XA1B86 Choroid plexus of fourth ventricle

XA9KX2 Choroid plexus

Coded Elsewhere: Choroid plexus of lateral ventricle (XA1XM1)

Choroid plexus of third ventricle (XA53A3)

Choroid plexus of fourth ventricle (XA1B86)

XA6J38 Ependyma

XA8AT9 Brainstem

The brainstem is the structure that connects the cerebrum of the brain to the spinal cord and cerebellum. It is composed of three sections in descending order: the midbrain, pons, and medulla oblongata.

Coded Elsewhere: Choroid plexus of fourth ventricle (XA1B86)

Fourth ventricle of the brain (XA1804)

XA17J6 Medulla oblongata

XA5KS6 Midbrain

The midbrain (also known as the mesencephalon) is the most superior of the three regions of the brainstem.

XA1AA8 Cerebral peduncle

XA9CM4 Pons

XA34M4 Reticular formation

XA5KN2 Olives

XA5097 Pyramid

XA1GA1 Infratentorial region of brain

XA08F7 Intracranial site, not elsewhere classified

XA0V83 Spinal cord

XA1SP1 Cervical spinal cord

Inclusions: Cervical cord

XA2K06 C1 level

XA7852 C2 level

XA3JF5 C3 level

XA2MQ3 C4 level

XA3JA6 C5 level

XA4LT0 C6 level

XA3NV2 C7 level

XA8965 C8 level

XA6Z51 Thoracic spinal cord

Inclusions: Thoracic cord

XA17G6 T1 level

XA6GU9 T2 level

XA7U15 T3 level

XA5UF4 T4 level

XA0D58 T5 level

XA5Q83 T6 level

XA79E1 T7 level

XA0N76 T8 level

XA5T86 T9 level

XA4QU1 T10 level

XA9DV3 T11 level

XA6FB9 T12 level

XA8PP5 Lumbar spinal cord

Inclusions: Lumbar cord

XA6TL5 L1 level

XA8X63 L2 level

XA57M0 L3 level

XA1ZV5 L4 level

XA86M5 L5 level

XA85J0 Sacral spinal cord

Inclusions: Sacral cord

XA3407 S1 level

XA8EL3 S2 level

XA1VA6 S3 level

XA2EF6 S4 level

XA4L09 S5 level

XA5QM0 Medullary cavity

XA2FQ1 Conus medullaris

XA8EK9 Cranial Nerve

XA5QD6 Olfactory nerve

XA1E00 Optic nerve

Coded Elsewhere: Optic chiasm (XA5TX3)

Optic tract (XA63Y1)

XA7488 Oculomotor nerve

XA0GK2 Trochlear nerve

XA72G0 Trigeminal nerve

XA95Y8 Trigeminal nerve, ophthalmic branch

XA5BP8 Ethmoidal nerve

XA8482 External nasal nerve

XA7F46 Frontal nerve

XA31J6 Supraorbital nerve

XA95V8 Supratrochlear nerve

XA16M4 Lacrimal nerve

XA5WM9 Nasociliary nerve

XA8KJ5 Trigeminal nerve, maxillary branch

XA4E11 Inferior palpebral nerve

XA3G43 Infraorbital nerve

XA9G70 Middle meningeal nerve

XA0S35 Nasopalatine nerve

XA9LR9 Nerve of pterygoid canal

XA7P00 Palatine nerve

XA5Q86 Pharyngeal nerve

XA3W58 Sphenopalatine nerves

XA6AE9 Superior labial nerve

XA4DJ9 Zygomatic nerve

XA62X3 Zygomaticofacial nerve

XA9MM8 Zygomaticotemporal nerve

XA1F17 Trigeminal nerve, mandibular branch

XA5DA8 Auriculotemporal nerve

XA7UK9 Buccal nerve

XA52H1 Deep temporal nerve

XA3VT0 Inferior alveolar nerve

XA9FV5 Mylohyoid nerve

XA3114 Lateral pterygoid nerve

XA5CT7 Lingual nerve

XA5NQ5 Masseteric nerve

XA1RH8 Medial pterygoid nerve

XA6ZD8 Mental nerve

XA4GX3 Abducens nerve

XA64Y7 Facial nerve

XA7F87 Posterior auricular nerve

XA1VA9 Temporal branch of the facial nerve

XA7JD7 Zygomatic branch of the facial nerve

XA3A57 Buccal branch of the facial nerve

XA1TY5 Marginal mandibular branch of the facial nerve

XA5241 Cervical branch of the facial nerve

XA1ZH3 Digastric branch of the facial nerve

XA36Y9 Stylohyoid branch of the facial nerve

XA2BL2 Chorda tympani

XA69Y7 Nerve to the stapedius

XA6LY7 Vestibulocochlear nerve

XA1QU6 Cochlear nerve

XA1AL7 Vestibular nerve

XA8RW1 Glossopharyngeal nerve

XA5QA5 Pharyngeal branches of glossopharyngeal nerve

XA6VN1 Vagus nerve

Coded Elsewhere: Right recurrent laryngeal nerve (XA1BR5)

XA0P44 Auricular branch of vagus nerve

XA9LV7 Pharyngeal plexus

XA8F53 Pharyngeal branch of vagus nerve

XA2HA5 Superior laryngeal nerve

XA9LP4 External laryngeal nerve

XA6UK8 Internal laryngeal nerve

XA3524 Left recurrent laryngeal nerve

XA2KY5 Pulmonary branches of vagus nerve

XA2M45 Accessory nerve

XA3YX3 Hypoglossal nerve

XA48Z8 Petrous ganglion

XA4Q30 Tympanic nerve

XA9CT5 Deep petrosal nerve

XA4W18 Greater petrosal nerve

XA1SG6 Ciliary ganglion

XA3VY1 Long ciliary nerves

XA2260 Otic ganglion

XA0ER1 Pterygopalatine ganglion

XA74N6 Submandibular ganglion

XA1630 Peripheral nervous system

XA65L3 Spinal nerve

XA1YC9 Cervical spinal nerve

XA9DY6 First cervical spinal nerve

XA1LR0 Second cervical spinal nerve

XA7LF0 Third cervical spinal nerve

XA1QX0 Fourth cervical spinal nerve

XA06Q1 Fifth cervical spinal nerve

XA26W5 Sixth cervical spinal nerve

XA4WT3 Seventh cervical spinal nerve

XA3XK7 Eighth cervical spinal nerve

XA6KS1 Thoracic spinal nerve

XA2QF3 First thoracic spinal nerve

XA1K85 Second thoracic spinal nerve

XA0DY5 Third thoracic spinal nerve

XA7BM1 Fourth thoracic spinal nerve

XA48M5 Fifth thoracic spinal nerve

XA4GT3 Sixth thoracic spinal nerve

XA0RA9 Seventh thoracic spinal nerve

XA2VJ9 Eighth thoracic spinal nerve

XA64N5 Ninth thoracic spinal nerve

XA5AZ7 Tenth thoracic spinal nerve

XA6369 Eleventh thoracic spinal nerve

XA7QX3 Twelfth thoracic spinal nerve

XA44R0 Lumbar spinal nerve

XA1471 First lumbar spinal nerve

XA0VF5 Second lumbar spinal nerve

XA9178 Third lumbar spinal nerve

XA6N66 Fourth lumbar spinal nerve

XA7VL6 Fifth lumbar spinal nerve

XA17Y2 Sacral spinal nerve

XA2E82 First sacral spinal nerve

XA9V46 Second sacral spinal nerve

XA74E6 Third sacral spinal nerve

XA25F0 Fourth sacral spinal nerve

XA73B4 Fifth sacral spinal nerve

XA4CU7 Dorsal spinal nerve

XA7TS7 Ventral spinal nerve

XA6EC2 Spinal nerve root

XA3UZ3 Cervical nerve root

XA53S6 First cervical nerve root

XA15A2 Second cervical nerve root

XA2MT0 Third cervical nerve root

XA36V3 Fourth cervical nerve root

XA87U1 Fifth cervical nerve root

XA8YT7 Sixth cervical nerve root

XA5BL9 Seventh cervical nerve root

XA0245 Eighth cervical nerve root

XA5SU4 Thoracic nerve root

XA22C5 First thoracic nerve root

XA8933 Second thoracic nerve root

XA2EK5 Third thoracic nerve root

XA6NV1 Fourth thoracic nerve root

XA8DN4 Fifth thoracic nerve root

XA1AB6 Sixth thoracic nerve root

XA1VM6 Seventh thoracic nerve root

XA2UY4 Eighth thoracic nerve root

XA8QS1 Ninth thoracic nerve root

XA2VK2 Tenth thoracic nerve root

XA61G0 Eleventh thoracic nerve root

XA76V2 Twelfth thoracic nerve root

XA4T95 Lumbar nerve root

XA8VX2 First lumbar nerve root

XA9BK9 Second lumbar nerve root

XA4N03 Third lumbar nerve root

XA2ZQ7 Fourth lumbar nerve root

XA5W91 Fifth lumbar nerve root

XA9F62 Sacral nerve root

XA4HY7 First sacral nerve root

XA4PP9 Second sacral nerve root

XA32J7 Third sacral nerve root

XA0WH3 Fourth sacral nerve root

XA7BN5 Fifth sacral nerve root

XA9J98 Dorsal nerve root ganglion

XA1TP8 Dorsal nerve root

XA8G34 Ventral nerve root ganglion

XA1V70 Ventral nerve root

XA64F0 Spinal nerve plexus

XA6LU7 Cervical plexus

XA22K9 Brachial plexus

XA1UT5 Posterior cord of brachial plexus

XA9PG2 Lateral cord of brachial plexus

XA7UA9 Medial cord of brachial plexus

XA8YS2 Lumbosacral plexus

XA1E79 Lumbar plexus

XA1JE5 Presacral plexus

XA0929 Sacral plexus

XA5186 Patellar plexus

XA3SK8 Splanchnic plexus

XA2G95 Uterovaginal plexus

XA1KP5 Vesical nervous plexus

XA06U6 Peripheral nerve

XA20S2 Inferior cervical ganglion

XA0Z50 Suboccipital nerve

XA4WK4 Greater auricular nerve

XA6BB0 Greater occipital nerve

XA3ND8 Lesser occipital nerve

XA18D0 Third occipital nerve

XA8T30 Iliohypogastric nerve

XA5Q50 Ilioinguinal nerve

XA8CZ0 Inferior anal nerves

XA8U35 Lumbar splanchnic nerve

XA8ML2 Middle cardiac nerve

XA11K1 Posterior branch of spinal nerve

XA9AN9 Posterior superior alveolar nerve

XA7ZD7 Proper palmar digital nerves of median nerve

XA0SA1 Sacral splanchnic nerves

XA1SM8 Semilunar ganglion

XA07F8 Short ciliary nerves

XA1AC5 Superior cardiac nerve

XA6BG1 Superior cervical ganglion

XA6YL5 Superior ganglion

XA25F4 Transverse cervical nerve

XA9ZM0 Phrenic nerve

XA6W14 Sympathetic trunk

XA7HH4 Common fibular nerve

XA3QB5 Deep fibular nerve

XA11D4 Femoral nerve

XA9JZ4 Genitofemoral nerve

XA60R4 Gluteal nerve

XA1GU3 Inferior gluteal nerve

XA4834 Lateral femoral cutaneous nerve

XA9958 Lateral plantar nerve

XA5UE9 Lumbar nerve

XA8307 Lumboinguinal nerve

XA76D3 Lumbosacral trunk

XA9AF5 Medial plantar nerve

XA7S27 Nerve to quadratus femoris

XA3906 Plantar nerve

XA83P9 Posterior cutaneous nerve of thigh

XA9EW1 Saphenous nerve

XA9KK8 Sciatic nerve

XA2125 Superficial fibular nerve

XA9AC5 Superior gluteal nerve

XA4HR8 Sural nerve

XA7534 Tibial nerve

XA9JU0 Anococcygeal nerve

XA84W1 Cauda equina

XA5C62 Coccygeal nerve

XA76C3 Dorsal nerve of clitoris

XA8CC3 Dorsal nerve of the penis

XA99Q6 Genital branch of genitofemoral nerve

XA0W10 Perineal nerve

XA7NU3 Posterior scrotal nerve

XA6WU3 Pudendal nerve

XA55J8 Accessory obturator nerve

XA9RP3 Dorsal scapular nerve

XA9TB4 Inferior cardiac nerve

XA5HJ3 Intercostal nerve

XA2F71 Intercostobrachial nerve

XA5A06 Lateral pectoral nerve

XA0A05 Long thoracic nerve

XA9XA5 Lower subscapular nerve

XA49V5 Medial pectoral nerve

XA1BR5 Right recurrent laryngeal nerve

XA3RU6 Subcostal nerve

XA5318 Supraclavicular nerves

XA8QY6 Suprascapular nerve

XA2R06 Thoracic splanchnic nerve

XA0462 Thoraco-abdominal nerve

XA2542 Thoracodorsal nerve

XA5KR0 Upper subscapular nerve

XA1ZC4 Axillary nerve

XA1LW6 Common palmar digital nerves of median nerve

XA5179 Deep branch of the radial nerve

XA37M8 Digital nerve

XA1TY7 Dorsal branch of ulnar nerve

XA6166 Lateral cutaneous nerve of forearm

XA9HJ5 Medial cutaneous nerve

XA7K97 Medial cutaneous nerve of arm

XA26F7 Medial cutaneous nerve of forearm

XA3P46 Muscular branches of the radial nerve

XA89K2 Palmar branch of the median nerve

XA7FU0 Palmar branch of ulnar nerve

XA0KL7 Posterior cutaneous nerve of forearm

XA2XU7 Posterior cutaneous nerve of arm

XA2E94 Superficial branch of the radial nerve

XA6B07 Superior lateral cutaneous nerve of arm

XA2M04 Ansa cervicalis

XA6RQ4 Anterior interosseous nerve

XA6PJ8 Anterior superior alveolar nerve

XA54B9 Bulbar nuclei

XA89R1 Celiac ganglion

XA8QL3 Diagonal band of Broca

XA66H0 Geniculate ganglion

XA6B81 Intermediate cutaneous nerve

XA8AU6 Jugular ganglion

XA1Z01 Long root of the ciliary ganglion

XA9RD0 Middle cervical ganglion

XA5QF4 Musculocutaneous nerve

XA96Q6 Nerve of the cervical region

XA1HC7 Nerve to obturator internus

XA8PE3 Nerve to the piriformis

XA4XD7 Nerve to the subclavius

XA0869 Nervus intermedius

XA2KG8 Nervus spinosus

XA5NY4 Nodose ganglion

XA4548 Obturator nerve

XA9519 Paraganglion

Coded Elsewhere: Carotid body (XA0F61)

XA0VA6 Aortic body

XA6Y08 Coccygeal glomus

XA17K2 Glomus jugulare

XA8S02 Para-aortic body

XA1GM8 Pelvic splanchnic nerve

XA6GZ8 Perforating cutaneous nerve

XA4A74 Perineal branches of posterior femoral cutaneous nerve

XA7718 Autonomic nervous system

XA2BH4 Nerves of the autonomic nervous system

Coded Elsewhere: Infraorbital nerve (XA3G43)

Splanchnic plexus (XA3SK8)

Uterovaginal plexus (XA2G95)

Vesical nervous plexus (XA1KP5)

XA3XN8 Aortic plexus

XA2G56 Auerbach plexus

XA9QM5 Cardiac plexus

XA3FS7 Cavernous plexus

XA4U92 Coeliac plexus

XA2Y82 Gastric plexus

XA4YZ0 Hepatic plexus

XA05T1 Inferior hypogastric plexus

XA8QG3 Inferior mesenteric plexus

XA5JN1 Internal carotid plexus

XA8Z10 Meissner plexus

XA7K49 Oesophageal plexus

XA9PB2 Ovarian plexus

XA0C44 Pancreatic plexus

XA9ME3 Phrenic plexus

XA16Y3 Prostatic plexus

XA9411 Pudendal plexus

XA82M9 Renal plexus

XA4V38 Splenic plexus

XA33C1 Superior hypogastric plexus

XA3DJ3 Superior mesenteric plexus

XA4G22 Superior rectal plexus

XA6MY2 Suprarenal plexus

XA7EA2 Parasympathetic nervous system

XA93B4 Sympathetic nervous system

Nerve

Coded Elsewhere: Peripheral nerve (XA06U6)

Accessory obturator nerve (XA55J8)

Auricular branch of vagus nerve (XA0P44)

Anococcygeal nerve (XA9JU0)

Ansa cervicalis (XA2M04)

Anterior interosseous nerve (XA6RQ4)

Anterior superior alveolar nerve (XA6PJ8)

Aortic plexus (XA3XN8)

Auerbach plexus (XA2G56)

Auriculotemporal nerve (XA5DA8)

Axillary nerve (XA1ZC4)

Buccal nerve (XA7UK9)

Bulbar nuclei (XA54B9)

Cardiac plexus (XA9QM5)

Cauda equina (XA84W1)

Cavernous plexus (XA3FS7)

Celiac ganglion (XA89R1)

Chorda tympani (XA2BL2)

Ciliary ganglion (XA1SG6)

Coccygeal nerve (XA5C62)

Cochlear nerve (XA1QU6)

Common palmar digital nerves of median nerve (XA1LW6)

Common fibular nerve (XA7HH4)

Conus medullaris (XA2FQ1)

Cranial Nerve (XA8EK9)

Deep branch of the radial nerve (XA5179)

Deep fibular nerve (XA3QB5)

Deep petrosal nerve (XA9CT5)

Deep temporal nerve (XA52H1)

Diagonal band of Broca (XA8QL3)

Digital nerve (XA37M8)

Dorsal branch of ulnar nerve (XA1TY7)

Dorsal nerve of clitoris (XA76C3)

Dorsal nerve of the penis (XA8CC3)

Dorsal scapular nerve (XA9RP3)

Oesophageal plexus (XA7K49)

Ethmoidal nerve (XA5BP8)

External laryngeal nerve (XA9LP4)

Femoral nerve (XA11D4)

Frontal nerve (XA7F46)

Gastric plexus (XA2Y82)

Geniculate ganglion (XA66H0)

Genital branch of genitofemoral nerve (XA99Q6)

Genitofemoral nerve (XA9JZ4)

Gluteal nerve (XA60R4)

Greater auricular nerve (XA4WK4)

Greater occipital nerve (XA6BB0)

Greater petrosal nerve (XA4W18)

Hepatic plexus (XA4YZ0)

Iliohypogastric nerve (XA8T30)

Ilioinguinal nerve (XA5Q50)

Inferior alveolar nerve (XA3VT0)

Inferior anal nerves (XA8CZ0)

Inferior cardiac nerve (XA9TB4)

Inferior cervical ganglion (XA20S2)

Inferior gluteal nerve (XA1GU3)

Inferior hypogastric plexus (XA05T1)

Inferior mesenteric plexus (XA8QG3)

Inferior palpebral nerve (XA4E11)

Infraorbital nerve (XA3G43)

Intercostal nerve (XA5HJ3)

Intercostobrachial nerve (XA2F71)

Intermediate cutaneous nerve (XA6B81)

Internal carotid plexus (XA5JN1)

Internal laryngeal nerve (XA6UK8)

Jugular ganglion (XA8AU6)

Lacrimal nerve (XA16M4)

Lateral cord of brachial plexus (XA9PG2)

Lateral cutaneous nerve of forearm (XA6166)

Lateral femoral cutaneous nerve (XA4834)

Lateral pectoral nerve (XA5A06)

Lateral plantar nerve (XA9958)

Lateral pterygoid nerve (XA3114)

Left recurrent laryngeal nerve (XA3524)

Lesser occipital nerve (XA3ND8)

Lingual nerve (XA5CT7)

Long ciliary nerves (XA3VY1)

Long root of the ciliary ganglion (XA1Z01)

Long thoracic nerve (XA0A05)

Lower subscapular nerve (XA9XA5)

Lumbar nerve (XA5UE9)

Lumbar splanchnic nerve (XA8U35)

Lumboinguinal nerve (XA8307)

Lumbosacral trunk (XA76D3)

Trigeminal nerve, mandibular branch (XA1F17)

Masseteric nerve (XA5NQ5)

Trigeminal nerve, maxillary branch (XA8KJ5)

Medial cord of brachial plexus (XA7UA9)

Medial cutaneous nerve of arm (XA7K97)

Medial cutaneous nerve of forearm (XA26F7)

Medial cutaneous nerve (XA9HJ5)

Medial pectoral nerve (XA49V5)

Medial plantar nerve (XA9AF5)

Medial pterygoid nerve (XA1RH8)

Meissner plexus (XA8Z10)

Mental nerve (XA6ZD8)

Middle cardiac nerve (XA8ML2)

Middle cervical ganglion (XA9RD0)

Middle meningeal nerve (XA9G70)

Muscular branches of the radial nerve (XA3P46)

Musculocutaneous nerve (XA5QF4)

Mylohyoid nerve (XA9FV5)

Nasociliary nerve (XA5WM9)

Nasopalatine nerve (XA0S35)

Nerve of pterygoid canal (XA9LR9)

Nerve of the cervical region (XA96Q6)

Spinal nerve plexus (XA64F0)

Spinal nerve root (XA6EC2)

Nerve to obturator internus (XA1HC7)

Nerve to quadratus femoris (XA7S27)

Nerve to the piriformis (XA8PE3)

Nerve to the stapedius (XA69Y7)

Nerve to the subclavius (XA4XD7)

Nervus intermedius (XA0869)

Nervus spinosus (XA2KG8)

Nodose ganglion (XA5NY4)

Obturator nerve (XA4548)

Trigeminal nerve, ophthalmic branch (XA95Y8)

Otic ganglion (XA2260)

Ovarian plexus (XA9PB2)

Palatine nerve (XA7P00)

Palmar branch of the median nerve (XA89K2)

Palmar branch of ulnar nerve (XA7FU0)

Pancreatic plexus (XA0C44)

Paraganglion (XA9519)

Patellar plexus (XA5186)

Pelvic splanchnic nerve (XA1GM8)

Perforating cutaneous nerve (XA6GZ8)

Perineal branches of posterior femoral cutaneous nerve (XA4A74)

Perineal nerve (XA0W10)

Petrous ganglion (XA48Z8)

Pharyngeal nerve (XA5Q86)

Phrenic nerve (XA9ZM0)

Phrenic plexus (XA9ME3)

Plantar nerve (XA3906)

Posterior auricular nerve (XA7F87)

Posterior branch of spinal nerve (XA11K1)

Posterior cord of brachial plexus (XA1UT5)

Posterior cutaneous nerve of arm (XA2XU7)

Posterior cutaneous nerve of forearm (XA0KL7)

Posterior cutaneous nerve of thigh (XA83P9)

Posterior scrotal nerve (XA7NU3)

Posterior superior alveolar nerve (XA9AN9)

Proper palmar digital nerves of median nerve (XA7ZD7)

Prostatic plexus (XA16Y3)

Pterygopalatine ganglion (XA0ER1)

Pudendal nerve (XA6WU3)

Pudendal plexus (XA9411)

Renal plexus (XA82M9)

Right recurrent laryngeal nerve (XA1BR5)

Sacral splanchnic nerves (XA0SA1)

Saphenous nerve (XA9EW1)

Sciatic nerve (XA9KK8)

Semilunar ganglion (XA1SM8)

Short ciliary nerves (XA07F8)

Sphenopalatine nerves (XA3W58)

Spinal nerve (XA65L3)

Splenic plexus (XA4V38)

Subcostal nerve (XA3RU6)

Submandibular ganglion (XA74N6)

Suboccipital nerve (XA0Z50)

Superficial branch of the radial nerve (XA2E94)

Superficial fibular nerve (XA2125)

Superior cardiac nerve (XA1AC5)

Superior cervical ganglion (XA6BG1)

Superior ganglion (XA6YL5)

Superior gluteal nerve (XA9AC5)

Superior hypogastric plexus (XA33C1)

Superior labial nerve (XA6AE9)

Superior laryngeal nerve (XA2HA5)

Superior lateral cutaneous nerve of arm (XA6B07)

Superior mesenteric plexus (XA3DJ3)

Superior rectal plexus (XA4G22)

Supraclavicular nerves (XA5318)

Suprarenal plexus (XA6MY2)

Suprascapular nerve (XA8QY6)

Supratrochlear nerve (XA95V8)

Sural nerve (XA4HR8)

Sympathetic trunk (XA6W14)

Third occipital nerve (XA18D0)

Thoracic splanchnic nerve (XA2R06)

Thoraco-abdominal nerve (XA0462)

Thoracodorsal nerve (XA2542)

Tibial nerve (XA7534)

Transverse cervical nerve (XA25F4)

Tympanic nerve (XA4Q30)

Upper subscapular nerve (XA5KR0)

Vestibular nerve (XA1AL7)

Zygomatic nerve (XA4DJ9)

Zygomaticofacial nerve (XA62X3)

Zygomaticotemporal nerve (XA9MM8)

XA3PR2 Nerve ganglia

XA2B55 Infraorbital plexus

XA0GB0 Median nerve

XA3M58 Nerve of the Thorax

Number of Nerves

XA2330 Multiple Nerves

XA7MX8 Single Nerve

XA8BJ3 Radial nerve

XA2AS2 Ulnar nerve

XA4M27 Ventral ramus

Visual system

XA7D89 Eye

Coded Elsewhere: Lacrimal gland (XA75Y9)

XA17K1 Eyelid and ocular surface

Coded Elsewhere: Cornea (XA4C02)

XA3RB1 Eyelids

XA9K79 Upper eyelid

XA53T1 Upper eyelid margin

Coded Elsewhere: Superior lacrimal punctum (XA2VR4)

XA4649 Superior palpebral sulcus

XA0JV9 Lower eyelid

XA4AX5 Lower eyelid margin

Coded Elsewhere: Inferior lacrimal punctum (XA99D0)

XA0403 Lateral canthus

XA2GQ3 Medial canthus

XA8PS3 Conjunctiva

XA3X70 Palpebral conjunctiva

XA6EZ4 Conjunctival fornices

XA4H06 Superior conjunctival fornix

XA3KE6 Inferior conjunctival fornix

XA6V06 Bulbar conjunctiva

XA0M40 Eyeball

Coded Elsewhere: Anterior chamber of the eye (XA4MZ4)

Posterior chamber of the eye (XA0N58)

XA2AF4 Sclera

XA4C02 Cornea

XA1DA5 Limbus of cornea

XA4MT3 Uvea

XA03X9 Ciliary body

XA9SH1 Ciliary muscle

XA1S43 Ciliary processes

XA96A7 Choroid

Coded Elsewhere: Crystalline lens (XA13U9)

XA3GW7 Iris

XA0B15 Pupil

XA0571 Pupillary membrane

XA13U9 Crystalline lens

XA6U53 Suspensory ligament of lens

XA8WV8 Retina

XA9V06 Macula lutea

XA2U02 Fovea

XA4A75 Optic disc

XA4YS8 Peripheral retina

XA0BB2 Chamber of eye

XA0N58 Posterior chamber of the eye

XA4HU2 Vitreous humor

XA4MZ4 Anterior chamber of the eye

XA3518 Aqueous humour

XA1TF9 Eye fluid

Coded Elsewhere: Aqueous humour (XA3518)

Vitreous humor (XA4HU2)

XA0096 Lacrimal apparatus

XA75Y9 Lacrimal gland

Coded Elsewhere: Nasolacrimal duct (XA5SW9)

Lacrimal sac (XA0096)

XA2PA4 Lacrimal gland ducts

XA9D80 Meibomian gland

XA8EM9 Lacrimal puncta

XA2VR4 Superior lacrimal punctum

XA99D0 Inferior lacrimal punctum

XA6C35 Lacrimal canaliculi

XA5SW9 Nasolacrimal duct

XA2WJ9 Orbit

Coded Elsewhere: Orbital bone (XA8E69)

XA9WT4 Connective and other soft tissue of orbit

Coded Elsewhere: Lateral palpebral artery (XA00Q9)

Superior rectus muscle (XA51R1)

Superior oblique muscle (XA2X27)

Medial rectus muscle (XA95N1)

Inferior rectus muscle (XA1X67)

Inferior oblique muscle (XA4N79)

Lateral rectus muscle (XA3282)

Levator palpebrae superioris muscle (XA2R46)

XA8GT2 Nasofrontal vein

XA7LQ0 Supraorbital vein

Auditory system

XA01U5 Ear

XA57R3 Inner Ear

XA3MS6 Semicircular canals

XA0JV0 Cochlea

XA6ZY7 Internal Acoustic Meatus

XA0L54 Labyrinth

XA44P4 Auditory vestibule

XA0G74 Middle Ear

Coded Elsewhere: Bones of middle ear (XA6EQ1)

XA7XY6 Eustachian tube

XA16S6 Oval window

XA9RH9 Mastoid antrum

XA3KB2 Tympanic cavity

XA3UT7 Connective and other soft tissues of middle ear

XA08X4 Tympanic membrane

XA6ZY6 External Ear

The external portion of the ear comprising the pinna (auricle) and the external auditory canal.

XA4E71 Pinna

XA6B58 Helix of pinna

XA9A86 Crus of helix

XA9M10 Apex of helix

XA7AB8 Spine of helix

XA1BZ8 Tail of helix

XA7V14 Antihelix

XA96Q7 Crura of antihelix

XA5LW2 Scaphoid fossa of pinna

XA8W55 Concha of pinna

XA5KM5 Cymba conchae

XA8D58 Conchal bowl of pinna

XA3RC6 Triangular fossa of pinna

The concavity bounded by the superior and inferior crura of the antihelix and the ascending portion of the helix of the external ear

XA2N71 Tragus of pinna

XA5VK5 Intertragic notch of pinna

XA0TW7 Earlobe

XA7RR9 Antitragus of pinna

XA3S47 Posterior surface of pinna

XA6NU1 Antihelical fossa

XA6KW8 Eminence of concha

XA0H47 Eminence of scapha

XA8VK6 Eminence of triangular fossa

XA4DV9 Retroauricular sulcus

XA3UC1 External auditory canal

The tubular skin-lined canal which focuses sound from the external environment onto the ear-drum

Coded Elsewhere: Tympanic membrane (XA08X4)

XA5GS5 External auditory meatus

The entrance to the external auditory canal

XA5K66 Ceruminal gland

XA9E26 Skin of auricle

Circulatory system

XA4PM9 Cardiovascular system

XA5999 Arteries

XA4TS7 Artery of head, face, and neck

XA2B10 Anterior communicating artery

XA2QF4 Anterior ethmoidal artery

XA53D3 Nasal branches of the anterior ethmoidal artery

XA00K1 Anterior meningeal artery

XA1GU9 Anterior superior alveolar artery

XA2505 Artery of pterygoid canal

XA9AD7 Carotid artery

XA0F61 Carotid body

XA1V84 Common carotid artery

XA78C0 Internal carotid artery

XA1CW5 Ophthalmic artery

XA9EK2 External carotid artery

XA5SN3 Cerebellar artery

XA13S2 Cerebral artery

XA1VB0 Anterior cerebral artery

XA2K99 Basilar artery

XA3185 Pontine branches of the basilar artery

XA2JH8 Middle cerebral artery

XA4WT4 Anterolateral central artery

XA7C50 Posterior cerebral artery

XA2UK9 Costocervical trunk

XA7SK1 Deep auricular artery

XA1NY7 Deep cervical artery

XA18D8 Dorsal nasal artery

XA56R8 Dorsal nasal artery to the root of nose

XA0PF0 Dorsal nasal artery to the dorsum of the nose

XA4QF0 External striate of the anterolateral central artery

XA3FL3 Facial artery

XA7YP8 Ascending palatine artery

XA4UT8 Superior labial artery

XA2ZM0 Inferior labial artery

XA36S6 Angular artery

XA9QG7 Cervical artery

XA85T4 Deep branch of the submental artery

XA83M8 Glandular branches of the cervical artery

XA2626 Greater palatine artery

XA4H29 Hyoid artery

XA4VH9 Inferior palpebral arch artery

XA5VX8 Internal striate of the anterolateral central artery

XA85W7 Intracranial artery

XA16L7 Lateral branch of the posterior inferior cerebellar artery

XA3N26 Lateral nasal branch of the facial artery

XA5Z38 Lesser palatine artery

XA5TR9 Lingual branch of the inferior alveolar artery

XA18M5 Maxillary artery

XA49F5 First portion of the maxillary artery

XA0BD0 Deep temporal artery (anterior and posterior)

XA7SV5 Inferior alveolar artery

XA3W87 Incisor branch of the Inferior alveolar artery

XA7AG7 Mental branch of the Inferior alveolar artery

XA49F4 Masseteric artery

XA55G2 Descending palatine artery

XA9XM3 Pharyngeal artery

XA3WA5 Posterior superior alveolar artery

XA0LK0 Buccal artery

XA9MM1 Anterior tympanic artery

XA8YX3 Accessory meningeal artery

XA5RM1 Middle meningeal artery

XA2WS5 Lingual artery

XA9EU7 Occipital artery

XA13U3 Posterior auricular artery

XA0SB1 Superficial temporal artery

XA7WG0 Frontal branch of the superficial temporal artery

XA7K29 Superior thyroid artery

XA0FT7 Cricothyroid artery

XA2V10 Inferior thyroid artery

XA77C5 Sternocleidomastoid artery

XA00E5 Ascending pharyngeal artery

XA53A8 Right common carotid artery

XA6X36 Middle temporal artery

XA3TE9 Mylohyoid branch of the inferior alveolar artery

XA6XV2 Parietal branch of the superficial temporal artery

XA7U73 Posterior communicating artery

XA5881 Posterior ethmoidal artery

XA7561 Nasal branches of the posterior ethmoidal artery

XA7945 Meningeal branch of the posterior ethmoidal artery

XA8RM9 Posterior inferior cerebellar artery

XA9VV0 Posterior lateral nasal branches of the sphenopalatine artery

XA8FA1 Posterior meningeal artery

XA4Q78 Posterior septal branches of the sphenopalatine artery

XA1K74 Pterygoid branches

XA1BZ0 Sphenopalatine artery, terminal branch

XA90T0 Submental artery of the cervical artery

XA6FR0 Superficial branch of the submental artery

XA0898 Superficial branch of the transverse cervical artery

XA82P9 Superficial petrosal branch of the anterior and posterior meningeal artery

XA7423 Superior cerebellar artery

XA9GU1 Superior laryngeal artery

XA50Q9 Superior tympanic artery

XA6W31 Supratrochlear artery

XA65G3 Temporal branches of the anterior and posterior meningeal artery

XA9XH0 Thyrocervical trunk

XA2E78 Tonsillar branch of the cervical artery

XA6142 Transverse cervical artery

XA9M59 Transverse facial artery

XA5D86 Twig to the upper part of lacrimal sac of the dorsal nasal artery

XA1XP6 Vertebral artery

XA3NW4 Meningeal branches of vertebral artery

XA6TE8 Ascending branch of the vertebral artery

XA3R20 Descending branch of the vertebral artery

XA1C15 Supraorbital artery

XA6503 Superficial branch of the supraorbital artery

XA8BL5 Deep branch of the supraorbital artery

XA34H5 Orbital branches of the anterior and posterior meningeal artery

XA5C33 Infraorbital artery

XA05E9 Orbital branches of the infraorbital artery

XA9RA2 Long posterior ciliary artery

XA04E2 Short posterior ciliary artery

XA94Y6 Anterior ciliary artery

XA5RB0 Central retinal artery

XA22D8 Circulus arteriosus major artery

XA8T70 Circulus arteriosus minor artery

XA5P69 Lacrimal artery

XA00Q9 Lateral palpebral artery

XA8VA1 Medial palpebral artery

XA35L5 Superior palpebral arch artery

XA1Q49 Zygomatic branches of the lacrimal artery

XA4KE1 Branches to gingiva

XA9UT1 Artery of thorax

Coded Elsewhere: Arteries of heart (XA42G7)

XA4TH8 Branches to diaphragm of the musculophrenic artery

XA1PX4 Branches to lower part of the pericardium of the musculophrenic artery

XA2KA0 Brachiocephalic trunk

XA3M86 Deep branch of dorsal scapular artery

XA7KK5 Intercostal artery

XA0T62 Intercostal branches of the musculophrenic artery

XA9S49 Internal thoracic artery

XA4XE2 Mediastinal artery

XA3DE1 Lateral thoracic artery

XA09J9 Pulmonary artery

XA1EE3 Lower (3rd to 11th) posterior intercostal artery

XA0QG6 Lower branches of the space anastomoses of the six anterior intercostal branches of the internal thoracic artery

XA7EC2 Musculophrenic artery

XA1190 Perforating branches of the internal thoracic artery

XA0WT1 Posterior intercostal artery

XA14K0 Six anterior intercostal branches of the internal thoracic artery

XA6UQ6 Sternal branches of the internal thoracic artery

XA3311 Subcostal artery

XA9J15 Superior phrenic artery

XA8M67 Superior thoracic artery

XA7TT5 Supreme intercostal artery

XA79X5 Thoracoacromial artery

XA99C2 Upper branches of the six anterior intercostal branches of the internal thoracic artery

XA8ES3 Oesophageal artery

XA8K52 Aorta of thorax

XA75Z8 Arch of the aorta

Coded Elsewhere: Aortic body (XA0VA6)

XA01A6 Ascending aorta

XA5H34 Descending aorta

XA6E07 Bronchial artery

XA5D68 Subclavian artery

XA9JK8 Artery of abdomen

Coded Elsewhere: Abdominal aorta (XA5Z66)

XA7TZ1 Anterior suprarenal artery

XA82R7 Ascending branch of the left colic artery

XA8BY2 Branches to abdominal muscles of the musculophrenic artery

XA8577 Coeliac artery

XA26R6 Common hepatic artery

XA0JE4 Cystic artery

XA6NY6 Descending branch of the left colic artery

XA1VJ7 Descending vasa recta

XA1QB0 Dorsal pancreatic artery

XA0NN4 Gastroduodenal artery

XA5AP2 Hepatic artery

XA2LQ8 Hepatic branch of the left gastric artery

XA2Z43 Ileocolic artery

XA3F13 Inferior epigastric artery

XA2N15 Inferior mesenteric artery

XA6358 Inferior pancreaticoduodenal artery

XA2LL9 Inferior phrenic artery

XA68L7 Intestinal artery

XA6WR7 Left colic artery

XA0LL0 Left gastric artery

XA9AQ6 Left gastro-omental artery

XA4UK9 Lumbar artery

XA6CA5 Mesenteric artery

XA1Z62 Middle colic artery

XA1GQ7 Middle suprarenal artery

XA00T1 Posterior suprarenal artery

XA8C72 Proper hepatic artery

XA69V9 Renal artery

XA6GC2 Right colic artery

XA9HE0 Right gastric artery

XA8V02 Right gastro-omental artery

XA02A2 Sigmoid artery

XA0R02 Splenic artery

XA2870 Superior pancreaticoduodenal artery

XA51U4 Terminal branches of the proper hepatic artery

XA0VZ0 Umbilical artery

XA3VR0 Superior mesenteric artery

XA4GP1 Artery of pelvis

XA5PV1 Artery of bulb of penis

XA30X9 Artery of bulb of vestibule

XA4XP0 Deep artery of clitoris

XA7AM0 Deep artery of penis

XA14N2 Deep branch of the superior gluteal artery

XA4AP3 Deep external pudendal artery

XA27B8 Deferential artery

XA4FK8 Dorsal artery of clitoris

XA4X54 Dorsal artery of penis

XA5GV0 Iliac branch of the iliolumbar artery

XA7D46 Iliolumbar artery

XA3XS2 Inferior branch of the lateral sacral artery

XA0G82 Inferior gluteal artery

XA2QX3 Inferior vesical artery

XA7FK7 Internal pudendal artery

XA5Y50 Lateral sacral artery

XA82V4 Median sacral artery

XA8X93 Middle rectal artery

XA69V8 Obturator artery

XA1MF5 Ovarian artery in females

XA5MN1 Perineal artery

XA34Z7 Posterior labial branches  of the internal pudendal artery

XA2025 Posterior scrotal branches of the internal pudendal artery

XA2TT0 Superficial branch of the superior gluteal artery

XA0AZ8 Superior branch of the lateral sacral artery

XA26E6 Superior gluteal artery

XA1426 Superior vesical artery

XA0UK9 Testicular artery in males

XA85K8 Urethral artery

XA0610 Uterine artery

XA47A2 Vaginal artery

XA83D6 Iliac artery

XA6PZ8 Common iliac artery

XA9MJ1 Deep circumflex iliac artery

XA4HL2 Internal iliac artery

XA53T4 External iliac artery

XA9QC3 Inferior adrenal artery

XA81N7 Artery of upper extremity

Coded Elsewhere: Subclavian artery (XA5D68)

XA0H14 Anterior humeral circumflex artery

XA7U09 Anterior ulnar recurrent artery

XA2PP8 Anterior interosseous artery

XA8ZA6 Ascending branches of the Inferior ulnar collateral artery

XA38W3 Axillary artery

XA1138 Brachial artery

XA5RC6 Branch to volar carpal network of the anterior interosseous artery

XA91T8 Branches to the deltoid muscle of the Profunda brachii artery

XA4RU3 Common interosseous artery

XA3M37 Deep palmar arch

XA1ES5 Descending branches of the Inferior ulnar collateral artery

XA2UT9 First dorsal metacarpal artery

XA9F90 Inferior ulnar collateral artery

XA9179 Interosseous recurrent artery

XA2722 Medial collateral artery

XA8LL2 Muscular branches of the anterior interosseous artery

XA0GZ0 Palmar carpal arch

XA2F13 Palmar carpal branch of radial artery

XA51P8 Posterior interosseous artery

XA8JY7 Posterior ulnar recurrent artery

XA05L5 Princeps pollicis artery

XA2PP0 Profunda brachii artery

XA8RG5 Radial artery

XA9W25 Radial branches at the wrist of the radial artery

XA91J7 Radial branches in the hand of the radial artery

XA3SL1 Radial branches in the forearm of the radial artery

XA3PZ4 Radial collateral artery

XA3H61 Radial recurrent artery

XA62C1 Radialis indicis of the radial artery

XA5AG1 Superficial palmar arch

XA5BG5 Superficial palmar branch of the radial artery

XA0JA6 Superior ulnar collateral artery

XA23B7 Ulnar artery

XA90B4 Volar carpal network

XA1VB5 Deep volar branch of ulnar artery

XA9ZJ6 Dorsal carpal arch

XA44C1 Dorsal carpal branch of radial artery

XA7M90 Dorsal carpal network

XA2YJ5 Subscapular artery

XA0882 Posterior humeral circumflex artery

XA8DW5 Artery of lower extremity

XA61E8 Acetabular branch

XA91J1 Anterior lateral malleolar artery

XA4K68 Anterior medial malleolar artery

XA6CN3 Anterior tibial artery

XA7BL5 Anterior tibial recurrent artery

XA5BU3 Ascending branch of the lateral femoral circumflex artery

XA0DB6 Ascending branch of the medial femoral circumflex artery

XA42R8 Branch of the medial inferior genicular artery to popliteus

XA7WF1 Branch of the medial superior genicular artery to vastus medialis

XA2DD1 Branch of the medial superior genicular artery to surface of the femur and the knee-joint

XA4VS8 Communicating branch of the fibular artery to the anterior tibial artery

XA7DF6 Deep branch of the descending branch of the Medial femoral circumflex artery

XA19F5 Deep branch of the lateral superior genicular artery

XA3KL5 Deep femoral artery

XA3SV6 Descending branch of the lateral femoral circumflex artery

XA15J8 Descending branch of the Medial femoral circumflex artery

XA3CV5 Descending genicular artery

XA41L4 Dorsalis pedis artery

XA2JF3 Femoral artery

XA9GM6 Fibular artery

XA2GU0 First perforating artery

XA9EP9 Lateral femoral circumflex artery

XA4B67 Lateral inferior genicular artery

XA6920 Medial femoral circumflex artery

XA1QB3 Medial inferior genicular artery

XA7PN1 Medial plantar artery

XA5LB1 Middle genicular artery

XA0PT7 Muscular branches of the anterior tibial artery

XA9TP5 Musculo-articular branch of the Descending genicular artery

XA0GA4 Perforating artery

XA1YF2 Perforating branch of the fibular artery to the posterior tibial artery

XA44K1 Popliteal artery

XA6LK2 Posterior tibial artery

XA33D9 Posterior tibial recurrent artery

XA09P5 Saphenous branch of the Descending genicular artery

XA2Z59 Second perforating artery

XA7W56 Superficial branch of the descending branch of the Medial femoral circumflex artery

XA5687 Superficial branch of the lateral superior genicular artery

XA08Q7 Sural artery

XA8J55 Third or fourth perforating artery

XA4XR2 Transverse branch of the lateral femoral circumflex artery

XA6QR6 Lateral plantar artery

XA8YC8 Common femoral artery

XA5PP5 Superficial femoral artery

XA9PU5 Afferent arteriole of the interlobular artery

XA6Y34 Aorta

Coded Elsewhere: Ascending aorta (XA01A6)

Arch of the aorta (XA75Z8)

Descending aorta (XA5H34)

XA9NQ2 Thoracoabdominal aorta

Coded Elsewhere: Aorta of thorax (XA8K52)

XA5Z66 Abdominal aorta

XA5EX6 Suprarenal abdominal aorta

XA2LN9 Infrarenal abdominal aorta

XA5J49 Veins

XA59M2 Vein of head, face, and neck

XA9TJ8 Cortical vein

XA8ZU5 Basal vein

XA37J7 Alveolar vein

XA8ZS9 Angular vein

XA6HG4 Temporal vein

XA1GE4 Deep anterior temporal vein

XA8SD6 Middle temporal vein

XA30B2 Deep posterior temporal vein

XA2NX9 Superficial temporal vein

XA6SL1 Basilar plexus

XA5SG1 Buccinator vein

XA91N0 Cerebellar vein

XA93W0 Inferior cerebellar vein

XA2Z35 Superior cerebellar vein

XA2LX2 Cerebral vein

XA6DC3 Internal cerebral vein

XA1MX7 Deep middle cerebral vein

Inclusions: deep sylvian vein

XA0U80 Inferior cerebral vein

XA43H1 Middle cerebral vein

XA4WV6 Superficial middle cerebral vein

XA0E47 Superior cerebral vein

XA7VW1 Small anterior cerebral vein

XA18W3 Great cerebral vein

XA49Y4 Choroid vein

XA7C08 Cricothyroid vein

XA9U81 Deep cervical vein

XA2QB0 Diploic vein

XA6VQ5 Frontal diploic vein

XA6694 Anterior temporal diploic vein

XA5AY0 Posterior temporal diploic vein

XA2HM1 Occipital diploic vein

XA12G2 Emissary vein of the foramen of Vesalius

XA14M4 Emissary vein

XA6BA1 Condyloid emissary vein

XA4K04 Occipital emissary vein

XA8C81 Mastoid emissary vein

XA0T02 Parietal emissary vein

XA74U9 Frontal vein

XA0CA3 Frontal venous lacunae

XA3DS7 Great anastomotic vein of Trolard

XA9GT2 Inferior striate vein

XA4ZZ3 Maxillary vein

XA23C4 Laryngeal vein

XA2JH6 Inferior laryngeal vein

XA3XZ1 Superior laryngeal vein

XA8Z61 Masseteric vein

XA8NY9 Lingual vein

XA4105 Meningeal vein

XA8D07 Anterior meningeal vein

XA5600 Middle meningeal vein

XA73V2 Posterior meningeal vein

XA01E7 Occipital vein

XA7AS3 Occipital venous lacunae

XA0X91 Ophthalmic vein

XA6C95 Superior ophthalmic vein

XA8M04 Inferior ophthalmic vein

XA1SM5 Palatine vein

XA4HX4 Parietal venous lacunae

XA91G2 Parotid vein

XA98C1 Pharyngeal vein

XA2NF3 Posterior anastomotic vein of Labbé

XA0QP2 Pterygoid venous plexus

XA0M51 Sphenopalatine vein

XA4XY4 Stylomastoid vein

XA7K99 Sublingual vein

XA7ZY4 Submaxillary vein

XA1LD6 Submental vein

XA8680 Terminal vein

Inclusions: superior thalamostriate vein

XA7F45 Tracheal vein

XA6945 Transverse cervical vein

XA22T9 Vein from the tympanic cavity

XA21F0 Vein of the ala nasi

XA9914 Vein of the pterygoid canal

XA1RH4 Vena comitans of the hypoglossal nerve

XA1K34 Venous jugular arch

XA1VJ8 Venous Sinuses

XA5WN3 Cavernous sinus

XA4NJ4 Confluence of the sinuses

XA6ZV2 Inferior petrosal sinus

XA9ED6 Inferior sagittal sinus

XA2SC7 Occipital sinus

XA4041 Sigmoid sinus

XA03D2 Straight sinus

XA81R3 Superior sagittal sinus

XA1YP1 Superior petrosal sinus

XA4289 Transverse sinus

XA5255 Sphenoparietal sinus

XA3U52 Intercavernous sinus

XA8P44 Anterior intercavernous sinus

XA7QE4 Posterior intercavernous sinus

XA9JS4 Circular sinus

XA6UW5 Petrosquamous sinus

XA6HK7 Sinus of the dura mater

XA5UX2 Cranial venous sinus

Inclusions: cerebral venous sinus

XA9VA8 Thyroid vein

XA2KJ8 Inferior thyroid vein

XA2DN0 Middle thyroid vein

XA9BZ3 Superior thyroid vein

XA9SD5 Palpebral vein

XA9K84 Inferior palpebral vein

XA9T11 Superior palpebral vein

XA0Z20 Lateral palpebral vein

XA52V8 Labial vein

XA5DP6 Inferior labial vein

XA4AG1 Superior labial vein

XA97T8 Auricular vein

XA46F3 Anterior auricular vein

XA67N9 Posterior auricular vein

XA0BP3 Facial vein

XA7WC0 Anterior facial vein

XA2681 Deep facial vein

XA3LQ0 Common facial vein

XA4NP1 Posterior facial vein

XA5GY9 Transverse facial vein

XA4582 Jugular vein

XA9U48 Anterior jugular vein

XA46B9 Internal jugular vein

XA99S7 External jugular vein

XA31W7 Posterior external jugular vein

XA9XW7 Orbital vein

XA73J2 Vein of the pericranium

XA0ET2 Anterior vertebral vein

XA1LU7 Deep temporal vein

XA2L55 Extraspinal vein

XA5YM5 Internal auditory vein

XA5TG4 Pterygoid plexus

XA1VP6 Pterygoid vein

XA1RV1 Superior sagittal vein

XA7QR6 Vertebral vein

XA0BP6 Anterior vertebral venous plexus

XA8CT1 Vein of thorax

Coded Elsewhere: Pulmonary vein (XA8FY4)

XA6DM9 Accessory hemiazygos vein

XA7AN5 Azygos vein

XA57F8 Brachiocephalic vein

XA1GY9 Bronchial vein

XA9NE2 Diaphragmatic vein

XA3VU3 Oesophageal vein

XA4GF1 Hemiazygos vein

XA27D1 Innominate vein

XA9HG3 Intercostal vein

XA6JE5 Mediastinal vein

XA6YT2 Subclavian vein

XA3568 Subcostal vein

XA4VD1 Superior epigastric vein

XA5WA4 Superior vena cava

XA4DR2 Superior intercostal vein

Inclusions: highest intercostal vein

XA3V69 Internal mammary vein

Inclusions: internal thoracic vein

XA2DL5 Transverse scapular vein

XA8WJ4 Subscapular vein

XA2YF2 Thymic vein

XA0RA8 Vein of abdomen

XA4DQ4 Ascending lumbar vein

XA9PF5 Caput medusae vein

XA1MQ4 Cystic Vein

XA95M2 Ileocolic vein

XA7UV5 Inferior vena cava

XA2UD7 Hepatic Vein

XA52L9 Lumbar vein

XA3X37 Pancreatic vein

XA4XM0 Pancreaticoduodenal vein

XA0N54 Paraumbilical Vein

XA1E17 Portal Vein

XA5JV6 Rectal venous plexus

XA0J33 Splenic vein

XA46Q0 Thoracoepigastric vein

XA2DK6 Colic vein

XA2UN4 Right colic vein

XA49E0 Middle colic vein

XA2WF1 Left colic vein

XA5T10 Rectal vein

Inclusions: hemorrhoidal vein

XA6NJ4 Middle rectal vein

Inclusions: middle hemorrhoidal vein

XA80L8 Inferior rectal vein

Inclusions: inferior hemorrhoidal vein

XA30C9 Superior hemorrhoidal vein

XA34F0 Perineal hemorrhoidal vein

XA1EK8 Phrenic vein

XA27Y3 Superior phrenic vein

XA0EZ6 Inferior phrenic vein

XA5KA1 Mesenteric vein

XA4DA7 Superior mesenteric vein

XA4EK2 Inferior mesenteric vein

XA04Q7 Epigastric vein

XA8WC0 Superficial epigastric vein

XA30F2 Inferior epigastric vein

XA1C53 Veins of stomach

XA7CB3 Gastric vein

XA73S8 Left gastric vein

Inclusions: coronary vein

XA23Q4 Right gastric vein

Inclusions: pyloric vein

XA5QC9 Short gastric vein

XA2R35 Gastroepiploic vein

XA55H2 Intestinal vein

XA26H2 Vein of pelvis

XA3200 Renal vein

XA6YL8 Corpus cavernosum penis

XA03F7 Deep dorsal vein of the penis

XA9X28 Iliolumbar vein

XA7U63 Deep vein of the penis

XA5AH6 Obturator vein

XA4PC3 Ovarian Vein

XA05M3 Pampiniform plexus

XA1W18 Perineal vein

XA8WY0 Prostatic vein

XA0GG0 Pubic vein

XA8HY5 Sigmoid vein

XA4TQ4 Superficial dorsal vein of the penis

XA2WW4 Suprarenal vein

XA7AB3 Uterine plexus

XA8M77 Uterine vein

XA1MK5 Vaginal vein

XA0DB7 Vesical plexus

XA7GN4 Vesical vein

XA9GG9 Vulval vein

XA8GA3 Gluteal vein

XA3HW8 Inferior gluteal vein

XA47S7 Superior gluteal vein

XA03Q4 Iliac vein

XA3EG0 Internal iliac vein

Inclusions: hypogastric vein

XA49T5 External iliac vein

XA7W40 Common iliac vein

XA3H93 Deep iliac circumflex vein

XA71Q4 Sacral vein

XA4PJ8 Lateral sacral vein

XA9Z04 Middle sacral vein

XA5KK7 Spermatic Vein

XA3F81 Pudendal vein

XA7XD2 Internal pudendal vein

XA6NF9 Superficial external pudendal vein

XA1ET7 Deep external pudendal vein

XA6TQ3 Adrenal vein

XA9WN7 Vein of upper extremity

XA0QT1 Accessory cephalic vein

XA3EY8 Axillary vein

XA6JD7 Basilic vein

XA43Q5 Brachial vein

XA4YQ8 Cephalic vein

XA7FD2 Common volar digital vein

XA7902 Deep volar venous arch

XA6NS3 Dorsal interosseous vein

XA9886 Dorsal metacarpal vein

XA4A41 Lateral thoracic vein

XA3TW9 Median antebrachial vein

XA1YZ7 Median basilic vein

Inclusions: median cubital vein

XA3GZ6 Proper volar digital vein

XA32L8 Radial vein

XA7HM9 Superficial volar venous arch

XA8CK3 Ulnar vein

XA2Y72 Volar digital vein

Inclusions: palmar digital vein

XA2C08 Volar interosseous vein

XA13N1 Volar metacarpal vein

XA76A3 Vein of lower extremity

XA8WJ3 Accessory saphenous vein

XA4CQ8 Anterior tibial vein

XA23R2 Common digital vein

XA3E41 Deep Femoral Vein

XA8RN9 Deep plantar venous arch

XA3QX9 Femoral vein

XA59H1 Great saphenous vein

XA74K2 Lateral femoral circumflex vein

XA4L08 Lateral marginal vein

XA0L88 Lateral plantar vein

XA8PZ9 Medial femoral circumflex vein

XA1XM3 Medial marginal vein

XA85B7 Medial plantar vein

XA7ND7 Metatarsal vein

XA4EV7 Plantar cutaneous venous arch

XA8657 Plantar digital vein

XA08Q1 Popliteal vein

XA5D60 Posterior tibial vein

XA2073 Small saphenous vein

XA8HR9 Superficial iliac circumflex vein

XA4930 Peroneal vein

XA8LE8 Anterior femoral cutaneous vein

XA60H0 Vena cava

Coded Elsewhere: Inferior vena cava (XA7UV5)

Superior vena cava (XA5WA4)

XA21T7 Blood Vessels

XA6943 Blood vessel of the finger

XA7SM4 Blood vessel of the thumb

XA6Y60 Blood vessels at wrist or hand level

XA08R7 Blood vessel of the kidney

XA5K61 Blood vessel of the lung

XA9AN5 Blood vessel of the neck

XA8N71 Blood vessel of the thorax

XA7P54 Blood vessel of hip

XA9M17 Blood vessels at lower leg level

XA2769 Capillary, not elsewhere classified

XA5TF7 Cerebral vasculature

XA4H19 Intracranial blood vessels, not elsewhere classified

XA1SX5 Extracranial blood vessels, not elsewhere classified

XA6H07 Heart

Coded Elsewhere: Chordae tendineae (XA01T0)

XA6548 Left atrium

XA7V72 Mitral valve

XA3GE9 Cusps of mitral valve

XA69W6 Chordae tendineae of mitral valve

XA78X5 Interatrial septum

XA6T92 Right atrium

XA6FF2 Tricuspid valve

XA19H9 Cusps of tricuspid valve

XA4LY3 Chordae tendineae of tricuspid valve

XA8FJ7 Left ventricle

XA19J4 Aortic valve

XA2QK7 Cusps of aortic valve

XA7S34 Left ventricular papillary muscles

XA5651 Interventricular septum

XA9HH8 Right ventricle

XA5Y16 Right ventricular papillary muscles

XA6WC4 Pulmonary valve

XA1403 Cusps of pulmonary valve

XA3B03 Coronary arteries

XA0F62 Left main coronary artery

XA9FX9 Left circumflex artery

XA7NQ7 Left anterior descending coronary artery

XA2N78 Diagonal branches of left anterior descending coronary artery

Diagonal branches of the left anterior descending coronary artery supply blood flow to the anterior and anterolateral walls of the left ventricle. There are usually denoted as D1, D2, D3, etc.

There are termed "diagonal" due to them branching from their parent vessel at acute angles. They extend over the left ventricle in a diagonal fashion toward the acute margin and the cardiac apex. They often run parallel to one another and are variable in number (often 2 to 9).

XA20E5 D1 - first diagonal branch

XA86J1 D2 - second diagonal branch

XA5SR3 D3 - third diagonal branch

XA1SH6 Left obtuse marginal artery

XA3QP2 Ramus intermedius artery

XA5LW8 Septal artery

XA2QX7 Right coronary artery

XA1LL7 Right acute marginal artery

XA81T7 Posterior interventricular artery

XA8PS0 Posterolateral artery

XA7TB5 Sinoatrial nodal artery

XA9FK9 Cardiac veins

XA6YW4 Oblique vein of the left atrium

XA0HP7 Left marginal vein of heart

XA38Z5 Great cardiac vein

XA8HT6 Posterior vein of the left ventricle

XA3UN3 Middle cardiac vein

XA6QD7 Small cardiac vein

XA16E4 Coronary sinus

XA4TZ2 Anterior cardiac veins

XA9498 Smallest cardiac vein

XA2KE8 Right marginal vein of heart

XA4366 Pericardial vein

XA10E0 Chamber of the heart

XA91S4 Cardiac atrium

Coded Elsewhere: Left atrium (XA6548)

Right atrium (XA6T92)

XA7XU8 Cardiac ventricle

Coded Elsewhere: Left ventricle (XA8FJ7)

Right ventricle (XA9HH8)

XA3113 Connective and other soft tissue of heart

Coded Elsewhere: Myocardium (XA8SK6)

Heart valve (XA0QB6)

Cardiac veins (XA9FK9)

XA42G7 Arteries of heart

Coded Elsewhere: Coronary arteries (XA3B03)

XA9X98 Pericardiophrenic artery

XA2XU0 Pericardium

XA8RK9 Parietal pericardium

XA48H9 Pericardial cavity

XA37Q8 Epicardium

XA3227 Endocardium

XA81Z5 Cardiac septum

Coded Elsewhere: Interatrial septum (XA78X5)

Interventricular septum (XA5651)

XA2DC8 Papillary muscle

XA6CK2 Heart wall

XA7RE3 Anterior wall of heart

XA5W05 Anterolateral wall of heart

XA2RT9 Anteroseptal wall of heart

XA4U99 Anteroapical wall of heart

XA3RM8 Inferior wall of heart

XA61Y9 Inferolateral wall of heart

XA2H88 Inferoposterior wall of heart

XA8ZQ8 Apical-lateral wall of heart

XA6GR4 Basal-lateral wall of heart

XA1HH6 High lateral wall of heart

XA3XS7 Lateral wall of heart

XA01U7 True posterior wall of heart

XA7D76 Posterobasal wall of heart

XA4RC1 Posterolateral wall of heart

XA60V2 Posteroseptal wall of heart

XA83Q5 Septal wall of heart

XA79Z5 Cardiac electrical conducting system

XA1UE3 Sinoatrial node

XA4359 Atrioventricular node

XA7J11 Bundle of His

XA0QB6 Heart valve

Coded Elsewhere: Mitral valve (XA7V72)

Tricuspid valve (XA6FF2)

Aortic valve (XA19J4)

Pulmonary valve (XA6WC4)

XA8SK6 Myocardium

Lymphatic system

Coded Elsewhere: Lymph nodes (XA33X2)

XA10P2 Lymphatic system of the head and neck

Coded Elsewhere: Lymph nodes of head, face and neck (XA9U65)

XA0LH6 Jugular lymphatic trunk

XA6TY4 Lymphatic vessel of the pinna

XA02Y8 Lymphatic vessel of the external acoustic meatus

XA1EC8 Lymphatic vessel of the face

XA0167 Lymphatic vessel of the palatine tonsil

XA4QZ6 Lymphatic vessel of the scalp

XA9FT5 Lymphatic vessel of the tongue

XA1G40 Lymphatic vessels of the skin and muscles of the neck

XA23Z9 Lymphatic system of the upper extremity

Coded Elsewhere: Lymph nodes of upper extremity (XA7TQ3)

XA05S0 Deep lymphatic vessel

XA6D43 Dorsal interosseous lymphatic vessel

XA7FS7 Median lymphatic vessel

XA3HQ3 Radial lymphatic vessel

XA12G8 Superficial lymphatic vessel

XA4UB1 Ulnar lymphatic vessel

XA5SZ5 Volar lymphatic vessel

XA52C3 Lymphatic system of the thorax

Coded Elsewhere: Subclavian lymphatic trunk (XA9CD6)

Intrathoracic lymph nodes (XA9WH0)

XA94Z9 Bronchomediastinal trunk

XA7474 Cisterna chyli lymph sac

XA1VK9 Deep lymphatic vessel of the thoracic wall

XA9D98 Intestinal lymphatic trunk

XA8JF4 Jugular lymph sac

XA1SQ2 Lymph Sac

XA8YM1 Lymphatic vessel of the diaphragm

XA4RC7 Lymphatic vessel of the breast

XA3SY2 Lymphatic vessel of the thoracic viscera

XA55B8 Lymphatic vessel of the heart

XA3EB8 Lymphatic vessel of the lungs

XA8QZ0 Lymphatic vessel of the oesophagus

XA6J62 Lymphatic vessel of the pericardium

XA4QL2 Lymphatic vessel of the pleura

XA3JF4 Lymphatic vessel of the thymus

XA4J10 Posterior lymph sac

XA8MX8 Retroperitoneal lymph sac

XA3ER1 Right lymphatic duct

XA3TX9 Superficial lymphatic vessel of the thoracic wall

XA8A74 Thoracic duct

XA81G2 Lymphatic system of the abdomen

Coded Elsewhere: Intra-abdominal lymph nodes (XA05C1)

XA07V7 Intestinal lumbar trunk

XA6R71 Lumbar lymphatic trunk

XA9XL5 Lymphatic vessel of the caecum

XA1BU5 Lymphatic vessel of the colon

XA92E5 Lymphatic vessel of the duodenum

XA6VD0 Lymphatic vessel of the gallbladder

XA55Y5 Lymphatic vessel of the ileum

XA4CQ1 Lymphatic vessel of the jejunum

XA3610 Lymphatic vessel of the kidney

XA0WY9 Lymphatic vessel of the liver

XA9YZ4 Lymphatic vessel of the pancreas

XA5LE6 Lymphatic vessel of the spleen

XA1599 Lymphatic vessel of the stomach

XA3RD0 Lymphatic vessel of the subdiaphragmatic portion of the digestive tube

XA21T8 Lymphatic vessel of the suprarenal lymph node

XA29U5 Lymphatic vessel of the vermiform process

XA6709 Lymphatic system of the pelvis and perineum

XA9H16 Anterior vesical lymphatic vessel of the bladder

XA28F6 Lateral vesical lymphatic vessel of the bladder

XA4LM3 Lymphatic vessel of the anal canal

XA5C29 Lymphatic vessel of the anus

XA1UK6 Lymphatic vessel of the bladder

XA16J8 Lymphatic vessel of the ductus deferens

XA4229 Lymphatic vessel of the ovary

XA1SS8 Lymphatic vessel of the prostate

XA6DH7 Lymphatic vessel of the rectum

XA2XZ6 Lymphatic vessel of the reproductive organs

XA1UA0 Lymphatic vessel of the testes

XA6324 Lymphatic vessel of the ureter

XA6HM6 Lymphatic vessel of the urethra

XA7JY4 Lymphatic vessel of the urinary organ

XA5755 Lymphatic vessel of the uterine tube

XA9PA3 Lymphatic vessel of the uterus

XA1ZK1 Lymphatic vessel of the vagina

XA0GB7 Lymphatic vessel of the seminal vesicles

XA0Z86 Lymphatic system of the lower extremity

Coded Elsewhere: Lymph nodes of lower extremity (XA86X1)

XA6UC7 Anterior tibial lymphatic trunk

Respiratory system

XA8Z63 Upper respiratory tract

Coded Elsewhere: Nostril (XA1B05)

Middle Ear (XA0G74)

Hypopharynx (XA2J67)

XA43C9 Nasal cavity

Coded Elsewhere: Nostril (XA1B05)

XA53X2 Nasal vestibule

XA8D47 Nasal septum

XA8817 Nasal turbinate

XA7WQ4 Nasal cartilage

XA4CN5 Nasal mucosa

XA6YH7 Connective, subcutaneous and other soft tissues of nasal cavity

XA3HQ4 nasal arch vein

XA3523 Accessory sinuses

XA1R64 Maxillary sinus

XA58F6 Ethmoid sinus

XA91G8 Frontal sinus

XA4U67 Sphenoid sinus

XA9AZ1 Nasopharynx

XA0659 Superior wall of nasopharynx

XA21P9 Anterior wall of nasopharynx

XA4BR4 Posterior wall of nasopharynx

XA5AS8 Adenoid

XA7PX5 Lateral wall of nasopharynx

XA7W35 Pharyngeal recess

XA9P89 Retropharyngeal recess

XA6QY3 Parapharyngeal recess

XA2RH5 Larynx

XA1PB3 Supraglottic larynx

XA9ZY9 Epiglottis

XA4DV7 Anterior surface of epiglottis

XA8U54 Posterior surface of epiglottis

XA9907 Aryepiglottic fold

XA8N50 Laryngeal aspect of aryepiglottic fold

XA7AE7 Glottis

XA3299 Vocal cord

XA25B1 Subglottic larynx

XA0NK8 Laryngeal cartilage

XA0AF3 Arytenoid cartilage

XA7S05 Cricoid cartilage

XA2383 Cricoarytenoid articulation

XA73G2 Cricothyroid articulation

XA7SZ3 Cuneiform cartilage

XA2716 Thyroid cartilage

XA07R2 Lower respiratory tract

XA26H1 Trachea

XA7SG3 Cervical trachea

XA4RN3 Thoracic trachea

XA57M6 Lung

XA9TC5 Main bronchus

Coded Elsewhere: Carina (XA4JA0)

Hilum of left lung (XA6VA2)

Hilum of right lung (XA29Y4)

XA3L52 Right main bronchus

XA5FV2 Left main bronchus

XA4JA0 Carina

XA7EZ3 Right lung

XA29Y4 Hilum of right lung

XA8Z30 Right upper lobe bronchus

XA41Z3 Right lower lobe bronchus

XA1QM3 Right middle lobe bronchus

XA2UD3 Left lung

XA6VA2 Hilum of left lung

XA6F58 Left upper lobe bronchus

XA4565 Lingula of lung

XA2XH5 Left lower lobe bronchus

Coded Elsewhere: Right pulmonary vein (XA86L0)

Left pulmonary vein (XA1WN5)

XA90M2 Lobe of lung

XA9HN5 Upper lobe of lung

XA1N36 Middle lobe of lung

XA7L34 Lower lobe of lung

XA37W0 Upper lobe, bronchus

XA1K94 Middle lobe, bronchus

XA8JM5 Lower lobe, bronchus

XA2PV7 Connective and other soft tissues of lung

Coded Elsewhere: Lobe of lung (XA90M2)

XA61M6 Bronchus

Coded Elsewhere: Upper lobe, bronchus (XA37W0)

Middle lobe, bronchus (XA1K94)

Lower lobe, bronchus (XA8JM5)

Main bronchus (XA9TC5)

XA8Z62 Lung parenchyma

XA5437 Bronchioles

XA5772 Alveoli

XA4646 Pulmonary vasculature

Coded Elsewhere: Pulmonary artery (XA09J9)

XA8FY4 Pulmonary vein

XA1WN5 Left pulmonary vein

XA9941 Left superior pulmonary vein

XA8TW3 Left inferior pulmonary vein

XA86L0 Right pulmonary vein

XA05T2 Right superior pulmonary vein

XA41F3 Right inferior pulmonary vein

XA4530 Accesory right pulmonary vein

XA1SF4 Common left sided trunk of pulmonary veins

XA0F36 Pulmonary capillaries

XA5TT2 Pleura

XA1B59 Visceral pleura

XA7RC6 Parietal pleura

XA4U64 Artery of lung

Coded Elsewhere: Afferent arteriole of the interlobular artery (XA9PU5)

XA2AT1 Efferent arteriole of the interlobular artery

XA6WT9 Interlobar artery

XA2S57 Interlobular artery

XA3713 Pulmonary trunk

Digestive system

XA8182 Mouth

Coded Elsewhere: Palatine tonsil (XA3V90)

XA5TW5 Vestibule of mouth

XA9072 Labial mucosa of upper lip

Inclusions: Mucosa of upper lip

XA72W2 Labial mucosa of lower lip

Inclusions: Mucosa of lower lip

XA8WB3 Buccal mucosa

XA0S17 Retromolar region

XA44M8 Labial sulcus

XA2151 Superior labial sulcus

XA52Q7 Inferior labial sulcus

XA6A73 Buccal sulcus

XA6WJ3 Superolateral buccal sulcus

XA5MG3 Inferolateral buccal sulcus

XA54T3 Gingivae

XA6743 Upper gingiva

XA2C94 Upper alveolar mucosa

XA7DA0 Upper alveolar ridge mucosa

XA9303 Lower gingiva

XA96F2 Lower alveolar mucosa

XA8C21 Lower alveolar ridge mucosa

XA3SP9 Alveolar mucosa

Coded Elsewhere: Lower alveolar mucosa (XA96F2)

Upper alveolar mucosa (XA2C94)

XA6CZ2 Teeth

XA4GG3 Permanent dentition

XA5306 Upper right 3rd molar

XA0BR9 Upper right 2nd molar

XA0TL3 Upper right 1st molar

XA45K9 Upper right 2nd bicuspid

XA64J5 Upper right 1st bicuspid

XA0LE1 Upper right canine

XA3QH3 Upper right  lateral incisor

XA43X2 Upper right central incisor

XA8328 Upper left 3rd molar

XA1YK1 Upper left 2nd molar

XA2GW7 Upper left 1st molar

XA5Z15 Upper left 2nd bicuspid

XA3EF6 Upper left 1st bicuspid

XA2LF2 Upper left canine

XA0MG2 Upper left  lateral incisor

XA9P69 Upper left central incisor

XA8YF6 Lower right 3rd molar

XA5CA4 Lower right 2nd molar

XA5M57 Lower right 1st molar

XA26X2 Lower right 2nd bicuspid

XA47C4 Lower right 1st bicuspid

XA95A1 Lower right canine

XA8660 Lower right  lateral incisor

XA5NT8 Lower right central incisor

XA0XB1 Lower left 3rd molar

XA8YV5 Lower left 2nd molar

XA6R23 Lower left 1st molar

XA80S2 Lower left 2nd bicuspid

XA1SQ7 Lower left 1st bicuspid

XA8P88 Lower left canine

XA4B13 Lower left  lateral incisor

XA7B54 Lower left central incisor

XA7675 Deciduous dentition

XA2GE5 Upper right 2nd molar, deciduous

XA7ZT9 Upper right 1st molar, deciduous

XA06P0 Upper right canine, deciduous

XA2XZ5 Upper right  lateral incisor, deciduous

XA3BG3 Upper right central incisor, deciduous

XA2BD4 Upper left 2nd molar, deciduous

XA85K7 Upper left 1st molar, deciduous

XA98V8 Upper left canine, deciduous

XA9QP7 Upper left lateral incisor, deciduous

XA4ZQ5 Upper left central incisor, deciduous

XA6F50 Lower right 2nd molar, deciduous

XA36B2 Lower right 1st molar, deciduous

XA8KQ7 Lower right canine, deciduous

XA1W31 Lower right  lateral incisor, deciduous

XA6TB6 Lower right central incisor, deciduous

XA8NE2 Lower left 2nd molar, deciduous

XA55D8 Lower left 1st molar, deciduous

XA8QV7 Lower left canine, deciduous

XA8MH6 Lower left  lateral incisor, deciduous

XA2RW5 Lower left central incisor, deciduous

XA1PT3 Parts of tooth

XA5B71 Pulp

XA6FX3 Dentin

XA5R09 Enamel

XA4KC7 Cementum

XA2CA1 Periapical tissue

XA2US1 Surfaces of the teeth

XA5ML5 Distal surface of tooth

XA4UP2 Labial surface of tooth

XA6DE2 Buccal surface of tooth

XA3W20 Incisal surface of tooth

XA8M68 Lingual surface of tooth

XA5Z48 Mesial surface of tooth

XA5DM8 Occlusal surface of tooth

XA3HD5 Proximal surface of tooth

XA1WN1 Oral cavity

XA7ZA6 Palate

XA4527 Hard palate

XA8HL5 Soft palate

XA2993 Uvula

XA00H5 Palatal mucosa

XA1T19 Tongue

XA8Q87 Body of tongue

Inclusions: Anterior tongue

Coded Elsewhere: Dorsal surface of body of tongue (XA8YB9)

XA65E9 Midline of tongue

XA8SX3 Junctional zone of tongue

XA25G3 Base of tongue

Coded Elsewhere: Dorsal surface of base of tongue (XA0HQ3)

XA2B11 Posterior of tongue

XA1V27 Dorsal surface of tongue

XA8YB9 Dorsal surface of body of tongue

XA0HQ3 Dorsal surface of base of tongue

XA9RP1 Other and unspecified parts of tongue

XA8FK4 Ventral surface of tongue

Coded Elsewhere: Lingual tonsil (XA1EM4)

XA9YA2 Lingual frenulum

XA4DB6 Border of tongue

XA49C6 Lateral margin of tongue

XA1WZ8 Tip of tongue

XA8EY7 Floor of mouth

XA69M6 Alveololingual sulcus

XA8CF9 Mucosa of floor of mouth

XA29D3 Tonsillar region

XA9A13 Glossopalatine arch

XA2JB0 Anterior tonsillar pillar

XA46Z4 Tonsillar fossa

Coded Elsewhere: Palatine tonsil (XA3V90)

XA3021 Pharyngopalatine arch

XA0X58 Posterior tonsillar pillar

XA15G1 Palatine arch

XA6NQ7 Oral mucosa

Coded Elsewhere: Labial mucosa of upper lip (XA9072)

Labial mucosa of lower lip (XA72W2)

Buccal mucosa (XA8WB3)

Alveolar mucosa (XA3SP9)

Lower alveolar ridge mucosa (XA8C21)

Upper alveolar ridge mucosa (XA7DA0)

Palatal mucosa (XA00H5)

Mucosa of floor of mouth (XA8CF9)

Alveolar ridge mucosa (XA54T3)

XA2KN0 Other and unspecified parts of mouth

XA5T23 Salivary gland apparatus

XA07S5 Parotid gland

Coded Elsewhere: Parotid gland duct (XA44X8)

XA9Q61 Submandibular gland

Inclusions: Submandibular salivary gland

XA0CS1 Left submandibular gland

Inclusions: Left submaxillary salivary gland

XA8GQ5 Right submandibular gland

Inclusions: Right submaxillary salivary gland

XA7GY0 Submandibular gland duct

XA51Q9 Sublingual gland

Inclusions: Sublingual salivary gland

Coded Elsewhere: Sublingual gland duct (XA1J93)

XA30Q1 Minor salivary gland

XA5CM1 Salivary duct

Coded Elsewhere: Submandibular gland duct (XA7GY0)

XA44X8 Parotid gland duct

XA1J93 Sublingual gland duct

XA93V5 Pharynx

Coded Elsewhere: Nasopharynx (XA9AZ1)

XA4J67 Oropharynx

Coded Elsewhere: Anterior surface of epiglottis (XA4DV7)

XA8RX5 Lateral wall of oropharynx

XA8659 Posterior wall of oropharynx

XA88V4 Vallecula

XA60Q5 Branchial cleft

XA2J67 Hypopharynx

Coded Elsewhere: Aryepiglottic fold (XA9907)

XA3MZ0 Piriform recess

XA4NZ9 Postcricoid region

XA0XK1 Hypopharyngeal wall

XA9607 Gastrointestinal tract

XA0828 Oesophagus

XA1180 Upper third of oesophagus

XA2BY3 Middle third of oesophagus

XA9CB6 Lower third of oesophagus

XA0N03 Cervical oesophagus

XA8JT3 Thoracic oesophagus

XA0TN5 Abdominal oesophagus

XA4YW8 Overlapping sites of oesophagus

XA7SR6 Cardioesophageal junction

XA7MC7 Stomach

Coded Elsewhere: Veins of stomach (XA1C53)

XA2828 Gastric cardia

XA7UE1 Gastric corpus

XA56K7 Gastric fundus

XA6P89 Gastric pylorus

XA4EC5 Pyloric antrum

XA7WQ5 Greater curvature of stomach

XA4ML9 Lesser curvature of stomach

XA6452 Small intestine

XA9780 Duodenum

XA8UM1 Jejunum

XA0QT6 Ileum

XA1B13 Large intestine

XA6J68 Caecum

XA03U9 Colon

XA3AL5 Ascending colon

XA95L3 Hepatic flexure of colon

XA49U1 Transverse colon

XA1PY9 Splenic flexure of colon

XA2G13 Descending colon

XA8YJ9 Sigmoid colon

XA33J5 Rectosigmoid junction

XA7177 Descending colon and splenic flexure of colon

XA25P9 Ascending colon and right flexure of colon

XA4KU2 Rectum

XA0D34 Anus

XA39S6 Anal Canal

Coded Elsewhere: Sphincter ani muscle (XA3ML6)

XA8QB7 Cloacogenic zone

XA28R6 Upper gastrointestinal tract, not elsewhere classified

XA8PW4 Appendix

XA0W19 Hepatobiliary system

XA5DY0 Liver

XA5766 Left lobe of liver

XA2KG6 Right lobe of liver

XA3278 Caudate lobe of liver

XA13D3 Quadrate lobe of liver

XA0KT3 Biliary tract

XA4415 Hepatic bile ducts

XA89K4 Left hepatic duct

XA6M95 Right hepatic duct

XA96K1 Common hepatic duct

XA0077 Cystic duct

XA8KL9 Gallbladder

XA6R80 Common bile duct

XA6WA8 Sphincter of Oddi

XA7QA8 Ampulla of Vater

XA9HM5 Extrahepatic bile duct

Coded Elsewhere: Common bile duct (XA6R80)

Cystic duct (XA0077)

Sphincter of Oddi (XA6WA8)

XA3QC5 Pancreas

Coded Elsewhere: Pancreatic islets (XA45E6)

XA1412 Head of pancreas

XA8LA4 Neck of pancreas

XA6ZE4 Body of pancreas

XA0CX6 Tail of pancreas

XA1XL7 Pancreatic duct

XA8WC8 Duct of Santorini

XA3789 Duct of Wirsung

XA0KZ0 Peritoneum

XA6S21 Retroperitoneum

XA43V8 Mesentery

XA6DF7 Omentum

XA46W1 Mesoappendix

XA4QM7 Mesocolon

XA5PF4 Pelvic peritoneum

Integumentary system

XA0364 Skin

XA3JN1 Epidermis

XA5P21 Stratum corneum

XA3G02 Stratum lucidum

XA4W90 Stratum granulosum

XA8AM6 Stratum spinosum

XA9QS1 Stratum basale

XA8JE9 Epidermal basement membrane

XA8113 Epidermal appendages

XA0XC8 Hair follicle

XA2MW3 Hair bulb

XA6666 Sebaceous gland

XA7487 Apocrine sweat gland

XA6DT2 Hair shaft

XA8T72 Hair

Coded Elsewhere: Hair follicle (XA0XC8)

XA5Y68 Scalp hair

XA78D2 Eyebrow hairs

XA1RK2 Eyelashes

XA9N28 Beard hair

XA1WH2 Body hair

XA12U4 Pubic hair

XA4S72 Nail apparatus

XA4KT3 Nail matrix

XA5LM0 Germinal matrix

XA0060 Sterile matrix

XA6Q52 Nail

Coded Elsewhere: Toenail (XA9E36)

Fingernails (XA0EH9)

Nail matrix (XA4KT3)

XA5US0 Perionychium

XA1ES4 Eponychium

XA0NS1 Hyponychium

XA63U7 Eccrine gland

XA6PJ1 Acrosyringium

XA7P52 Eccrine sweat duct

XA5VA9 Eccrine sweat coil

XA1QT7 Dermis

XA4LG9 Papillary dermis

XA2Q30 Reticular dermis

XA2013 Hypodermis

XA5CS6 Subcutaneous fat

Musculoskeletal system

Bones

XA4S38 Axial skeleton

XA4RY5 Bones of the head

XA1RZ4 Cranial Bones

XA0E94 Base of the skull

XA2BH0 Calvarium

XA0KU6 Cranial fossa

XA7B66 Anterior fossa

XA8Y22 Middle fossa

XA5U78 Posterior fossa

XA2SR4 Ethmoid bone

XA6ZM9 Frontal bone

XA5JA2 Occipital bone

XA4RS9 Occipital condyle

XA33W1 Occiput

XA2J87 Parietal bone

XA63R0 Sphenoid bone

Coded Elsewhere: Craniopharyngeal duct (XA5309)

XA9N34 Pituitary fossa

XA2P19 Temporal bone

XA1E15 Petrous bone

XA68N3 Mastoid

XA8E69 Orbital bone

XA9XW3 Orbital roof

XA7MW9 Orbital floor

XA3Y16 Facial bones

XA5CQ0 Hyoid bone

XA6UV6 Inferior nasal conchae

XA9GZ6 Lacrimal bone

XA4319 Palatine bone

XA14T2 Vomer bone

XA8N32 Zygomatic bone

XA51B7 Mandible

Coded Elsewhere: Temporomandibular joint (XA2SM2)

XA3B77 Alveolar border of body of mandible

XA0M61 Angle of mandible

XA98M7 Condylar process of the mandible

XA7919 Subcondylar process of mandible

XA24B3 Coronoid process of the mandible

XA5969 Ramus of mandible

XA8JR9 Symphysis of mandible

XA0NC8 Inferior maxilla

XA7VK5 Maxilla

XA8E16 Nasal bone

XA88P5 Jaw, unspecified

XA6EQ1 Bones of middle ear

XA4D04 Incus

XA5DS8 Malleus

XA3WA4 Stapes

XA5J55 Vertebral column

XA7MS2 Vertebra

XA9ZW8 Cervical vertebra

XA2XE8 Atlas

XA0KQ4 Posterior arch of first cervical vertebra

XA1304 Lateral mass of first cervical vertebra

XA17N0 Axis

XA5W02 Odontoid process

XA2W05 Third cervical vertebra

XA51V4 Arch of third cervical vertebra

XA4UV1 Body of third cervical vertebra

XA8CG0 Processes of third cervical vertebra

XA3RE9 Fourth cervical vertebra

XA24X7 Arch of fourth cervical vertebra

XA3GT0 Body of fourth cervical vertebra

XA75V3 Processes of fourth cervical vertebra

XA9C12 Fifth cervical vertebra

XA1PJ5 Arch of fifth cervical vertebra

XA1BS2 Body of fifth cervical vertebra

XA2FY7 Processes of fifth cervical vertebra

XA5S79 Sixth cervical vertebra

XA8W16 Arch of sixth cervical vertebra

XA9Q12 Body of sixth cervical vertebra

XA60Z0 Processes of sixth cervical vertebra

XA34U8 Seventh cervical vertebra

XA05M5 Arch of seventh cervical vertebra

XA1JS3 Body of seventh cervical vertebra

XA91D7 Processes of seventh cervical vertebra

XA6E88 Thoracic vertebra

XA3F93 First thoracic vertebra

XA7UP5 Arch of first thoracic vertebra

XA8PH0 Body of first thoracic vertebra

XA1AX4 Processes of first thoracic vertebra

XA8QS0 Second thoracic vertebra

XA2VV9 Arch of second thoracic vertebra

XA3Z42 Body of second thoracic vertebra

XA6T61 Processes of second thoracic vertebra

XA1Z15 Third thoracic vertebra

XA2SM3 Arch of third thoracic vertebra

XA35A0 Body of third thoracic vertebra

XA41U9 Processes of third thoracic vertebra

XA0C31 Fourth thoracic vertebra

XA22W3 Arch of fourth thoracic vertebra

XA3J42 Body of fourth thoracic vertebra

XA1WL4 Processes of fourth thoracic vertebra

XA3PH5 Fifth thoracic vertebra

XA28A7 Arch of fifth thoracic vertebra

XA8W59 Body of fifth thoracic vertebra

XA0449 Processes of fifth thoracic vertebra

XA45S2 Sixth thoracic vertebra

XA29X2 Arch of sixth thoracic vertebra

XA0YY2 Body of sixth thoracic vertebra

XA1R53 Processes of sixth thoracic vertebra

XA59Y3 Seventh thoracic vertebra

XA54G1 Arch of seventh thoracic vertebra

XA62Y3 Body of seventh thoracic vertebra

XA1CQ7 Processes of seventh thoracic vertebra

XA8NQ5 Eighth thoracic vertebra

XA3PL7 Arch of eighth thoracic vertebra

XA5JX9 Body of eighth thoracic vertebra

XA1SD8 Processes of eighth thoracic vertebra

XA3E70 Ninth thoracic vertebra

XA9N69 Arch of ninth thoracic vertebra

XA2X21 Body of ninth thoracic vertebra

XA5SW1 Processes of ninth thoracic vertebra

XA0AV7 Tenth thoracic vertebra

XA7LF7 Arch of tenth thoracic vertebra

XA6VP6 Body of tenth thoracic vertebra

XA7122 Processes of tenth thoracic vertebra

XA7T69 Eleventh thoracic vertebra

XA98R9 Arch of eleventh thoracic vertebra

XA91J0 Body of eleventh thoracic vertebra

XA92Q6 Processes of eleventh thoracic vertebra

XA69W5 Twelfth thoracic vertebra

XA15N3 Arch of twelfth thoracic vertebra

XA1401 Body of twelfth thoracic vertebra

XA2D62 Processes of twelfth thoracic vertebra

XA0D60 Lumbar vertebra

XA3291 First lumbar vertebra

XA8AX7 Arch of first lumbar vertebra

XA9E61 Body of first lumbar vertebra

XA4U01 Processes of first lumbar vertebra

XA2GH9 Second lumbar vertebra

XA24M1 Arch of second lumbar vertebra

XA5079 Body of second lumbar vertebra

XA52T1 Processes of second lumbar vertebra

XA3N97 Third lumbar vertebra

XA3G24 Arch of third lumbar vertebra

XA0TL0 Body of third lumbar vertebra

XA80X7 Processes of third lumbar vertebra

XA9A53 Fourth lumbar vertebra

XA7CH7 Arch of fourth lumbar vertebra

XA4145 Body of fourth lumbar vertebra

XA38A4 Processes of fourth lumbar vertebra

XA9641 Fifth lumbar vertebra

XA2JV2 Arch of fifth lumbar vertebra

XA5886 Body of fifth lumbar vertebra

XA4PS3 Processes of fifth lumbar vertebra

XA14W3 Sacrum

XA4V28 Coccyx

XA02R1 Intervertebral disc or space

XA8D30 Cervical discs or space

XA9Z06 Cervical intervertebral disc or space C1-C2

XA18M2 Cervical intervertebral disc or space C2-C3

XA94K2 Cervical intervertebral disc or space C3-C4

XA3623 Cervical intervertebral disc or space C4-C5

XA1X49 Cervical intervertebral disc or space C5-C6

XA16L1 Cervical intervertebral disc or space C6-C7

XA2SG0 Cervicothoracic disc or space C7-T1

XA1N54 Thoracic discs or space

XA4722 Thoracic intervertebral disc or space T1-T2

XA6KQ8 Thoracic intervertebral disc or space T2-T3

XA6CX2 Thoracic intervertebral disc or space T3-T4

XA0NE8 Thoracic intervertebral disc or space T4-T5

XA7PD1 Thoracic intervertebral disc or space T5-T6

XA4TP2 Thoracic intervertebral disc or space T6-T7

XA7117 Thoracic intervertebral disc or space T7-T8

XA9PW9 Thoracic intervertebral disc or space T8-T9

XA8E13 Thoracic intervertebral disc or space T9-T10

XA6HY9 Thoracic intervertebral disc or space T10-T11

XA5LG2 Thoracic intervertebral disc or space T11-T12

XA97A4 Thoracolumbar intervertebral disc or space T12-L1

XA54S5 Lumbar discs or space

XA7RD5 Lumbar intervertebral disc or space L1-L2

XA8DG2 Lumbar intervertebral disc or space L2-L3

XA1F44 Lumbar intervertebral disc or space L3-L4

XA2N96 Lumbar intervertebral disc or space L4-L5

XA54R2 Lumbosacral intervertebral disc or space L5-S1

XA2Y58 Intervertebral disc

XA8WM9 Nucleus pulposus

XA10M1 Annulus fibrosus

XA5VB6 Bones of the thorax

XA5TK7 Rib

XA98Q1 First rib

XA7XY2 Second rib

XA2U21 Third rib

XA4SQ6 Fourth rib

XA31L8 Fifth rib

XA63Z2 Sixth rib

XA2WC3 Seventh rib

XA9WQ3 Eighth rib

XA31V8 Ninth rib

XA54R4 Tenth rib

XA3VH4 Eleventh rib

XA6W52 Twelfth rib

XA6NB3 Sternum

XA3M45 Body of sternum

XA0K13 Manubrium

XA2RB7 Xiphoid

XA4N47 Bones of the pelvis

Coded Elsewhere: Sacrum (XA14W3)

Coccyx (XA4V28)

XA8Y23 Pelvis

XA5FT5 Ilium

XA4743 Iliac crest

XA5L47 Ischium

XA82W3 Pubis

XA1XZ3 Superior pubic ramus

XA4VB9 Inferior pubic ramus

XA6Z32 Acetabulum

XA4TM1 Peripheral skeleton

XA7R53 Bones of the upper extremity

XA2AL0 Bones of the shoulder girdle

XA6384 Clavicle

XA76N8 Sternal end of clavicle

XA4PT6 Shaft of the clavicle

XA09P2 Acromial end of clavicle

XA53X6 Scapula

XA2HS8 Neck of the scapula

XA1216 Glenoid cavity of the scapula

XA2Y48 Coracoid process of the scapula

XA3664 Acromion

XA2XL4 Humerus

XA4VY5 Head of the humerus

XA0XN0 Anatomical neck of the humerus

XA6FR2 Surgical neck of the humerus

XA7144 Greater tuberosity of the humerus

XA72X2 Lesser tuberosity of the humerus

XA4RN8 Shaft of the humerus

XA3RE0 Condyle of the humerus

XA11M8 Capitulum of humerus

XA9LK4 Trochlea of humerus

XA6EF8 Lateral epicondyle of the humerus

XA4097 Medial epicondyle of the humerus

XA3WG1 Radius

XA2N25 Radial head

XA0ZF7 Radial neck

XA35U4 Shaft of radius

XA6YE5 Radial groove

XA3MH2 Styloid process of radius

XA4X32 Lower end of radius not otherwise specified

XA76U7 Upper end of radius not otherwise specified

XA5007 Ulna

XA0NS5 Coronoid process of the ulna

XA0725 Lower end of ulna not otherwise specified

XA5VA1 Olecranon process of the ulna

XA8U33 Shaft of the ulna

XA05C5 Styloid process of the ulna

XA6SV9 Upper end of ulna not otherwise specified

XA09H2 Carpal bones

XA7480 Scaphoid bone

XA8E71 Distal pole of scaphoid

XA1GV4 Distal third of the scaphoid bone

XA3ZG5 Middle third of the scaphoid bone

XA5ZE5 Proximal third of the scaphoid bone

XA30C8 Lunate bone

XA4A64 Triquetrum bone

XA8SZ6 Pisiform bone

XA7XM2 Trapezium bone

XA9DH2 Trapezoid bone

XA06T2 Capitate bone

XA8488 Hamate bone

XA97A0 Hook of hamate

XA0GJ4 Carpal tunnel

XA22M5 Base of other carpal bone

XA9640 Neck of other carpal bone

XA5TX9 Shaft of other carpal bone

XA3YX4 Metacarpal bone

XA58X4 First metacarpal

XA12D2 Head of the first metacarpal bone

XA8J87 Neck of the first metacarpal bone

XA5N95 Shaft of the first metacarpal bone

XA2P67 Base of the first metacarpal bone

XA5HE0 Second metacarpal

XA93C5 Head of the second metacarpal bone

XA8KU0 Neck of the second metacarpal bone

XA4RC8 Shaft of the second metacarpal bone

XA37V2 Base of the second metacarpal bone

XA7J93 Third metacarpal

XA6442 Head of the third metacarpal bone

XA50H4 Neck of the third metacarpal bone

XA8BP2 Shaft of the third metacarpal bone

XA8NK6 Base of the third metacarpal bone

XA9KB7 Fourth metacarpal

XA8X42 Head of the fourth metacarpal bone

XA9NT7 Neck of the fourth metacarpal bone

XA4CP7 Shaft of the fourth metacarpal bone

XA3ZF8 Base of the fourth metacarpal bone

XA88S1 Fifth metacarpal

XA3Z46 Head of the fifth metacarpal bone

XA16Y6 Neck of the fifth metacarpal bone

XA92G8 Shaft of the fifth metacarpal bone

XA65Y7 Base of the fifth metacarpal bone

XA3PA7 Phalanx of the hand

XA0HH1 Proximal phalanx of the hand

XA25U2 Proximal phalanx of index finger

XA6ET0 Proximal phalanx of middle finger

XA9MR0 Proximal phalanx of ring finger

XA73Q6 Proximal phalanx of little finger

XA0903 Proximal phalanx of thumb

XA89G7 Middle phalanx of hand

XA3JL6 Middle phalanx of index finger

XA5910 Middle phalanx of middle finger

XA8N14 Middle phalanx of ring finger

XA6HX0 Middle phalanx of little finger

XA7LS3 Distal phalanx of the hand

XA54X0 Distal phalanx of index finger

XA8NR0 Distal phalanx of middle finger

XA51S6 Distal phalanx of ring finger

XA32G6 Distal phalanx of little finger

XA70H5 Distal phalanx of thumb

XA5D87 Bone of finger, not elsewhere classified

XA95Q5 Bone of thumb, not elsewhere classified

XA2T04 Bones of the lower extremity

XA6BA0 Femur

XA96S5 Femoral head

XA1673 Femoral neck

XA32G0 Trochanter

XA1VJ3 Greater trochanter of femur

XA9TD9 Lesser trochanter of femur

XA9JB2 Intertrochanteric crest of femur

XA4AF2 Femoral shaft

XA6UG0 Femoral condyle

XA2BJ0 Femoral epiphysis

XA00N4 Pertrochanter

XA5EL8 Subtrochanteric line of femur

XA4T36 Patella

XA44U1 Tibia

XA5RE8 Tibial condyle

XA87A0 Lateral condyle of tibia

XA7Y69 Medial condyle of tibia

XA3DL5 Tibial tuberosity

XA66B3 Tibial shaft

XA2EN5 Tibial spine

XA1HS9 Medial malleolus

XA3450 Posterior malleolus

XA3KT5 Fibula

XA0K77 Fibular head

XA5G97 Fibular shaft

XA4UL1 Lateral malleolus

XA7NN4 Tarsal bone

XA5LU2 Calcaneus

XA57V1 Anterior process of calcaneus

XA62P4 Tuberosity of calcaneus

XA1LF4 Talus

XA1N98 Dome of the talus

XA6L02 Neck of the talus

XA3MT9 Posterior process of the talus

XA84E6 Navicular bone

XA4J74 Medial cuneiform bone

XA4046 Intermediate cuneiform bone

XA8462 Lateral cuneiform bone

XA0LW4 Cuboid bone

XA43L9 Bone of ankle

XA6UL8 Tarsal canal

XA6VH2 Metatarsal bone

XA39M2 Phalanx of the foot

XA6U96 Proximal phalanx of the toe

XA8KC3 Proximal phalanx of great toe

XA0AQ0 Proximal phalanx of second toe

XA11P1 Proximal phalanx of third toe

XA8CX6 Proximal phalanx of fourth toe

XA8PK1 Proximal phalanx of fifth toe

XA8539 Middle phalanx of toe

XA1UN2 Middle phalanx of second toe

XA9YP5 Middle phalanx of third toe

XA2SX4 Middle phalanx of fourth toe

XA90F0 Middle phalanx of fifth toe

XA4352 Distal phalanx of the toe

XA2AC2 Distal phalanx of great toe

XA3QM7 Distal phalanx of second toe

XA38Q1 Distal phalanx of third toe

XA8XV0 Distal phalanx of fourth toe

XA6ED4 Distal phalanx of fifth toe

Joints and ligaments

XA7948 Joints and ligaments of the head and neck

XA6UT2 Joints of the head

XA65F2 Atlantooccipital joint

XA7EM1 Atlantoaxial joint

XA2SM2 Temporomandibular joint

XA1LE7 Ligaments of the head and neck

XA68Z9 Anterior atlantoaxial ligament

XA4XK9 Anterior atlantooccipital ligament

XA9F16 Anterior longitudinal ligament

XA3K95 Apical odontoid ligament

XA3XV5 Articular capsules

XA3ZW3 Interarticular ligament

XA9M15 Interspinal ligament

XA9NZ1 Intertransverse ligament

XA5180 Intervertebral fibrocartilage ligament

XA97L7 Lateral atlantooccipital ligament

XA72L3 Ligamenta flava

XA6RG7 Ligamentum nuchae

XA3J99 Occipitoaxial ligament

XA1CC5 Posterior atlantoaxial ligament

XA80K5 Posterior atlantooccipital ligament

XA8E20 Posterior longitudinal ligament

XA4FR7 Sphenomandibular ligament

XA4WM3 Stylomandibular ligament

XA7WU3 Supraspinal ligament

XA4WJ7 Temporomandibular ligament

XA8389 Transverse ligament of the atlas

XA33F9 Thyrohyoid ligament

XA9XG3 Cricoarytenoid ligament

XA6B16 Cricopharyngeal ligament

XA3BV9 Cricotracheal ligament

XA3JR5 Hyoepiglottic ligament

XA4051 Cricothyroid ligament

XA56S4 Thyroepiglottic ligament

XA4KB2 Vestibular ligament

XA6928 Vocal ligament

XA2EL4 Joints and ligaments of the thorax

XA2NG8 Joints of the thorax

XA83N6 Sternocostal joint

XA30Q4 Costochondral joint

XA0892 Costovertebral joint

XA7AR2 Costotransverse joint

XA0ZE4 Facet joint

XA2UN9 Ligaments of the thorax

XA70E9 Anterior costotransverse ligament

XA0QM2 Anterior intersternal ligament

XA8V32 Anterior ligament of the spine

XA5G44 Costotransverse ligament

XA2S05 Costoxiphoid ligament

XA4356 Iliolumbar ligament

XA70A1 Interarticular sternocostal ligament

XA8D15 Interchondral ligament

XA6ZD7 Ligament of the neck of the rib

XA81P3 Ligament of the tubercle of the rib

XA4A37 Posterior costotransverse ligament

XA8B33 Lumbocostal ligament

XA26A7 Posterior intersternal ligament

XA8RC0 Radiate ligament

XA43Z7 Radiate sternocostal ligament

XA6KC7 Joints and ligaments of the pelvis and perineum

XA1TL5 Joints of the pelvis

XA5A04 Lumbosacral joint

XA70B6 Sacrococcygeal joint

XA3T32 Sacroiliac joint

XA9TF3 Ligaments of the pelvis and perineum

XA5S21 Anterior pubic ligament

XA10C4 Anterior sacroiliac ligament

XA9621 Arcuate pubic ligament

XA0EJ9 Broad ligament of the uterus

XA6VF6 Mesovarium

XA9TX2 Parovarian region

XA6CV1 Mesosalpinx

XA3AN2 Mesometrium

XA46Z2 Interarticular ligament of the pelvis

XA02T6 Interosseous sacroiliac ligament

XA1NT7 Ligamentum teres of the Liver

XA92G5 Posterior pubic ligament

XA6RS4 Posterior sacroiliac ligament

XA69U0 Long posterior sacroiliac ligament

XA9HV6 Short posterior sacroiliac ligament

XA1UP6 Pubic symphysis

XA23X3 Round ligament of uterus

XA8GZ2 Sacrococcygeal ligament

XA2MA4 Anterior sacrococcygeal ligament

XA4B16 Lateral sacrococcygeal ligament

XA2U92 Posterior sacrococcygeal ligament

XA8J68 Sacrospinous ligament

XA6396 Sacrotuberous ligament

XA68K7 Superior pubic ligament

XA4T57 Uterine ligament

XA2NB2 Uterosacral ligament

XA4XC0 Joints and ligaments of the upper extremity

XA4U90 Joints of the upper extremity

XA05J7 Shoulder joint

XA49P8 Glenohumeral joint

XA69U6 Acromioclavicular joint

XA0CH1 Sternoclavicular joint

XA69H4 Elbow joint

XA3G42 Proximal radioulnar joint

XA46J3 Humeroulnar joint

XA53P1 Humeroradial joint

XA64C3 Wrist joint

XA78S6 Distal radioulnar joint

XA0P38 Radiocarpal joint

XA62V5 Joints of the hand

XA3MB4 Carpal joint

XA0E90 Intercarpal joint

XA4AS7 Midcarpal joint

XA0JX0 Carpometacarpal joint

XA9DN6 Intermetacarpal joint

XA86T5 Metacarpophalangeal joint

XA3M83 First metacarpophalangeal joint

XA9YH1 Second metacarpophalangeal joint

XA6HB0 Third metacarpophalangeal joint

XA7XA8 Fourth metacarpophalangeal joint

XA7KA0 Fifth metacarpophalangeal joint

XA9291 Interphalangeal joint of the hand

XA6L43 Interphalangeal joint of the thumb

XA1307 Proximal interphalangeal joint of finger

XA1DN6 Proximal interphalangeal joint of index finger

XA3NW6 Proximal interphalangeal joint of middle finger

XA0BF5 Proximal interphalangeal joint of ring finger

XA4175 Proximal interphalangeal joint of little finger

XA4U75 Distal interphalangeal joint of finger

XA6KB0 Distal interphalangeal joint of index finger

XA15C8 Distal interphalangeal joint of middle finger

XA0LT5 Distal interphalangeal joint of ring finger

XA1928 Distal interphalangeal joint of little finger

XA4BC2 Ligaments of the upper extremity

XA93X9 Ligament of the shoulder

XA2H23 Acromioclavicular ligament

XA49Z7 Inferior acromioclavicular ligament

XA8RC9 Superior acromioclavicular ligament

XA01C8 Anterior ligament of the shoulder

XA2JQ3 Anterior sternoclavicular ligament

XA8MA3 Coracoacromial ligament

XA9WP5 Coracoclavicular ligament

XA4PU7 Conoid ligament

XA5SJ7 Trapezoid ligament

XA5EW9 Coracohumeral ligament

XA1PK9 Costoclavicular ligament

XA8H81 Glenohumeral ligament

XA5Z24 Glenoidal labrum ligament

XA84L3 Interclavicular ligament

XA3PT9 Posterior sternoclavicular ligament

XA6EG3 Rotator cuff capsule

XA6EE7 Spinoglenoid ligament

XA5MU7 Suprascapular ligament

XA9C92 Transverse humeral ligament

XA5Y12 Ligament of the elbow

XA0JJ8 Annular ligament

XA4S76 Ligament of Struthers

XA16Y4 Posterior ligament of elbow

XA8B40 Quadrate ligament

XA9WJ8 Radial collateral ligament

XA9220 Ulnar collateral ligament

XA6SA0 Interosseous membrane of forearm

XA9Y28 Ligament of the wrist and hand

Coded Elsewhere: Radial collateral ligament (XA9WJ8)

XA9MY7 Collateral carpal ligament

XA0K88 Collateral metacarpophalangeal ligament

XA20K5 Dorsal carpometacarpal ligament

XA0PE4 Dorsal intercarpal ligament

XA0WZ1 Dorsal intermetacarpal ligament

XA2PN5 Dorsal metacarpophalangeal ligament

XA7Q52 Dorsal radiocarpal ligament

XA52E8 Interosseous ligament

XA10U4 Palmar aponeurosis

XA1Z72 Pisohamate ligament

XA3VJ3 Pisometacarpal ligament

XA0PY0 Radioulnar ligament

XA4396 Dorsal radioulnar ligament

XA2940 Volar radioulnar ligament

XA3SZ9 Transverse metacarpal ligament

XA3K32 Ulnocarpal ligament

XA1PU7 Volar carpometacarpal ligament

XA47N4 Volar intercarpal ligaments

XA1LF5 Volar intermetacarpal ligament

XA3VN5 Volar metacarpophalangeal ligament

XA0492 Volar radiocarpal ligament

XA5ST4 Joints and ligaments of the lower extremity

XA7L41 Joints of lower extremity

XA4XS4 Hip joint

XA8RL1 Knee joint

XA0LC4 Tibiofemoral joint

XA0VJ4 Patellofemoral joint

XA0LG3 Proximal tibiofibular joint

XA8VV2 Semilunar cartilage

Coded Elsewhere: Lateral meniscus of knee joint (XA6HQ4)

Medial meniscus of knee joint (XA7LB6)

XA27P3 Ankle joint

XA8MM7 Talocrural joint

XA2K81 Distal tibiofibular joint

XA7SZ8 Subtalar joint

XA22T0 Joint of the foot

XA2YS1 Intertarsal joint

Coded Elsewhere: Subtalar joint (XA7SZ8)

XA4JJ1 Calcaneocuboid joint

XA0WY5 Talocalcaneonavicular joint

XA6NT7 Cuneonavicular joint

XA1N77 Cuboideonavicular joint

XA9SD1 Intercuneiform joint

XA2FA3 Cuneocuboid joint

XA2MY1 Tarsometatarsal joint

XA6FF3 Intermetatarsal joint

XA8XU1 Metatarsophalangeal joint

XA7NJ7 First metatarsophalangeal joint

XA58K5 Second metatarsophalangeal joint

XA2792 Third metatarsophalangeal joint

XA7QC6 Fourth metatarsophalangeal joint

XA5A23 Fifth metatarsophalangeal joint

XA04T7 Interphalangeal joint of the foot

XA87P9 Interphalangeal joint of great toe

XA5573 Proximal interphalangeal joint of the foot

XA56K9 Proximal interphalangeal joint of second toe

XA2QY2 Proximal interphalangeal joint of third toe

XA2R87 Proximal interphalangeal joint of fourth toe

XA1LM0 Proximal interphalangeal joint of fifth toe

XA0RK3 Distal interphalangeal joint of the foot

XA8UM5 Distal interphalangeal joint of second toe

XA43F0 Distal interphalangeal joint of third toe

XA8NU9 Distal interphalangeal joint of fourth toe

XA39U1 Distal interphalangeal joint of fifth toe

XA9Z55 Transverse tarsal joint

XA7U26 Ligaments of the lower extremity

XA1A66 Ligament of the hip

XA1F23 Iliofemoral ligament

XA6KC6 Iliotibial ligament

XA6TZ6 Iliotrochanteric ligament

XA5HX9 Ischiocapsular ligament

XA13S4 Ligamentum teres femoris

XA3GE8 Pubofemoral ligament

XA9J44 Transverse acetabular ligament

XA8P38 Ligament of the knee

XA0ZC8 Anterior cruciate ligament

XA04S7 Coronary ligament

XA4YJ0 Fibular collateral ligament

XA6HQ4 Lateral meniscus of knee joint

XA87R6 Oblique popliteal ligament

XA3772 Patellar ligament

XA4635 Posterior cruciate ligament

XA7LD2 Tibial collateral ligament

XA71L7 Transverse ligament of the knee

XA7LB6 Medial meniscus of knee joint

XA2F70 Ligament of the ankle or foot

XA93X1 Anterior inferior ligament

XA84J2 Anterior talofibular ligament

XA1259 Anterior tibiofibular ligament

XA5EY2 Bifurcated ligament

XA3154 Calcaneofibular ligament

XA59Z4 Collateral ligament of the foot

XA2314 Cuneometatarsal ligament

XA9YS6 Deltoid ligament

XA42X4 Dorsal calcaneocuboid ligament

XA6Q67 Dorsal cuboideonavicular ligament

XA3TS2 Dorsal intermetatarsal ligament

XA8NU3 Dorsal naviculocuneiform ligament

XA86X4 Dorsal talonavicular ligament

XA9E13 Dorsal tarsometatarsal ligament

XA2FV7 Inferior transverse ligament of ankle

XA16V1 Intercuneiform ligament

XA7075 Dorsal intercuneiform ligament

XA5HQ7 Plantar intercuneiform ligament

XA4XJ2 Interosseous talocalcaneal ligament

XA6NS2 Long plantar ligament

XA59U6 Plantar accessory ligament

XA87B0 Plantar aponeurosis

XA4N86 Plantar calcaneocuboid ligament

XA5KN3 Plantar calcaneonavicular ligament

XA2NX5 Plantar cuboideonavicular ligament

XA18T4 Plantar intermetatarsal ligament

XA1747 Plantar naviculocuneiform ligament

XA71L9 Plantar tarsometatarsal ligament

XA2D55 Posterior inferior ligament

XA93E6 Posterior talofibular ligament

XA6RA3 Posterior tibiofibular ligament

XA6546 Talocalcaneal ligament

XA93N5 Anterior talocalcaneal ligament

XA4VX8 Lateral talocalcaneal ligament

XA09E2 Medial talocalcaneal ligament

XA60T4 Posterior talocalcaneal ligament

XA5BX0 Transverse metatarsal ligament

XA2P74 Ligaments and joints of multiple sites

Number of joints

XA4EJ6 Multiple Joints

XA1CK9 Oligoarticular

XA3FU7 Polyarticular

XA02P3 Multiple large joints only

Large joints include ankle joint, knee joint, hip joint, elbow joint and shoulder joint.

XA2SK7 Multiple small joints only

Small joints include toe joints, finger joints and wrist joint.

XA3BZ3 Both large and small joints

XA5X22 Large joints only with cervical spine or temporomandibular involvement

XA4BF0 Monoarticular

Number of Ligaments

XA5XD5 Multiple ligaments

XA5NN2 Single ligament

Cartilage

XA8YS7 Elastic cartilage

XA8VH7 Fibrous cartilage

XA2686 Hyaline cartilage

XA3NV3 Articular cartilage

XA6958 Costal cartilage

Muscles

XA2JQ8 Muscles of the head and neck

XA2SJ6 Alaeque nasi muscle

XA2QF2 Anterior auricularis muscle

XA3SS4 Aryepiglotticus muscle

XA8GG0 Buccinator muscle

XA0UH6 Constrictor of pharynx - inferior muscle

XA3S80 Constrictor of pharynx - middle muscle

XA9568 Constrictor of pharynx - superior muscle

XA01U4 Corrugator supercilii muscle

XA7W64 Cricothyroid muscle

XA04G0 Depressor anguli oris muscle

XA60C8 Depressor labii inferioris muscle

XA2967 Digastric muscle

XA09D1 Frontalis muscle

XA50R5 Genioglossus muscle

XA5YU7 Geniohyoid muscle

XA5DX5 Hyoglossus muscle

XA3PY5 Hyoid muscle

XA4N79 Inferior oblique muscle

XA1X67 Inferior rectus muscle

XA31C3 Intrinsic muscles of tongue

XA5WQ9 Lateral cricoarytenoid muscle

XA8ZB7 Lateral pterygoid muscle

XA3282 Lateral rectus muscle

XA75X0 Levator anguli oris muscle

XA1490 Levator labii superioris muscle

XA2R46 Levator palpebrae superioris muscle

XA5LP4 Levator veli palatini muscle

XA6YE6 Longus capitis muscle

XA8EM8 Longus colli muscle

XA2VD8 Masseter muscle

XA2DX4 Medial pterygoid muscle

XA95N1 Medial rectus muscle

XA0U25 Mentalis muscle

XA8AR7 Musculus uvulae muscle

XA83A9 Mylohyoid muscle

XA0Y41 Nasalis muscle

XA59J0 Oblique arytenoid muscle

XA8L72 Oblique auricularis muscle

XA6LS5 Obliquus capitis inferior muscle

XA0X13 Obliquus capitis superior muscle

XA4RN7 Omohyoid muscle

XA0ZM1 Orbicularis oculi muscle

XA55R2 Orbicularis oris muscle

XA2U72 Palatoglossus muscle

XA1PG4 Palatopharyngeus muscle

XA17T6 Platysma muscle

XA8C48 Posterior auricularis muscle

XA9RS8 Posterior cricoarytenoid muscle

XA6648 Procerus muscle

XA16A4 Rectus capitis anterior muscle

XA0JK2 Rectus capitis lateralis muscle

XA20Q8 Rectus capitis posterior major muscle

XA80F2 Rectus capitis posterior minor muscle

XA49A7 Risorius muscle

XA81P5 Salpingopharyngeus muscle

XA0JF1 Scalenus anterior muscle

XA6S71 Scalenus medius muscle

XA3TF5 Scalenus minimus muscle

XA35K5 Scalenus posterior muscle

XA58T9 Splenius capitis muscle

XA6095 Splenius cervicis muscle

XA8D61 Stapedius muscle

XA2H61 Sternocleidomastoid muscle

XA5QR5 Sternohyoid muscle

XA9H91 Sternothyroid muscle

XA5L15 Styloglossus muscle

XA1TY3 Stylohyoid muscle

XA9AM5 Stylopharyngeus muscle

XA8SW4 Superior auricularis muscle

XA2X27 Superior oblique muscle

XA51R1 Superior rectus muscle

XA01H9 Temporalis muscle

XA1CQ1 Temporoparietalis muscle

XA42R7 Tensor tympani muscle

XA7LF2 Tensor veli palatini muscle

XA8352 Thyroarytenoid muscle

XA2ZL4 Thyroepiglotticus muscle

XA87S0 Thyrohyoid muscle

XA3856 Transverse arytenoid muscle

XA9AU8 Transverse auricularis muscle

XA0M12 Vocalis muscle

XA37U4 Zygomaticus major muscle

XA2AP2 Zygomaticus minor muscle

XA19W0 Muscle of the thorax

XA2JL0 Diaphragm

XA6RW0 External intercostal muscle

XA3P12 Innermost intercostal muscle

XA1256 Internal intercostal muscle

XA7NL0 Levator costarum muscle

XA1QH6 Pectoralis major muscle

XA0SB2 Pectoralis minor muscle

XA7QL8 Serratus anterior muscle

XA44Y8 Subcostalis muscle

XA3G64 Transversus thoracis muscle

XA8PG5 Muscle of the abdomen

XA3TW8 External oblique abdominis muscle

XA9B36 Internal oblique abdominis muscle

XA43E9 Psoas major muscle

XA7DA1 Psoas minor muscle

XA6AY9 Pyramidalis muscle

XA1GP3 Quadratus lumborum muscle

XA1N65 Rectus abdominis muscle

XA9FR3 Transversus abdominis muscle

XA8Z76 Muscle of the back

XA19S9 Iliocostalis muscle

XA8YU1 Interspinales muscle

XA02Z7 Intertransversarii muscle

XA9AG9 Latissimus dorsi muscle

XA00C1 Levator scapulae muscle

XA6MB7 Longissimus muscle

XA8512 Multifidus muscle

XA25S1 Rhomboid major muscle

XA5GH5 Rhomboid minor muscle

XA76Q0 Rotatores muscle

XA60Q0 Semispinalis muscle

XA4A47 Serratus posterior inferior muscle

XA15B6 Serratus posterior superior muscle

XA0U57 Spinalis muscle

XA7RM2 Teres major muscle

XA86Q8 Trapezius muscle

XA2J71 Muscles of the pelvis and perineum

XA2E07 Bulbospongiosus muscle

XA5FZ1 Cremaster muscle

XA8HG2 Dartos muscle

XA2LG6 Deep transverse perinei muscle

XA3YC6 Iliococcygeus muscle

XA73H8 Ischiocavernosus muscle

XA9T66 Levator ani-coccygeus muscle

XA3HP4 Pubococcygeus muscle

XA7MM8 Puborectalis muscle

XA4RK4 Pubovaginalis muscle

XA3ML6 Sphincter ani muscle

XA8FT0 Sphincter urethrae muscle

XA56U7 Superficial transverse perinei muscle

XA4Z20 Muscles of the upper extremity

XA90T3 Abductor digiti minimi muscle (hand)

XA0Z05 Abductor pollicis brevis muscle

XA7PS1 Abductor pollicis longus muscle

XA54Z7 Adductor pollicis muscle

XA2583 Anconeus muscle

XA0GV5 Articularis cubiti muscle

XA1KL5 Biceps brachii muscle

XA0481 Long head of the biceps brachii muscle

XA3J17 Short head of the biceps brachii muscle

XA6CR7 Brachialis muscle

XA2ZN1 Brachioradialis muscle

XA0TQ5 Coracobrachialis muscle

XA3VN0 Deltoid muscle

XA4U40 Extensor carpi radialis brevis

XA8824 Extensor carpi radialis longus muscle

XA9304 Extensor carpi ulnaris muscle

XA0T60 Extensor digiti minimi muscle (hand)

XA7QU8 Extensor digitorum muscle (hand)

XA1AV6 Extensor indicis muscle

XA4V20 Extensor pollicis brevis muscle

XA0CS4 Extensor pollicis longus muscle

XA0S07 Flexor carpi radialis muscle

XA4HV9 Flexor carpi ulnaris muscle

XA3UK3 Flexor digiti minimi brevis muscle (hand)

XA4Z43 Flexor digitorum profundus muscle

XA1NW3 Flexor digitorum superficialis muscle

XA5QD0 Flexor pollicis brevis muscle

XA3GQ7 Flexor pollicis longus muscle

XA6463 Interossei of the hand muscle

XA2QW3 Dorsal interossei of the hand muscle

XA5055 Palmar interossei of the hand muscle

XA9B77 Lumbricals of hand muscle

XA4RW9 Opponens digiti minimi muscle (hand)

XA0Q73 Opponens pollicis muscle

XA9KL5 Palmaris brevis muscle

XA6P76 Palmaris longus muscle

XA91W0 Pronator quadratus muscle

XA58Z6 Pronator teres muscle

XA3DL4 Rotator cuff muscle

XA7E49 Infraspinatus muscle

XA1QF1 Subscapularis muscle

XA74P3 Supraspinatus muscle

XA3CP1 Teres minor muscle

XA90Z6 Supinator muscle

XA2EB2 Triceps brachii muscle

XA47J0 Muscles of the lower extremity

XA0W07 Abductor digiti minimi muscle (foot)

XA7119 Abductor hallucis muscle

XA8GU7 Adductor brevis muscle

XA0FW7 Adductor hallucis muscle

XA01U3 Adductor longus muscle

XA8HR3 Adductor magnus muscle

XA0DE1 Articularis genu muscle

XA3CB9 Biceps femoris muscle

XA7FZ1 Extensor digitorum brevis muscle (foot)

XA24U7 Extensor digitorum longus muscle (foot)

XA3T27 Extensor hallucis brevis muscle

XA7R67 Extensor hallucis longus muscle

XA20W3 Flexor digiti minimi brevis muscle (foot)

XA97C3 Flexor digitorum brevis muscle

XA23Q3 Flexor digitorum longus muscle (foot)

XA3MB7 Flexor hallucis brevis muscle

XA7E33 Flexor hallucis longus muscle

XA1PK6 Gastrocnemius muscle

XA7PN8 Gemellus inferior muscle

XA0472 Gemellus superior muscle

XA1HH2 Gracilis muscle

XA0200 Iliacus muscle

XA15P6 Interossei - dorsal of foot muscle

XA8TS8 Interossei - plantar of foot muscle

XA7PN0 Lumbricals of foot muscle

XA7Y24 Obturator externus muscle

XA11E8 Obturator internus muscle

XA9E00 Pectineus muscle

XA26M7 Peroneus brevis muscle

XA3P60 Peroneus longus muscle

XA9D52 Peroneus tertius muscle

XA7XS8 Piriformis muscle

XA7W96 Plantaris muscle

XA8CL8 Popliteus muscle

XA41G3 Quadratus plantae muscle

XA1BT5 Quadriceps femoris muscle

XA5447 Rectus femoris muscle

XA5CE3 Sartorius muscle

XA5AM5 Semimembranosus muscle

XA2EK1 Semitendinosus muscle

XA5B83 Soleus muscle

XA02U9 Tibialis anterior muscle

XA3VR3 Tibialis posterior muscle

XA33F6 Vastus intermedius muscle

XA00Z6 Vastus lateralis muscle

XA9RD2 Vastus medialis muscle

XA48F2 Gluteus maximus muscle

XA5VJ8 Gluteus medius muscle

XA7BY4 Gluteus minimus muscle

XA11U3 Tensor fasciae lata muscle

Tendons

XA3PP9 Tendons of the head and neck

XA46A9 Alaeque nasi tendon

XA6J99 Aryepiglotticus tendon

XA8XC7 Auricularis tendon

XA3163 Buccinator tendon

XA6L11 Corrugator supercilii tendon

XA01X1 Cricothyroid tendon

XA28X5 Depressor anguli oris tendon

XA6WZ3 Depressor labii inferioris tendon

XA5S69 Digastric tendon

XA5CP4 Frontalis tendon

XA6BT8 Genioglossus tendon

XA9L90 Geniohyoid tendon

XA8N10 Hyoglossus tendon

XA7EE6 Hyoid tendon

XA3ZA2 Inferior oblique tendon

XA7HT8 Inferior rectus tendon

XA1394 Lateral cricoarytenoid tendon

XA6PK4 Lateral pterygoid tendon

XA3LT8 Lateral rectus tendon

XA7653 Levator anguli oris tendon

XA0YK7 Levator labii superioris tendon

XA61C9 Levator palpebrae superioris tendon

XA7VD7 Levator veli palatini tendon

XA1FR7 Longus capitis tendon

XA0UD3 Longus colli tendon

XA1FB3 Masseter tendon

XA8F95 Medial pterygoid tendon

XA6SG3 Medial rectus tendon

XA7JW2 Mentalis tendon

XA7ZZ8 Mylohyoid tendon

XA7NU6 Nasalis tendon

XA5Q22 Oblique arytenoid tendon

XA8AT8 Obliquus capitis inferior tendon

XA39M0 Obliquus capitis superior tendon

XA2JY6 Omohyoid tendon

XA65X4 Orbicularis oculi tendon

XA0W74 Orbicularis oris tendon

XA6SX4 Palatoglossus tendon

XA6LA2 Palatopharyngeus tendon

XA4758 Platysma tendon

XA0AE2 Posterior cricoarytenoid ligament

XA5HD8 Procerus tendon

XA8CQ6 Rectus capitis anterior tendon

XA4RG2 Rectus capitis lateralis tendon

XA6WL6 Rectus capitis posterior major tendon

XA1XH8 Rectus capitis posterior minor tendon

XA9450 Risorius tendon

XA0SH8 Salpingopharyngeus tendon

XA3XC1 Scalene tendon

XA45L1 scalenus anterior tendon

XA7XV7 scalenus medius tendon

XA7NL5 scalenus minimus tendon

XA9HH7 scalenus posterior tendon

XA39C9 Splenius capitis tendon

XA2HL1 Splenius cervicis tendon

XA8W69 Stapedius tendon

XA70V9 Sternocleidomastoid tendon

XA6S11 Sternohyoid tendon

XA4VX2 Sternothyroid tendon

XA90J0 Styloglossus tendon

XA20E0 Stylohyoid tendon

XA7GV2 Stylopharyngeus tendon

XA5ES8 Superior oblique tendon

XA3ZN4 Superior rectus tendon

XA7D16 Temporalis tendon

XA8BT2 Temporoparietalis tendon

XA5956 Tensor tympani tendon

XA2W44 Tensor veli palatini tendon

XA4ME3 Thyroarytenoid tendon

XA0CT5 Thyroepiglotticus tendon

XA9YC3 Transverse arytenoid tendon

XA4CN7 Vocalis tendon

XA0XQ7 Zygomaticus major tendon

XA0SZ1 Zygomaticus minor tendon

XA3SA1 Tendons of the thorax

XA01T0 Chordae tendineae

XA9N29 Diaphragm tendon

XA5WL5 Intercostals external tendon

XA8FV0 Intercostals innermost tendon

XA92E2 Intercostals internal tendon

XA5R18 Levatores costarum tendon

XA3C70 Pectoralis major tendon

XA40K0 Pectoralis minor tendon

XA91D0 Serratus anterior tendon

XA7J14 Serratus posterior inferior tendon

XA0MH0 Serratus posterior superior tendon

XA8WS6 Subcostalis tendon

XA3XC9 Tendon of Todaro

XA1HX3 Transversus thoracis tendon

XA4797 Tendons of the abdomen

XA0101 External oblique abdominis tendon

XA45G1 Internal oblique abdominis tendon

XA3045 Psoas major tendon

XA7V41 Psoas minor tendon

XA49W5 Pyramidalis tendon

XA34K5 Quadratus lumborum tendon

XA1HT1 Rectus abdominis tendon

XA0V25 Transversus abdominis tendon

XA9Z26 Tendons of the back

XA48X7 Iliocostalis tendon

XA2MX3 Infraspinatus tendon

XA2E69 Interspinales tendon

XA8UU5 Intertransversarii tendon

XA8467 Latissimus dorsi tendon

XA3TD7 Longissimus tendon

XA33T4 Multifidus tendon

XA3P63 Rhomboid major tendon

XA8918 Rhomboid minor tendon

XA16J2 Rotatores tendon

XA3D42 Semispinalis tendon

XA28J9 Spinalis tendon

XA09K4 Teres major tendon

XA42P8 Teres minor tendon

XA9PV0 Trapezius tendon

XA1SN1 Tendons of the pelvis and perineum

XA15H4 Bulbospongiosus tendon

XA45X9 Coccygeus tendon

XA4755 Cremaster tendon

XA2BV5 Dartos tendon

XA2TD5 Deep transverse perinei tendon

XA6QW7 Iliococcygeus tendon

XA7YP5 Ischiocavernosus tendon

XA5JV1 Pubococcygeus tendon

XA66F5 Puborectalis tendon

XA32R3 Pubovaginalis tendon

XA0WU6 Tendons of the upper extremity

XA5AY5 Abductor digiti minimi tendon

XA7YE1 Abductor pollicis brevis tendon

XA0UY5 Abductor pollicis longus tendon

XA9749 Adductor pollicis tendon

XA4HK3 Anconeus tendon

XA8AM4 Biceps brachii tendon

XA2UD9 Long head of biceps brachii tendon

XA0FB1 Short head of biceps brachii tendon

XA9G06 Brachialis tendon

XA3YY6 Brachioradialis tendon

XA83R8 Coracobrachialis tendon

XA0942 Deltoid tendon

XA24P4 Dorsal Interosseous tendon

XA18F0 Extensor carpi radialis brevis tendon

XA1T90 Extensor carpi radialis longus tendon

XA4PY2 Extensor carpi ulnaris tendon

XA4WU2 Extensor digiti minimi tendon

XA5H06 Extensor digitorum tendon

XA4EE2 Extensor indicis tendon

XA5KN6 Extensor pollicis brevis tendon

XA4CG6 Extensor pollicis longus tendon

XA8U10 Extensor tendon

XA8H50 Flexor carpi radialis tendon

XA5CE2 Flexor carpi ulnaris tendon

XA23D8 Flexor digiti minimi tendon

XA0GQ6 Flexor digitorum profundus tendon

XA9526 Flexor digitorum superficialis tendon

XA9Q34 Flexor digitorum tendon

XA1Q82 Flexor pollicis brevis tendon

XA92F7 Flexor pollicis longus tendon

XA5YQ2 Flexor tendon

XA4M25 Interossei tendon

XA1X89 Levator scapulae tendon

XA8TQ1 Lumbrical tendon

XA9KM7 Opponens digiti minimi tendon

XA3W45 Opponens pollicis tendon

XA82E6 Palmar interosseous tendon

XA7B73 Palmaris brevis tendon

XA41L1 Palmaris longus tendon

XA41Z5 Pronator quadratus tendon

XA7EK5 Pronator teres tendon

XA7V30 Subclavius tendon

XA54N6 Subscapularis tendon

XA5EJ6 Supinator tendon

XA5VZ4 Supraspinatus tendon

XA5RS6 Triceps brachii tendon

XA5L93 Tendons of the lower extremity

XA5ZK0 Abductor digiti minimi (foot) tendon

XA14Z8 Abductor hallucis tendon

XA8BK1 Achilles tendon

XA4HF0 Adductor brevis tendon

XA8B14 Adductor hallucis tendon

XA1TK8 Adductor longus tendon

XA8746 Adductor magnus tendon

XA9381 Anterior ligament of the lower extremity

XA7MT0 Articularis genu tendon

XA1MF8 Biceps femoris tendon

XA86H9 Dorsal interossei of foot tendon

XA6230 Extensor digitorum brevis (foot) tendon

XA1ZF4 Extensor digitorum longus (foot) tendon

XA4NZ0 Extensor hallucis brevis tendon

XA5L26 Extensor hallucis longus tendon

XA8X38 Flexor digiti minimi brevis (foot) tendon

XA8GD0 Flexor digitorum brevis tendon

XA3MK8 Flexor digitorum longus (foot) tendon

XA00Z8 Flexor hallucis brevis tendon

XA1MF0 Flexor hallucis longus tendon

XA5LZ0 Gastrocnemius tendon

XA2HX4 Gemellus inferior tendon

XA5M18 Gemellus superior tendon

XA1JL3 Gluteus maximus tendon

XA1387 Gluteus medius tendon

XA4HK9 Gluteus minimus tendon

XA12U3 Gracilis tendon

XA8FT1 Iliacus tendon

XA5DE3 Lumbrical of foot tendon

XA3EE9 Obturator externus tendon

XA2469 Obturator internus tendon

XA07E4 Pectineus tendon

XA3AN0 Peroneus brevis tendon

XA7VY0 Peroneus longus tendon

XA3D16 Peroneus tertius tendon

XA3EU4 Piriformis tendon

XA7L19 Plantar interossei of foot tendon

XA6BZ6 Plantaris tendon

XA4V24 Popliteus tendon

XA1L44 Quadratus plantae tendon

XA9420 Quadriceps femoris tendon

XA4ZG0 Rectus femoris tendon

XA0981 Sartorius tendon

XA4AL5 Semimembranosus tendon

XA7DY9 Semitendinosus tendon

XA7E05 Soleus tendon

XA33Q1 Tensor fasciae lata tendon

XA8SN1 Tibialis anterior tendon

XA7FR7 Tibialis posterior tendon

XA8ST5 Vastus intermedius tendon

XA8CQ5 Vastus lateralis tendon

XA6RK3 Vastus medialis tendon

XA2C51 Enthesis

XA16K5 Bursa

XA12U7 Bursa olecrani

XA7P88 Bursa praepatellaris

Genitourinary system

Urinary system

XA6KU8 Kidney

XA5EP6 Renal capsule

XA35W4 Renal cortex

XA91E4 Renal medulla

XA9Q52 Renal pyramid

XA21J4 Renal pelvis

XA0AC1 Renal calyces

XA6N83 Major calyx

XA8XL0 Minor calyx

XA7NQ9 Ureteropelvic junction

XA4UD2 Renal hilum

XA40R2 Glomerulus

XA8AN8 Nephron

XA2364 Renal tubule

XA7156 Ureter

Coded Elsewhere: Ureteropelvic junction (XA7NQ9)

XA9L57 Ureterovesical orifice

XA77K2 Urinary bladder

Coded Elsewhere: Urachus (XA1NC2)

Ureterovesical orifice (XA9L57)

XA2PT2 Dome of bladder

XA0R03 Bladder wall

Coded Elsewhere: Trigone of bladder (XA6KF2)

XA3JA5 Lateral wall of bladder

XA4UM5 Anterior wall of bladder

XA2562 Posterior wall of bladder

XA6SR9 Superior wall of bladder

XA6KF2 Trigone of bladder

XA4P63 Ureteric orifice

XA8KN5 Internal urethral orifice

XA0VZ5 Bladder neck

XA5TA5 Urethra

XA33M0 Internal urethral sphincter

XA75T3 Membranous urethra

XA7869 Prostatic urethra

XA4DF2 External urethral sphincter

XA8EW9 Penile urethra

XA4NU9 External urethral meatus

XA4V93 Urinary tract, not elsewhere classified

XA34X0 Lower urinary tract

XA6RS6 Upper urinary tract

Reproductive system

XA75A2 Male genital organs

Coded Elsewhere: Urethra (XA5TA5)

XA7QV2 Penis

XA0970 Root of penis

XA9A26 Body of penis

XA03Y8 Dorsal surface of penis

XA3D56 Ventral surface of penis

XA0MH6 Glans penis

XA3Q76 Penile urethral meatus

XA3KB3 Paraurethral gland

XA71S4 Prepuce

XA2BL8 Outer surface of prepuce

XA1CP6 Mucosal surface of prepuce

XA54U4 Coronal sulcus of penis

XA7V24 Frenulum of penis

XA4947 Testis

XA1FS5 Tunica vaginalis

XA07W9 Tunica albuginea

XA9636 Seminiferous tubules

XA13Z7 Descended testis

XA14M8 Testicular appendage

XA4D25 Epididymis

XA9235 Spermatic cord

Coded Elsewhere: Pampiniform plexus (XA05M3)

XA8PQ1 Vas deferens

XA0MJ1 Seminal vesicle

XA63E5 Prostate gland

XA2GU7 Female genital organs

Coded Elsewhere: Placenta (XA90F8)

XA78U5 Vulva

Coded Elsewhere: Mons pubis (XA10Z0)

XA11L9 Labia of vulva

XA59G9 Labium majus

XA0MU9 Labium minus

Coded Elsewhere: Posterior fourchette of vulva (XA0565)

XA4851 Clitoris

XA3C45 Clitoral hood

XA1A52 Vulval vestibule

Coded Elsewhere: External urethral meatus (XA4NU9)

XA27K9 Bartholin gland

XA0565 Posterior fourchette of vulva

XA1LK7 Vagina

XA4AH3 Vaginal introitus

XA3A69 Hymen

XA9BM1 Gartner duct

XA46V2 Vaginal vault

XA99N3 Uterus

XA3V49 Fundus of uterus

XA5229 Corpus uteri

Coded Elsewhere: Amnion (XA8XR0)

Isthmus uteri (XA7F09)

Fundus of uterus (XA3V49)

XA8QA8 Endometrium

XA9DM0 Endometrial gland

XA3FR4 Endometrial stroma

XA2LU5 Myometrium

XA9HG1 Parametrium

Coded Elsewhere: Uterine ligament (XA4T57)

Uterosacral ligament (XA2NB2)

XA3QZ2 Uterine cavity

XA7F09 Isthmus uteri

XA5WW1 Cervix uteri

XA3Z33 Internal os

XA7Z73 Cervical canal

XA0KR7 Connective and other soft tissues of uterus

XA1QK0 Ovary

XA6FA5 Cortex of ovary

XA44X6 Medulla of ovary

XA7E69 Uterine adnexa

Coded Elsewhere: Broad ligament of the uterus (XA0EJ9)

Round ligament of uterus (XA23X3)

Parametrium (XA9HG1)

Ovary (XA1QK0)

XA3EF0 Fallopian tube

XA1MQ5 Embryological structures

XA7A99 Developmental tissue

XA7TJ5 Ectoderm

XA3HM5 Endoderm

XA3D33 Mesoderm

XA3NA0 Embryo

XA23B0 Fetus

XA85H6 Fetal membranes

XA7MU1 Amniotic sac

XA8XR0 Amnion

XA66R5 Chorion

XA33K4 Amniotic fluid

XA9YJ5 Allantois

XA0SH3 Thyroglossal duct

XA1NC2 Urachus

XA3L42 Umbilical cord

XA90F8 Placenta

Coded Elsewhere: Fetal membranes (XA85H6)

Surface topography

XA1RS6 Head and neck

XA20Q1 Head

Coded Elsewhere: External Ear (XA6ZY6)

Mouth (XA8182)

XA6CW5 Scalp

XA0WK0 Frontal scalp

XA0WG9 Frontal scalp margin

XA9DZ0 Temporal scalp

XA26C1 Temporal scalp margin

XA4W34 Parietal scalp

XA7JE5 Occipital scalp

XA3EK3 Occipital scalp margin

XA5BY6 Vertex of scalp

XA6AL1 Scalp margin

Coded Elsewhere: Frontal scalp margin (XA0WG9)

Occipital scalp margin (XA3EK3)

Temporal scalp margin (XA26C1)

XA93S9 Parietal scalp margin

XA86S4 Face

XA6TR8 Forehead

XA9SG2 Central forehead

XA1UW4 Paramedian forehead

That part of the forehead between the central and lateral forehead extending up from the superior border of the eyebrow to the frontal scalp margin.

XA1Z38 Lateral forehead

XA90D8 Glabella

XA9T94 Temple

XA29E7 Orbital region

Coded Elsewhere: Eyelid and ocular surface (XA17K1)

Orbit (XA2WJ9)

XA0SB3 Periorbital region

XA5WP1 Supraorbital region

XA1LZ5 Eyebrow

XA6TV2 Infraorbital region

XA7MK8 Cheek

XA5KE9 Upper cheek

XA0M67 Malar region

XA57N0 Malar eminence

XA6C41 Central cheek

XA3ZL3 Paranasal region

XA7207 Lower cheek

XA0SU2 Preauricular region

XA8KA2 Mandibular region

XA3H13 Nose

Coded Elsewhere: Skin of nose (XA04T9)

XA0LR7 Root of nose

XA5YP3 Dorsum of nose

XA3057 Supratip of nose

XA9JN5 Lateral side wall of nose

XA56T3 Tip of nose

XA3ZG3 Infratip lobule of nose

XA32Q9 Ala nasi

XA5ED7 Alar groove

XA7LG9 Alar rim

XA2TK5 Side wall of ala nasi

XA1B05 Nostril

XA4S17 Columella

XA9YZ7 Sill of nostril

XA5A87 Oral region

XA1A48 Perioral region

XA8JD4 Lip

XA7VQ4 Upper lip

Coded Elsewhere: Labial mucosa of upper lip (XA9072)

XA0K68 External upper lip

XA5LY8 Philtrum

XA5163 Nasolabial fold

XA8RK1 Vermilion border of upper lip

XA75S0 Vermilion of upper lip

XA1EF8 Labial commissure

XA15W6 Lower lip

Coded Elsewhere: Labial mucosa of lower lip (XA72W2)

XA5VD0 External lower lip

XA9TK2 Vermilion border of lower lip

XA7H02 Vermilion of lower lip

XA1BP2 Inner aspect of lip

XA3141 Frenulum of lip

XA3K27 External lip

XA2C62 Chin

XA04T9 Skin of nose

XA7AA6 Neck

XA4QS6 Front of neck

XA1NS6 Anterior triangle of neck

XA5TZ1 Submental region

XA0MP5 Submandibular region

XA8RA2 Suprasternal notch

XA9DQ5 Supraclavicular region

XA2ZF0 Side of neck

XA45K8 Posterior triangle of neck

XA1M78 Nape of neck

XA3FR3 Trunk

XA4QH7 Upper trunk

Coded Elsewhere: Axilla (XA17J1)

XA5D93 Thorax

XA55T2 Chest wall

XA00R3 Anterior thoracic region

XA8ML7 Upper anterior thoracic region

XA4MN6 Clavicular region

XA6M63 Infraclavicular region

XA5MS8 Presternal region

XA7GU3 Lower anterior thoracic region

XA7884 Lateral thoracic region

XA9RL9 Upper lateral thoracic region

XA0XL3 Anterolateral upper thoracic region

XA5C28 Posterolateral upper thoracic region

XA9MN4 Lower lateral thoracic region

XA3266 Anterolateral lower thoracic region

XA7MS4 Posterolateral lower thoracic region

XA10L7 Upper back

XA3PG8 Suprascapular region

XA3WD7 Scapular region

XA9LN5 Interscapular region

XA8NK1 Infrascapular region

XA6RF2 Lower thoracic paraspinal region

XA8EK1 Skin of thorax

XA12C1 Breast

XA1NS5 Upper half of breast

XA3LS6 Upper inner quadrant of breast

XA2Q54 Upper outer quadrant of breast

XA3PG5 Axillary tail of breast

XA0US1 Central portion of breast

XA2JK3 Areola

XA85A1 Lactiferous ducts

XA5MC5 Nipple

XA3UY3 Lower half of breast

XA0VX8 Lower inner quadrant of breast

XA94U2 Lower outer quadrant of breast

XA9CM2 Lateral half of breast

Coded Elsewhere: Upper outer quadrant of breast (XA2Q54)

Lower outer quadrant of breast (XA94U2)

XA3JH6 Medial half of breast

Coded Elsewhere: Upper inner quadrant of breast (XA3LS6)

Lower inner quadrant of breast (XA0VX8)

XA0T50 Inframammary flexure

XA6CY1 Lower trunk

XA6GV0 Abdomen

Coded Elsewhere: Umbilical cord (XA3L42)

XA0U66 Upper abdomen

XA8ZL8 Epigastrium

XA3TD4 Hypochondrium

XA1LM1 Periumbilical region

XA3MT8 Umbilicus

XA1DN2 Lateral lumbar region

XA4TC0 Lower abdomen

XA6N20 Hypogastrium

XA0NH8 Iliac region

XA3KX0 Abdominal wall

Coded Elsewhere: Iliac region (XA0NH8)

Lateral lumbar region (XA1DN2)

Periumbilical region (XA1LM1)

Suprapubic area (XA0LF4)

Epigastrium (XA8ZL8)

Hypochondrium (XA3TD4)

XA4SN6 Anterior abdominal wall

XA25R8 Lumbosacral region

XA6ZR2 Mid back

XA7ZW8 Lumbar paraspinal region

XA8FK6 Posterior lumbar region

XA9ET2 Lower back

XA6DS1 Coccygeal area

XA2UC8 Sacral region

XA4L23 Sacrococcygeal region

XA2P90 Back

Coded Elsewhere: Upper back (XA10L7)

Mid back (XA6ZR2)

Lower back (XA9ET2)

XA8HA7 Anogenital region

XA5FG3 Genital region

XA9PG6 Female external genitalia

Coded Elsewhere: Vulva (XA78U5)

XA1AK8 Male external genitalia

Coded Elsewhere: Penis (XA7QV2)

XA8MT4 Scrotum

XA9PX3 Perigenital region

XA0LF4 Suprapubic area

XA10Z0 Mons pubis

XA2XG2 Inguinocrural fold

XA00B4 Inguinal canal

XA4B34 Perianal region

Coded Elsewhere: Anus (XA0D34)

XA53N9 Perineum

XA2F27 Intergluteal cleft

XA6AS2 Extremities

XA4BA8 Upper extremity

XA2ND5 Shoulder

XA3PZ3 Anterior surface of shoulder

XA5BU5 Apex of shoulder

XA34G7 Posterior surface of shoulder

XA17J1 Axilla

XA41A1 Anterior axillary fold

XA86E8 Apex of axilla

XA2RY5 Posterior axillary fold

XA6809 Upper arm

XA22Q1 Anterior surface of upper arm

XA2W33 Lateral surface of upper arm

XA5TK8 Posterior surface of upper arm

XA3J41 Medial surface of upper arm

XA9FF8 Elbow

XA9NE6 Antecubital fossa

XA6599 Lateral condylar surface of elbow

XA3RT8 Elbow tip

XA4983 Medial condylar surface of elbow

XA7WB0 Forearm

XA8ZL6 Volar surface of forearm

XA1VA2 Lateral surface of forearm

XA8WH0 Dorsal surface of forearm

XA2Q46 Medial surface of forearm

XA2J63 Wrist

XA6AR5 Volar surface of wrist

XA3LK1 Radial border of wrist

XA0SH5 Dorsal surface of wrist

XA0J47 Ulnar border of wrist

XA5R12 Hand

XA30Z6 Dorsum of hand

XA3T43 Knuckles

Coded Elsewhere: First metacarpophalangeal joint (XA3M83)

Second metacarpophalangeal joint (XA9YH1)

Third metacarpophalangeal joint (XA6HB0)

Fourth metacarpophalangeal joint (XA7XA8)

Fifth metacarpophalangeal joint (XA7KA0)

XA65Z3 Interdigital web space of hand

XA1BR6 First interdigital web space of hand

XA5PY9 Second interdigital web space of hand

XA4012 Third interdigital web space of hand

XA3WG2 Fourth interdigital web space of hand

XA3NY8 Palm of hand

XA3FJ0 Proximal palm

XA2JN4 Thenar eminence

XA5TQ4 Hypothenar eminence

XA50E4 Central palm

XA00D7 Distal palm

XA2593 Fingers and thumb

Coded Elsewhere: Knuckles (XA3T43)

XA8DJ6 Thumb

Coded Elsewhere: Proximal phalanx of thumb (XA0903)

Interphalangeal joint of the thumb (XA6L43)

Distal phalanx of thumb (XA70H5)

XA0RL8 Perionychium of thumb

XA13E9 Proximal nailfold of thumb

XA20L7 Eponychium of thumb

XA4GD7 Lateral nailfold of thumb

XA63L0 Hyponychium of thumb

XA5PD5 Thumbnail

XA6DM1 Lunula of thumb

XA9N39 Nail bed of thumb

XA5V24 Nail plate of thumb

XA5ZV0 Pad of thumb

XA76N2 Dorsum of thumb

XA6NZ0 Index finger

Coded Elsewhere: Proximal phalanx of index finger (XA25U2)

Proximal interphalangeal joint of index finger (XA1DN6)

Middle phalanx of index finger (XA3JL6)

Distal interphalangeal joint of index finger (XA6KB0)

Distal phalanx of index finger (XA54X0)

XA6YH1 Perionychium of index finger

XA90K8 Eponychium of index finger

XA2UG0 Hyponychium of index finger

XA40D9 Index fingernail

XA1GS3 Lunula of index finger

XA1SB3 Nail bed of index finger

XA2XE0 Nail plate of index finger

XA6TA9 Pad of index finger

XA0Y38 Middle finger

Coded Elsewhere: Proximal phalanx of middle finger (XA6ET0)

Proximal interphalangeal joint of middle finger (XA3NW6)

Middle phalanx of middle finger (XA5910)

Distal interphalangeal joint of middle finger (XA15C8)

Distal phalanx of middle finger (XA8NR0)

XA1FY2 Perionychium of middle finger

XA8YE5 Proximal nail fold of middle finger

XA13L6 Eponychium of middle finger

XA2N38 Lateral nail fold of middle finger

XA8KX8 Hyponychium of middle finger

XA9YZ9 Middle fingernail

XA8VS0 Lunula of middle finger

XA2A53 Nail bed of middle finger

XA10T8 Nail plate of middle finger

XA79X0 Pad of middle finger

XA06X8 Ring finger

Coded Elsewhere: Proximal phalanx of ring finger (XA9MR0)

Proximal interphalangeal joint of ring finger (XA0BF5)

Middle phalanx of ring finger (XA8N14)

Distal interphalangeal joint of ring finger (XA0LT5)

Distal phalanx of ring finger (XA51S6)

XA7K11 Perionychium of ring finger

XA1F61 Proximal nail fold of ring finger

XA8L06 Eponychium of ring finger

XA3HG9 Lateral nail fold of ring finger

XA1W89 Hyponychium of ring finger

XA6Y59 Ring fingernail

XA4P58 Lunula of ring finger

XA3MW5 Nail bed of ring finger

XA3PS0 Nail plate of ring finger

XA6C72 Pad of ring finger

XA5EN3 Little finger

Coded Elsewhere: Proximal phalanx of little finger (XA73Q6)

Proximal interphalangeal joint of little finger (XA4175)

Middle phalanx of little finger (XA6HX0)

Distal interphalangeal joint of little finger (XA1928)

Distal phalanx of little finger (XA32G6)

XA89P0 Perionychium of little finger

XA4KU5 Proximal nail fold of little finger

XA2AV8 Eponychium of little finger

XA3LC5 Lateral nail fold of little finger

XA1C10 Hyponychium of little finger

XA4WN3 Pad of little finger

XA29K9 Little fingernail

XA3R66 Lunula of little finger

XA6HB9 Nail bed of little finger

XA4A79 Nail plate of little finger

XA4HZ3 Side of finger

XA7GT9 Tips of fingers

XA41X5 Tip of index finger

XA9Y99 Tip of middle finger

XA91S7 Tip of ring finger

XA8QW7 Tip of little finger

XA0EH9 Fingernails

Coded Elsewhere: Index fingernail (XA40D9)

Middle fingernail (XA9YZ9)

Ring fingernail (XA6Y59)

Little fingernail (XA29K9)

Thumbnail (XA5PD5)

XA66R9 Skin of elbow

XA45A6 Lower extremity

XA3VA7 Buttock

Coded Elsewhere: Intergluteal cleft (XA2F27)

XA5UE3 Gluteal fold

XA5S78 Thigh

XA98B3 Anterior surface of thigh

XA8RH9 Lateral surface of thigh

XA4TQ2 Trochanteric region

XA0183 Posterior surface of thigh

XA1YQ6 Medial surface of thigh

XA9ZB4 Upper medial surface of thigh

XA8KL5 Knee

XA9L17 Patellar region

XA77E9 Lateral surface of knee

XA9S09 Medial surface of knee

XA4DM3 Popliteal fossa

XA3YG1 Lower leg

XA33X4 Anterior surface of lower leg

XA4K86 Calf

XA4RR4 Lateral surface of lower leg

XA0LQ2 Posterior surface of lower leg

XA15P0 Medial surface of lower leg

XA5U49 Distal lower leg

XA90X0 Proximal lower leg

XA67V4 Ankle

XA2V14 Anterior surface of ankle

XA7AM4 Lateral surface of ankle

Coded Elsewhere: Lateral malleolus (XA4UL1)

XA1D83 Lateral supramalleolar region

XA41K4 Lateral retromalleolar region

XA7P78 Medial surface of ankle

Coded Elsewhere: Medial malleolus (XA1HS9)

XA87M9 Medial supramalleolar region

XA1SM7 Medial retromalleolar region

XA6AP4 Posterior surface of ankle

XA47V8 Foot

XA99M7 Hindfoot

XA5HK0 Heel

XA5ZE2 Posterior surface of heel

XA1QH8 Medial surface of heel

XA3R99 Lateral surface of heel

XA2N02 Plantar surface of heel

XA5151 Midfoot

XA02P2 Dorsal surface of midfoot

XA5YL1 Forefoot

Coded Elsewhere: Metatarsophalangeal joint (XA8XU1)

XA81Z3 Dorsal surface of forefoot

XA1FL5 Interdigital web space of foot

XA81N1 First interdigital web space of foot

XA8HC5 Second interdigital web space of foot

XA9LB9 Third interdigital web space of foot

XA2A07 Fourth interdigital web space of foot

XA6KE9 Plantar surface of forefoot

XA6V29 First metatarsal head region

XA2P22 Second metatarsal head region

XA0HX4 Third metatarsal head region

XA86J0 Fourth metatarsal head region

XA05N7 Fifth metatarsal head region

XA8BE2 Dorsum of foot

Coded Elsewhere: Dorsal surface of forefoot (XA81Z3)

Dorsal surface of midfoot (XA02P2)

XA1XM4 Sole of foot

Coded Elsewhere: Plantar surface of heel (XA2N02)

XA9Y82 Lateral border of foot

XA3WM8 Medial border of foot

XA3T29 Arch of foot

XA4LC9 Toes

XA2RP7 Great toe

Coded Elsewhere: Proximal phalanx of great toe (XA8KC3)

Interphalangeal joint of great toe (XA87P9)

Distal phalanx of great toe (XA2AC2)

XA4774 Perionychium of great toe

XA8L19 Proximal nail fold of great toe

XA7WP9 Eponychium of great toe

XA7GD8 Lateral nail fold of great toe

XA2F64 Hyponychium of great toe

XA1RE3 Great toenail

XA64R9 Lunula of great toe

XA0HX8 Nail bed of great toe

XA47T1 Nail plate of great toe

XA6VJ2 Pad of great toe

XA8ZZ3 Second toe

Coded Elsewhere: Proximal phalanx of second toe (XA0AQ0)

Proximal interphalangeal joint of second toe (XA56K9)

Middle phalanx of second toe (XA1UN2)

Distal interphalangeal joint of second toe (XA8UM5)

Distal phalanx of second toe (XA3QM7)

XA5446 Perionychium of second toe

XA1ED1 Proximal nail fold of second toe

XA0SL7 Eponychium of second toe

XA7003 Lateral nail fold of second toe

XA2ZJ7 Hyponychium of second toe

XA7GG3 Second toenail

XA9439 Lunula of second toe

XA7B22 Nail bed of second toe

XA1WQ6 Nail plate of second toe

XA3626 Pad of second toe

XA0SP3 Third toe

Coded Elsewhere: Proximal phalanx of third toe (XA11P1)

Proximal interphalangeal joint of third toe (XA2QY2)

Middle phalanx of third toe (XA9YP5)

Distal interphalangeal joint of third toe (XA43F0)

Distal phalanx of third toe (XA38Q1)

XA3UC8 Perionychium of third toe

XA2484 Proximal nail fold of third toe

XA8DQ2 Eponychium of third toe

XA1MM3 Lateral nail fold of third toe

XA2H72 Hyponychium of third toe

XA5JP9 Pad of third toe

XA3D73 Third toenail

XA9UL1 Lunula of third toe

XA6189 Nail bed of third toe

XA3LW9 Nail plate of third toe

XA4KK7 Fourth toe

Coded Elsewhere: Proximal phalanx of fourth toe (XA8CX6)

Proximal interphalangeal joint of fourth toe (XA2R87)

Middle phalanx of fourth toe (XA2SX4)

Distal interphalangeal joint of fourth toe (XA8NU9)

Distal phalanx of fourth toe (XA8XV0)

XA40R3 Perionychium of fourth toe

XA2Y79 Proximal nail fold of fourth toe

XA0XZ8 Eponychium of fourth toe

XA0PV4 Lateral nail fold of fourth toe

XA4ZB3 Hyponychium of fourth toe

XA9316 Pad of fourth toe

XA6TS5 Fourth toenail

XA2PD3 Lunula of fourth toe

XA65U3 Nail bed of fourth toe

XA8F87 Nail plate of fourth toe

XA42W4 Fifth toe

Coded Elsewhere: Proximal phalanx of fifth toe (XA8PK1)

Proximal interphalangeal joint of fifth toe (XA1LM0)

Middle phalanx of fifth toe (XA90F0)

Distal interphalangeal joint of fifth toe (XA39U1)

Distal phalanx of fifth toe (XA6ED4)

XA1AV3 Perionychium of fifth toe

XA43K6 Proximal nail fold of fifth toe

XA2W24 Eponychium of fifth toe

XA38J0 Lateral nail fold of fifth toe

XA0DD8 Hyponychium of fifth toe

XA3C43 Pad of fifth toe

XA3VM6 Fifth toenail

XA1PK7 Lunula of fifth toe

XA9L52 Nail bed of fifth toe

XA4U10 Nail plate of fifth toe

XA9LJ5 Plantar surface of toe

XA7J49 Dorsal surface of toe

XA14Y9 Side of toe

XA9E36 Toenail

Coded Elsewhere: Great toenail (XA1RE3)

Second toenail (XA7GG3)

Third toenail (XA3D73)

Fourth toenail (XA6TS5)

Fifth toenail (XA3VM6)

Partonomic view

Coded Elsewhere: Body Organ

Surface topography (XA1RS6-XA9E36)

Walls in the Body

Coded Elsewhere: Abdominal wall (XA3KX0)

Bladder wall (XA0R03)

Cardiac septum (XA81Z5)

Chest wall (XA55T2)

Nasal septum (XA8D47)

Orbital roof (XA9XW3)

Orbital floor (XA7MW9)

XA4UM2 Alveolar wall

XA5UL3 Cell wall

XA3JR1 Intestinal Wall

XA37C7 Oral floor

XA9KX3 Parietal wall

XA5CW9 Pelvic floor

XA29C1 Pelvic wall

XA60B5 Rectovaginal septum

XA37K5 Rectovesical septum

XA1DP8 Uterine wall

XA57Q2 Vaginal wall

Body Tissues

Coded Elsewhere: Bone marrow (XA9XK1)

Cartilage (XA8YS7-XA6958)

Developmental tissue (XA7A99)

XA06R8 Body fluid

Coded Elsewhere: Amniotic fluid (XA33K4)

XA1N55 Cerebrospinal fluid

XA08M4 Interstitial fluid

XA2L90 Serous fluid

XA0518 Synovial fluid

XA0UK0 Bone tissue

XA7YJ2 Collagen fibres

XA5A05 Connective tissue

Coded Elsewhere: Blood (XA8EC5)

XA6R65 Adipose tissue

XA0FR0 Fascia

XA51U1 Loose connective tissue

XA53R0 Perichondrium

XA7YP0 Periodontium

XA6FQ2 Periosteum

XA3G85 Synovium

XA8SZ4 Lymphatic tissue

XA97C4 Soft tissue, not elsewhere classified

XA5P05 Soft tissue of limb, not elsewhere classified

XA56S9 Epithelium

Coded Elsewhere: Epidermis (XA3JN1)

XA0PT3 Mucosa

XA0182 Mesothelium

XA1922 Gamete

XA95A3 Female gamete

XA2470 Male gamete

XA39T1 Muscle tissue

XA6283 Cardiac muscle

XA0DD5 Skeletal muscle

XA0JY3 Smooth muscle

XA5B23 Nervous Tissue

XA1J91 Neuroglia

XA1413 Neuron

XA5BW5 Interneuron

XA5DJ5 Motor Neuron

XA2LT7 Sensory Neuron

Body Cavities

Coded Elsewhere: Chamber of the heart (XA10E0)

Medullary cavity (XA5QM0)

Nasal cavity (XA43C9)

Oral cavity (XA1WN1)

Accessory sinuses (XA3523)

Parapharyngeal recess (XA6QY3)

Pharyngeal recess (XA7W35)

Retropharyngeal recess (XA9P89)

Tympanic cavity (XA3KB2)

Uterine cavity (XA3QZ2)

XA1ZV6 Cranial cavity

Coded Elsewhere: Cerebral ventricle (XA26E8)

XA1XM6 Subarachnoid space

XA1FQ8 Subdural space

XA9QA7 Dorsal body cavity

XA1GB6 Perineural space

XA2N82 Ventral body cavity

XA34B0 Abdominopelvic cavity

Coded Elsewhere: Peritoneum (XA0KZ0)

XA9M74 Abdominal cavity

XA25Q2 Pelvic cavity

Coded Elsewhere: Pelvic wall (XA29C1)

Rectovaginal septum (XA60B5)

XA9CK0 Ischiorectal fossa

XA53A7 Presacral region

XA2EG4 Perirectal region

XA0GN7 Inguinal region

XA7WA2 Mediastinum

XA5UF8 Anterior mediastinum

XA99Z0 Middle mediastinum

XA1FD0 Posterior mediastinum

XA8607 Connective and other soft tissues of mediastinum

Coded Elsewhere: Mediastinal vein (XA6JE5)

XA8YW7 Vertebral cavity

XA8SS8 Epidural space

XA4LQ4 Intramedullary space

XA1XJ5 Thoracic cavity

Coded Elsewhere: Pericardial cavity (XA48H9)

XA3LX5 Pleural cavity

XA2RT1 Precordium

Histopathology

Coded Elsewhere: Neoplasms, NOS

Histopathology by behaviour

Acinar cell neoplasms

Acinar cell neoplasms, benign

XH96Q1 Acinar cell adenoma

Inclusions: Acinar adenoma

Acinic cell adenoma

Acinar cell neoplasms, malignant

XH3PG9 Acinar cell carcinoma

XH99S4 Acinar cell cystadenocarcinoma

XH9B93 Mixed acinar-ductal carcinoma

XH0F68 Acinar adenocarcinoma of the lung

Acinar cell neoplasms, uncertain whether benign or malignant

XH2SK9 Acinar cell tumour

Adenomas and adenocarcinomas

Adenomas, benign

XH9574 Acidophil adenoma

XH3DV3 Adenoma, NOS

XH1CV4 Adenomatous polyposis coli

Inclusions: Familial polyposis coli

Adenomatosis, NOS

XH1YP0 Adrenal cortical adenoma, clear cell

XH2CT2 Adrenal cortical adenoma, compact cell

XH60N5 Adrenal cortical adenoma, glomerulosa cell

XH2VZ8 Adrenal cortical adenoma, mixed cell

XH2FJ6 Adrenal cortical adenoma, pigmented

Inclusions: Black adenoma

Pigmented adenoma

XH9356 Alveolar adenoma

XH60D1 Basal cell adenoma

XH3AH8 Basophil adenoma

Inclusions: Mucoid cell adenoma

XH6KR6 Bile duct adenoma

Inclusions: Cholangioma

XH0778 Bile duct cystadenoma

XH7BS0 Biliary intraepithelial neoplasia, low grade

XH5YG5 Biliary papillomatosis

XH1TD7 Canalicular adenoma

XH6WK1 Chief cell adenoma

XH7475 Chromophobe adenoma

XH9JJ4 Clear cell adenofibroma

Inclusions: Clear cell cystadenofibroma

XH8R87 Clear cell adenoma

XH6J91 Cylindroma of skin

XH5GN1 Eccrine dermal cylindroma

XH6685 Embryonal adenoma

XH3K13 Oesophageal glandular dysplasia (intraepithelial neoplasia), low grade

XH83X4 Flat adenoma

XH0LM0 Follicular adenoma

Inclusions: Follicular adenoma, NOS

XH5SM2 Follicular adenoma, oxyphilic cell

XH6AF9 Glandular intraepithelial neoplasia, low grade

Inclusions: Glandular intraepithelial neoplasia, grade I

Glandular intraepithelial neoplasia, grade II

XH3BK2 Glandular papilloma

XH6PG8 Hurthle cell adenoma

XH5X53 Hurthle cell tumour

XH6M13 Juxtaglomerular tumour

Inclusions: Reninoma

XH0W31 Lactating adenoma

XH8P28 Lipoadenoma

Inclusions: Adenolipoma

XH68V1 Liver cell adenoma

Inclusions: Hepatoma, benign

Hepatocellular adenoma

XH19E3 Macrofollicular adenoma

Inclusions: Colloid adenoma

XH0JC7 Metanephric adenoma

XH3DH3 Microcystic adenoma

XH5LD9 Mixed acidophil-basophil adenoma

XH0WV8 Mixed adenomatous and hyperplastic polyp

XH1XU4 Mixed cell adenoma

XH2CQ8 Monomorphic adenoma

XH6CZ4 Multiple adenomatous polyps

XH9Z86 Oxyphilic adenoma

Inclusions: Oncocytic adenoma

Oncocytoma

XH0BF2 Pancreatobiliary neoplasm, non-invasive

Inclusions: Noninvasive pancreatobiliary papillary neoplasm with low grade dysplasia

Noninvasive pancreatobiliary papillary neoplasm with low grade intraepithelial neoplasia

XH6GG6 Pancreatic microadenoma

XH1BH4 Papillomatosis, glandular

XH6EJ4 Papillotubular adenoma

Inclusions: Tubulo-papillary adenoma

XH1QS0 Lactotroph adenoma

XH5903 Serrated adenoma

Inclusions: Traditional serrated adenoma

Serrated adenoma, NOS

XH9G87 Trabecular adenoma

XH8T50 Turban tumour

XH0731 Villous papilloma

XH8UC1 Water-clear cell adenoma

XH28X1 Cylindroma of breast

XH8MU5 Adenomatous polyp, NOS

Inclusions: Polypoid adenoma

XH7SY6 Tubular adenoma, NOS

XH2F06 Sessile serrated adenoma

XH63V9 Sessile serrated polyp

XH9PD9 Traditional sessile serrated adenoma

XH5QL3 Atypical adenomatous hyperplasia

XH09B0 Papillary adenoma, NOS

XH90D6 Villous adenoma, NOS

XH10B0 Tubulovillous adenoma, NOS

Inclusions: Villoglandular adenoma

XH94U0 Pituitary adenoma, NOS

XH26P7 Spindle cell oncocytoma

XH52F6 Adrenal cortical adenoma, NOS

XH6ZD0 Endometrioid adenoma, NOS

Inclusions: Endometrioid cystadenoma, NOS

XH1CX5 Endometrioid adenofibroma, NOS

Inclusions: Endometrioid cystadenofibroma, NOS

XH2H83 Microfollicular adenoma, NOS

Inclusions: Fetal adenoma

XH7DU3 Adenoma, intestinal type

XH1Q16 Pancreatic neuroendocrine microadenoma

XH8NK5 Oncocytic papillary cystadenoma

XH8Y40 Null cell adenoma

XH1JL3 Plurihormonal adenoma

XH50K4 Gonadotroph adenoma

XH4HE3 Somatotroph adenoma

XH0MY4 Thyrotroph adenoma

XH5RH2 Pituitary adenoma, ectopic

XH1C58 Corticotroph adenoma

XH7743 Bronchiolar adenoma / Ciliated muconodular papillary tumour

Adenocarcinomas in situ

XH2L30 Adenocarcinoma in situ, NOS

XH4J07 Adenocarcinoma in situ in adenomatous polyp

XH3770 Adenocarcinoma in situ in tubulovillous adenoma

XH8TV2 Adenocarcinoma in situ in villous adenoma

XH5U91 Biliary intraepithelial neoplasia, high grade

Inclusions: Biliary intraepithelial neoplasia, grade 3 (BilIN-3)

XH7Y32 Cribriform carcinoma in situ

Inclusions: Ductal carcinoma in situ, cribriform type

XH0557 Ductal carcinoma in situ, solid type

Inclusions: Intraductal carcinoma, solid type

XH36M5 Oesophageal glandular dysplasia (intraepithelial neoplasia), high grade

Inclusions: Oesophageal intraepithelial neoplasia, high grade

XH5161 Flat intraepithelial glandular neoplasia, high grade

Inclusions: Flat intraepithelial neoplasia (dysplasia), high grade

XH28N7 Glandular intraepithelial neoplasia, high grade

Inclusions: Flat intraepithelial neoplasia, high grade

Glandular intraepithelial neoplasia, grade III

XH26M2 Papillary neoplasm, pancreatobiliary-type, with high grade intraepithelial neoplasia

Inclusions: Noninvasive pancreatobiliary papillary neoplasm with high grade dysplasia

Noninvasive pancreatobiliary papillary neoplasm with high grade intraepithelial neoplasia

XH5C49 Prostatic intraepithelial neoplasia, grade III

Inclusions: PIN III

Prostatic intraepithelial neoplasia, high grade

XH1FR9 Adenocarcinoma in situ of lung, non-mucinous

XH6BU6 Adenocarcinoma in situ of lung, mucinous

XH4Z68 Endometrioid intraepithelial neoplasia

Inclusions: Atypical hyperplasia of the endometrium

Adenocarcinomas, malignant

XH2QZ6 Acidophil carcinoma

Inclusions: Eosinophil adenocarcinoma

Acidophil adenocarcinoma

Eosinophil carcinoma

XH5LA4 Adenocarcinoid tumour

XH74S1 Adenocarcinoma, NOS

XH7QZ0 Adenocarcinoma in adenomatous polyp

Inclusions: Adenocarcinoma in tubular adenoma

Adenocarcinoma in polypoid adenoma

Carcinoma in adenomatous polyp

Adenocarcinoma in a polyp, NOS

Carcinoma in a polyp, NOS

XH2ZH8 Adenocarcinoma in adenomatous polyposis coli

XH9YR3 Adenocarcinoma in multiple adenomatous polyps

XH7QB1 Adenocarcinoma in tubulovillous adenoma

XH6DA5 Adenocarcinoma in villous adenoma

XH5RE1 Adenocarcinoma of anal glands

Inclusions: Adenocarcinoma of anal ducts

XH2ZQ0 Adenocarcinoma with mixed subtypes

Inclusions: Adenocarcinoma combined with other types of carcinoma

XH0349 Adenocarcinoma, intestinal type

XH8B45 Solid carcinoma, NOS

XH8DS0 Neuroendocrine tumour, NOS

XH8LX8 Neuroendocrine carcinoma, low grade

XH55D7 Neuroendocrine carcinoma, well-differentiated

XH9LV8 Neuroendocrine tumor, grade 1

XH7NM1 Enterochromaffin cell carcinoid

XH0U20 Neuroendocrine carcinoma, NOS

XH7F73 Neuroendocrine carcinoma, moderately differentiated

XH24W2 Lepidic adenocarcinoma

Inclusions: Bronchiolar carcinoma

Bronchiolar adenocarcinoma

Alveolar cell carcinoma

Bronchiolo-alveolar carcinoma, NOS

Bronchiolo-alveolar adenocarcinoma, NOS

XH3QM0 Minimally invasive adenocarcinoma, Non-mucinous

XH4302 Adenoid cystic carcinoma

Inclusions: Adenocarcinoma, cylindroid

Adenocystic carcinoma

Cylindroma, NOS

XH2098 Minimally invasive adenocarcinoma, Mucinous

XH6LV9 Papillary adenocarcinoma, NOS

XH95U1 Villoglandular carcinoma

XH6QG3 Micropapillary carcinoma, NOS

XH4MW7 Micropapillary adenocarcinoma

XH7KL6 Pituitary carcinoma, NOS

XH6L02 Clear cell adenocarcinoma, NOS

XH5085 Hereditary leiomyomatosis and renal cell carcinoma (HLRCC) syndrome-associated renal cell carcinoma

XH1442 MiT Family translocation carcinomas

XH8EN1 Succinate dehydrogenase deficient renal cell carcinoma

XH07X3 Alveolar adenocarcinoma

Inclusions: Alveolar carcinoma

XH05V6 Renal cell carcinoma, NOS

Inclusions: Renal cell adenocarcinoma

XH3Z08 Renal cell carcinoma, unclassified

Inclusions: Hypernephroma

XH0RU3 Acquired cystic disease associated renal cell carcinoma

XH7K79 Tubulocystic renal cell carcinoma

XH1VB1 Hybrid oncocytic chromophobe tumour

XH3Z50 Follicular carcinoma, NOS

XH9508 Endometrioid adenocarcinoma, ciliated cell variant

XH0718 Endometrioid adenocarcinoma, secretory variant

XH4KH2 Adrenal cortical carcinoma

Inclusions: Adrenal cortical adenocarcinoma

XH0SD2 Endometrioid adenocarcinoma, NOS

Inclusions: Endometrioid carcinoma, NOS

XH51K1 Neuroendocrine tumour, grade 2

XH09B7 Endometrioid cystadenocarcinoma

XH6KR7 Endometrioid adenofibroma, malignant

Inclusions: Endometrioid cystadenofibroma, malignant

XH0GS9 Adenocarcinoma, endocervical type

Inclusions: Adenocarcinoma, endocervical type, NOS

XH8SF8 Islet cell adenomatosis

XH43E4 Perihilar cholangiocarcinoma

XH4BY1 Islet cell adenoma

XH3CU4 Villoglandular variant of endometrioid adenocarcinoma

XH5QV8 Pituitary blastoma

XH0Y80 Follicular carcinoma, encapsulated, angioinvasive

XH46F1 Clear cell renal cell carcinoma, NOS

XH9SA7 Basal cell adenocarcinoma

XH85C2 Endolymphatic sac tumor

XH4PB1 Acinar adenocarcinoma of prostate

XH8E54 Mixed neuroendocrine non-neuroendocrine neoplasm (MiNEN)

XH5QW8 Neuroendocrine tumour, grade 3

XH1NL5 Nesidioblastoma

XH5XB7 Islet cell carcinoma

XH2ST7 Islet cell tumor, NOS

XH4SH8 Insulinoma, NOS

XH93H8 Gastrinoma

XH7JQ0 Parathyroid carcinoma

XH9LV7 Basophil carcinoma

Inclusions: Mucoid cell adenocarcinoma

Basophil adenocarcinoma

XH7152 Glucagon-like peptide-producing tumour

XH7LW9 L-cell tumour

XH9ZS8 Pancreatic peptide and pancreatic peptide-like peptide within terminal tyrosine amide producing tumour

XH4NQ8 Glucagonoma

XH2PF0 Enteroglucagonoma

XH72E5 Vipoma

XH5VH0 Somatostatinoma

XH41P2 Endocrine tumour, functioning, NOS

XH7AG8 ACTH-producing tumour

XH60V1 Medullary thyroid carcinoma

XH3BU6 Bile duct cystadenocarcinoma

XH2MW1 Medullary carcinoma with amyloid stroma

Inclusions: C cell carcinoma

Parafollicular cell carcinoma

XH8VU6 Poorly differentiated thyroid carcinoma

XH4NH4 Pituitary neuroendocrine tumour

XH2ZA2 Bronchial adenoma, carcinoid

XH5TR7 Adenocarcinoma of lung, mixed mucinous and non-mucinous

XH7GY6 Adenocarcinoma of lung, mucinous

XH2035 Bronchiolo-alveolar carcinoma, non-mucinous

Inclusions: Bronchiolo-alveolar carcinoma, Clara cell

Bronchiolo-alveolar carcinoma, type II pneumocyte

XH6LF9 Carcinoma simplex

XH0XL5 Carcinoma, diffuse type

Inclusions: Adenocarcinoma, diffuse type

XH7M15 Cholangiocarcinoma

Inclusions: Bile duct adenocarcinoma

Bile duct carcinoma

XH7SS7 Chromophobe carcinoma

Inclusions: Chromophobe adenocarcinoma

XH2Q13 Clear cell adenocarcinofibroma

Inclusions: Clear cell cystadenocarcinofibroma

XH6YS0 Clear cell adenocarcinoma, mesonephroid

XH4SQ4 Collecting duct carcinoma

Inclusions: Bellini duct carcinoma

Renal carcinoma, collecting duct type

XH7QJ6 Combined hepatocellular carcinoma and cholangiocarcinoma

Inclusions: Hepatocholangiocarcinoma

Mixed hepatocellular and bile duct carcinoma

XH4KK0 Cyst-associated renal cell carcinoma

XH0LH8 Enterochromaffin-like cell tumour

XH5P16 Fetal adenocarcinoma

XH7TE3 Follicular adenocarcinoma, moderately differentiated

Inclusions: Follicular carcinoma, moderately differentiated

XH0VD1 Follicular adenocarcinoma, trabecular

Inclusions: Follicular carcinoma, trabecular

XH8FK7 Follicular adenocarcinoma, well differentiated

Inclusions: Follicular carcinoma, well differentiated

XH3DN7 Follicular carcinoma, minimally invasive

XH90N9 Follicular carcinoma, oxyphilic cell

XH3XT5 Glycogen-rich carcinoma

Inclusions: Glycogen-rich clear cell carcinoma

XH4262 Goblet cell carcinoid

Inclusions: Mucinous carcinoid

XH2EH4 Granular cell carcinoma

Inclusions: Granular cell adenocarcinoma

XH4T58 Hepatocellular carcinoma, clear cell type

XH9Q35 Hepatocellular carcinoma, fibrolamellar

XH0G90 Hepatocellular carcinoma, pleomorphic type

XH5761 Hepatocellular carcinoma, scirrhous

Inclusions: Sclerosing hepatic carcinoma

XH3T17 Hepatocellular carcinoma, spindle cell variant

Inclusions: Hepatocellular carcinoma, sarcomatoid

XH6YH5 Hurthle cell adenocarcinoma

XH8MQ3 Hurthle cell carcinoma

XH8WM4 Linitis plastica

XH6TK0 Lipid-rich carcinoma

XH81N8 Merkel cell carcinoma

Inclusions: Primary cutaneous neuroendocrine carcinoma

XH7019 Mixed acidophil-basophil carcinoma

XH8EZ3 Mixed acinar-endocrine carcinoma

XH74Y9 Mixed acinar-endocrine-ductal carcinoma

XH6H10 Mixed adenoneuroendocrine carcinoma

Inclusions: Combined carcinoid and adenocarcinoma

Composite carcinoid

Combined/mixed carcinoid and adenocarcinoma

MANEC

Mixed carcinoid-adenocarcinoma

XH2AM6 Mixed cell adenocarcinoma

XH7CY5 Mixed ductal-endocrine carcinoma

XH6UP4 Mixed endocrine and exocrine adenocarcinoma

XH7DG7 Mixed medullary-follicular carcinoma

XH3340 Mixed medullary-papillary carcinoma

XH9LZ7 Mixed pancreatic endocrine and exocrine tumour, malignant

XH1108 Nonencapsulated sclerosing carcinoma

Inclusions: Nonencapsulated sclerosing adenocarcinoma

XH09D6 Oxyphilic adenocarcinoma

Inclusions: Oncocytic adenocarcinoma

Oncocytic carcinoma

XH3614 Islet cell adenocarcinoma

XH3709 Pancreatic neuroendocrine tumor, nonfunctioning

XH6XY9 Pancreatobiliary-type carcinoma

Inclusions: Adenocarcinoma, pancreatobiliary type

XH1ND9 Papillary carcinoma of thyroid

XH85E5 Papillary carcinoma, columnar cell

Inclusions: Papillary carcinoma, tall cell

XH0426 Papillary carcinoma, diffuse sclerosing

XH0Q59 Papillary carcinoma, encapsulated, of thyroid

XH29M4 Papillary carcinoma, follicular variant

Inclusions: Papillary adenocarcinoma, follicular variant

Papillary and follicular adenocarcinoma

Papillary and follicular carcinoma

XH5YT2 Papillary carcinoma, oncocytic variant

XH2AW7 Papillary microcarcinoma

XH1D07 Papillary renal cell carcinoma

XH4Q20 Papillotubular adenocarcinoma

Inclusions: Tubulopapillary adenocarcinoma

XH1JZ0 Parietal cell carcinoma

Inclusions: Parietal cell adenocarcinoma

XH6153 Renal cell carcinoma, chromophobe type

Inclusions: Chromophobe cell renal carcinoma

XH9DH7 Renal cell carcinoma, sarcomatoid

Inclusions: Renal cell carcinoma, spindle cell

XH4FS4 Scirrhous adenocarcinoma

Inclusions: Carcinoma with productive fibrosis

Scirrhous carcinoma

XH34G3 Solid carcinoma with mucin formation

XH0JE3 Superficial spreading adenocarcinoma

XH7EX3 Trabecular adenocarcinoma

Inclusions: Trabecular carcinoma

XH4TA4 Tubular adenocarcinoma

Inclusions: Tubular carcinoma

XH1Z69 Typical carcinoid

XH22Z8 Carcinoma of Skene, Cowper and Littre Glands

XH0X20 Villous adenocarcinoma

XH0A57 Water-clear cell adenocarcinoma

Inclusions: Water-clear cell carcinoma

XH8UE4 Adenocarcinoma, metastatic, NOS

XH4ZC3 Basal cell carcinoma of the prostate

XH4W48 Hepatocellular carcinoma, NOS

Inclusions: Liver cell carcinoma

Hepatoma, malignant

Hepatocarcinoma

Hepatoma, NOS

XH81Q9 Bronchial adenoma, cylindroid

XH92Y9 Thymic carcinoma with adenoid cystic carcinoma-like features

XH1YZ3 Cribriform carcinoma, NOS

Inclusions: Ductal carcinoma, cribriform type

XH4YG1 Cribriform comedo-type carcinoma

Inclusions: Adenocarcinoma, cribriform comedo-type

XH74B2 Serrated adenocarcinoma

Adenomas and adenocarcinomas, uncertain whether benign or malignant

Coded Elsewhere: ACTH-producing tumour (XH7AG8)

Enteroglucagonoma (XH2PF0)

L-cell tumour (XH7LW9)

Pancreatic peptide and pancreatic peptide-like peptide within terminal tyrosine amide producing tumour (XH9ZS8)

Glucagonoma (XH4NQ8)

Gastrinoma (XH93H8)

Vipoma (XH72E5)

Somatostatinoma (XH5VH0)

Endocrine tumour, functioning, NOS (XH41P2)

Glucagon-like peptide-producing tumour (XH7152)

XH6770 Apudoma

XH6VL9 Atypical adenoma

Inclusions: Bronchial adenoma, NOS

XH3T38 Atypical follicular adenoma

XH0S86 Clear cell adenofibroma of borderline malignancy

Inclusions: Clear cell cystadenofibroma of borderline malignancy

XH5DQ2 Endometrioid adenoma, borderline malignancy

Inclusions: Endometrioid cystadenoma, borderline malignancy

Endometrioid tumour, borderline

XH76W6 Multiple endocrine adenomas

Inclusions: Endocrine adenomatosis

XH8468 Pulmonary adenomatosis

XH54H3 Hypernephroid tumour

XH7PR9 Multilocular cystic renal neoplasm of low malignant potential

XH9DS4 Endometrioid adenofibroma, borderline malignancy

Inclusions: Endometrioid cystadenofibroma, borderline malignancy

XH4JG0 Tubular carcinoid

XH4XL2 Aggressive papillary tumour

XH9PN4 Well differentiated tumor of uncertain malignant potential

XH6SY0 Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)

XH1Y66 Hyalinizing trabecular tumour

XH27W5 Follicular tumor of uncertain malignant potential

XH9T60 Clear cell papillary renal cell carcinoma

XH6CZ3 Clear cell borderline tumour

Adnexal and skin appendage neoplasms

Adnexal and skin appendage neoplasms, benign

XH6YZ9 Apocrine adenoma

XH0AQ8 Clear cell hidradenoma

XH46Z2 Eccrine acrospiroma

XH42Z3 Eccrine papillary adenoma

XH25Z9 Eccrine poroma

XH3AM1 Spiradenoma, NOS

Inclusions: Eccrine spiradenoma

XH4YU8 Follicular fibroma

Inclusions: Fibrofolliculoma

Perifollicular fibroma

Trichodiscoma

XH7NR3 Hidrocystoma

XH4MV7 Hidradenoma, NOS

XH4DX4 Papillary hidradenoma

Inclusions: Hidradenoma papilliferum

XH1PY0 Syringocystadenoma papilliferum

XH96Q5 Skin appendage adenoma

XH3U61 Sweat gland adenoma

Inclusions: Syringadenoma, NOS

XH06Y5 Syringofibroadenoma

XH6325 Syringoma, NOS

XH9GB7 Syringomatous tumour of nipple

Inclusions: Infiltrating syringomatous adenoma of nipple

Syringomatous adenoma of nipple

XH1NC5 Sebaceous adenoma

XH0SH5 Sebaceous epithelioma

XH7AL8 Ceruminous adenoma

XH8R55 Spindle cell predominant trichodiscoma

XH1A80 Apocrine poroma

XH8N28 Poroma, NOS

XH0QL4 Sebaceoma

Adnexal and skin appendage neoplasms, in situ

XH7WE6 Porocarcinoma in situ

Adnexal and skin appendage neoplasms, malignant

XH9L77 Apocrine adenocarcinoma

Inclusions: Apocrine carcinoma

XH6FB5 Digital papillary adenocarcinoma

XH7VK4 Porocarcinoma, NOS

XH58E1 Malignant eccrine spiradenoma

XH7NK9 Hidradenocarcinoma

XH17P2 Microcystic adnexal carcinoma

XH89V4 Adnexal adenocarcinoma, NOS

XH5LY3 Sweat gland adenocarcinoma

Inclusions: Sweat gland carcinoma

XH4VR2 Sebaceous carcinoma

XH8NE4 Eccrine adenocarcinoma

XH6Z69 Ceruminous adenocarcinoma

Inclusions: Ceruminous carcinoma

XH9C82 Malignant neoplasm arising from pre-existing spiradenoma

XH2ZK9 Malignant neoplasm arising from pre-existing cylindroma

XH9NW9 Malignant neoplasm arising from pre-existing spiradenocylindroma

XH65F9 Sialadenoma papilliferum

XH0BE5 Syringocystadenocarcinoma papilliferum

Adnexal and skin appendage neoplasms, uncertain whether benign or malignant

XH8BW1 Sweat gland tumour, NOS

Basal cell neoplasms

Basal cell neoplasms, benign

XH1PG0 Intraepidermal epithelioma of Jadassohn

XH5AU2 Trichilemmoma

XH6QT9 Trichoepithelioma

Inclusions: Epithelioma adenoides cysticum

XH0U05 Trichofolliculoma

XH5L76 Pilar tumour

XH9E37 Pilomatricoma, NOS

Inclusions: Calcifying epithelioma of Malherbe

Pilomatrixoma, NOS

XH05Z3 Trichogerminoma

XH7CM2 Melanocytic matricoma

XH3EY8 Pilar sheath acanthoma

XH0489 Tumor of follicular infundibulum

XH2K97 Trichoblastoma

Basal cell neoplasms, malignant

XH70J2 Adenoid basal carcinoma

XH45F3 Basal cell carcinoma, fibroepithelial

Inclusions: Fibroepithelioma, NOS

Fibroepithelial basal cell carcinoma, Pinkus type

Fibroepithelioma of Pinkus type

XH4GJ2 Basal cell carcinoma, micronodular

XH2CR0 Basal cell carcinoma, nodular

XH2615 Basal cell carcinoma, NOS

Inclusions: Rodent ulcer

Basal cell epithelioma

XH4C18 Basosquamous carcinoma

Inclusions: Mixed basal-squamous cell carcinoma

XH5VK4 Infiltrating basal cell carcinoma, NOS

XH0T12 Infiltrating basal cell carcinoma, non-sclerosing

XH67Y4 Infiltrating basal cell carcinoma, sclerosing

Inclusions: Basal cell carcinoma, desmoplastic type

Basal cell carcinoma, morpheic

XH9E93 Metatypical carcinoma

XH5NL6 Superficial basal cell carcinoma

Inclusions: Multicentric basal cell carcinoma

XH2HE7 Pigmented basal cell carcinoma

XH9K96 Trichilemmocarcinoma

Inclusions: Trichilemmal carcinoma

XH9G49 Pilomatrical carcinoma

Inclusions: Matrical carcinoma

Pilomatricoma, malignant

Pilomatrixoma, malignant

Pilomatrix carcinoma

XH6S67 Basal cell carcinoma with adnexal differentiation

XH3DL9 Trichoblastic carcinoma

XH8324 Trichoblastic carcinosarcoma

XH1JH6 Basal cell carcinoma, sarcomatoid

Basal cell neoplasms, uncertain whether benign or malignant

XH8189 Basal cell tumour

XH7WJ7 Proliferating trichilemmal cyst

Blood vessel tumours

Coded Elsewhere: Haemangiopericytic meningioma (XH7050)

Blood vessel tumours, benign

XH3U29 Capillary haemangioma

XH1GU2 Cavernous haemangioma

XH10T4 Epithelioid haemangioma

A benign neoplasm most commonly affecting the skin and characterised by local proliferation of vascular channels. Affected individuals typically present with a cluster of small, translucent nodules on the head and neck, particularly around the ear or the hairline. The neoplasm may rarely arise in oral mucosa or in internal organs.

XH0LN3 Haemangioendothelioma, benign

XH0553 Intramuscular haemangioma

Inclusions: Intramuscular angioma

XH2HR3 Racemose haemangioma

XH4NS3 Venous haemangioma

XH5AW4 Haemangioma, NOS

Inclusions: Chorioangioma

Angioma, NOS

XH37N4 Myointimoma

XH1JJ2 Angiofibroma, NOS

XH23S6 Verrucous keratotic haemangioma

XH4E06 Cellular angiofibroma

XH73S9 Giant cell angiofibroma

XH2EX4 Acquired tufted haemangioma

XH4KP7 Angiokeratoma

XH8SM9 Cutaneous epithelioid angiomatoid nodule

XH8KN7 Atypical vascular lesion

XH9Q71 Cherry hemangioma

XH88L5 Sinusoidal hemangioma

XH9UU3 Microvenular hemangioma

XH9NB0 Glomeruloid hemangioma

XH6RP8 Spindle cell hemangioma

XH27G6 Congenital hemangioma, NOS

XH6RC4 Congenital hemangioma, rapidly involuting

XH5427 Congenital hemangioma, non-involuting

XH8PD3 Hobnail hemangioma

XH4LY5 Lobular capillary hemangioma

Blood vessel tumours, malignant

XH4E71 Haemangioendothelioma, malignant

XH6264 Hemangiosarcoma

XH36A5 Kaposi sarcoma

XH6FJ5 Kupffer cell sarcoma

XH3C78 Intravascular bronchial alveolar tumour

XH36H7 Intimal sarcoma

XH9GF8 Epithelioid haemangioendothelioma, NOS

Blood vessel tumours, uncertain whether benign or malignant

Coded Elsewhere: Haemangiopericytic meningioma (XH7050)

XH4SY7 Papillary intralymphatic angioendothelioma

XH6PA4 Kaposiform haemangioendothelioma

XH2PS0 Spindle cell haemangioendothelioma

Inclusions: Spindle cell angioendothelioma

XH26F6 Pseudomyogenic (epithelioid sarcoma-like) haemangioendothelioma

XH64U8 Retiform haemangioendothelioma

XH8D24 Composite haemangioendothelioma

XH2L98 Haemangioendothelioma, NOS

Inclusions: Angioendothelioma

XH6810 Haemangioblastoma

Inclusions: Angioblastoma

Complex epithelial neoplasms

Complex epithelial neoplasms, benign

XH9ZB2 Adenolymphoma

Inclusions: Papillary cystadenoma lymphomatosum

XH1TX5 Mixed squamous cell and glandular papilloma

XH7J33 Lymphadenoma

Complex epithelial neoplasms, malignant

XH2PY4 Adenocarcinoma with squamous metaplasia

Inclusions: Adenoacanthoma

XH7873 Adenosquamous carcinoma

Inclusions: Mixed adenocarcinoma and epidermoid carcinoma

Mixed adenocarcinoma and squamous cell carcinoma

XH9JP2 Epithelial-myoepithelial carcinoma

XH7247 Adenocarcinoma with cartilaginous and osseous metaplasia

XH2QL8 Adenocarcinoma with spindle cell metaplasia

XH6G98 Fibromatosis-like metaplastic carcinoma

XH4GA3 Adenocarcinoma with apocrine metaplasia

Inclusions: Carcinoma with apocrine metaplasia

XH4T39 Adenocarcinoma with neuroendocrine differentiation

XH0RD4 Metaplastic carcinoma, NOS

XH7MV6 Hepatoid adenocarcinoma

Inclusions: Hepatoid carcinoma

XH95Y6 Squamoid eccrine ductal carcinoma

XH8XD1 Endometrioid carcinoma with squamous differentiation

Complex mixed and stromal neoplasms

Complex mixed and stromal neoplasms, benign

XH4ZH4 Adenomyoma

XH7ZB1 Atypical polypoid adenomyoma

XH6YS4 Benign cystic nephroma

XH70N8 Chondroid syringoma

XH8C13 Endometrial stromal nodule

XH3SR2 Ossifying renal tumour

XH2KC1 Pleomorphic adenoma

Inclusions: Mixed tumour, NOS

Mixed tumour, salivary gland type, NOS

XH3470 Renomedullary interstitial cell tumour

XH2E97 Stromal tumour, benign

XH0533 Mixed epithelial and stromal tumour

XH7TJ0 Paediatric cystic nephroma

XH5QU1 Adenomyoepithelioma, NOS

XH2V57 Adenomyoepithelioma, benign

XH9T96 Phosphaturic mesenchymal tumour, benign

Inclusions: Phosphaturic mesenchymal tumour, NOS

XH3UD9 Pulmonary hamartoma

XH3CQ8 Myoepithelioma

XH7AA3 Mesenchymoma, benign

XH1SP3 Adult cystic nephroma

XH2P15 ​Mesenchymal hamartoma

XH1WZ6 Ectomesenchymal chondromyxoid tumour

Complex mixed and stromal neoplasms, malignant

XH5544 Adenosarcoma

XH1YV7 Carcinofibroma

XH42V2 Carcinoma ex pleomorphic adenoma

XH2RK1 Carcinosarcoma, embryonal

XH2CV3 Endometrial stromal sarcoma, high grade

Inclusions: Endometrioid stromal sarcoma, high grade

XH1S94 Endometrial stromal sarcoma, low grade

Inclusions: Stromal endometriosis

Endometrial stromatosis

Endolymphatic stromal myosis

Endometrioid stromal sarcoma, low grade

Stromal myosis, NOS

XH9HQ1 Gastrointestinal stromal tumour

XH2WE3 Hepatoblastoma

A disease caused by abnormal proliferation of liver precursor cells. This disease is characterised by a solid, well circumscribed mass, which may contain a stromal component that may be undifferentiated or develop into bone or cartilage.

Inclusions: Embryonal hepatoma

Hepatoblastoma, NOS

XH0765 Clear cell sarcoma of kidney

XH64D5 Malignant chondroid syringoma

XH9M31 Malignant cystic nephroma

Inclusions: Malignant multilocular cystic nephroma

XH3RF3 Rhabdoid tumor, NOS

XH0Y65 Mesodermal mixed tumour

XH7ZJ9 Mullerian mixed tumour

XH27L5 Pancreatoblastoma

XH2FY9 Pleuropulmonary blastoma

XH5VH1 Pulmonary blastoma

Inclusions: Pneumoblastoma

XH1TK5 Endometrial stromal sarcoma, NOS

Inclusions: Endometrial sarcoma, NOS

XH49Y5 Stromal sarcoma, NOS

XH0V86 Mixed tumour, malignant, NOS

XH5QN3 Nephroblastoma, NOS

Inclusions: Nephroma, NOS

XH0H07 Hepatoblastoma, epithelioid

XH33R5 Hepatoblastoma, mixed epithelial-mesenchymal

XH2W45 Carcinosarcoma, NOS

XH7TL5 Adenomyoepithelioma with carcinoma

Inclusions: Malignant adenomyoepithelioma

XH3B27 Phosphaturic mesenchymal tumour, malignant

XH43E6 Myoepithelial carcinoma

XH9N95 Mesenchymoma, malignant

Inclusions: Mixed mesenchymal sarcoma

XH42Q2 Embryonal sarcoma

XH4VQ1 Gastroblastoma

XH5CT2 Gastrointestinal autonomic nerve tumour

XH0712 Gastrointestinal pacemaker cell tumour

Complex mixed and stromal neoplasms, uncertain whether benign or malignant

Coded Elsewhere: Gastrointestinal autonomic nerve tumour (XH5CT2)

Gastrointestinal pacemaker cell tumour (XH0712)

XH1JB4 Cystic partially differentiated nephroblastoma

XH10F1 Mesoblastic nephroma

XH0G00 Sialoblastoma

XH6R49 Stromal tumour, NOS

XH4N88 Metanephric stromal tumour

XH8747 Stromal tumour of uncertain malignant potential

XH8X78 Calcifying nested stromal-epithelial tumor

XH2AD1 Mesenchymoma, NOS

XH5LL8 Primitive non-neural granular cell tumor

Cystic, mucinous and serous neoplasms

Cystic, mucinous and serous neoplasms, benign

XH6ZU1 Clear cell cystadenoma

XH55F1 Cystic tumour of atrio-ventricular node

XH5232 Intraductal papillary-mucinous adenoma

XH4070 Intraductal papillary-mucinous tumour with intermediate dysplasia

XH8MD2 Intraductal papillary-mucinous tumour with low grade dysplasia

Inclusions: Intraductal papillary-mucinous neoplasm with low grade dysplasia

XH8ML6 Intraductal papillary-mucinous tumour with moderate dysplasia

Inclusions: Intraductal papillary-mucinous neoplasm with moderate dysplasia

XH0556 Serous microcystic adenoma

XH38C4 Serous surface papilloma

XH5RJ2 Cystadenoma, NOS

Inclusions: Cystoma, NOS

XH8TJ0 Serous cystadenoma, NOS

XH0FM6 Papillary cystadenoma, NOS

XH6H73 Mucinous cystadenoma, NOS

XH8XL1 Mucinous cystic neoplasm with intermediate-grade dysplasia

XH6NK7 Mucinous cystic neoplasm with low-grade intraepithelial neoplasia

XH7K36 Mucinous cystic tumour with intermediate dysplasia

XH7834 Mucinous cystic tumour with moderate dysplasia

XH0EK3 Mucinous cystic neoplasm with low-grade dysplasia

XH8EW6 Mucinous cystic neoplasm with intermediate-grade intraepithelial neoplasia

XH9BE7 Seromucinous cystadenoma

XH2M29 Mucinous adenoma

XH5RX2 Mucous gland adenoma

XH9MS1 Papillary cystadenofibroma

Cystic, mucinous and serous neoplasms, in situ

XH5E08 Intraductal papillary-mucinous carcinoma, non-invasive

XH3MB3 Intraductal papillary mucinous neoplasm with high grade dysplasia

XH06M2 Mucinous cystadenocarcinoma, non-invasive

XH81P3 Mucinous cystic neoplasm with high-grade dysplasia

XH8PZ6 Serous intraepithelial carcinoma

XH9DM1 Serous borderline tumour, micropapillary variant

XH8NV8 Serous tubal intraepithelial carcinoma (STIC)

XH1YW4 Serous endometrial intraepithelial carcinoma

Cystic, mucinous and serous neoplasms, malignant

XH5WU3 Intraductal papillary-mucinous carcinoma, invasive

XH2SE1 Intraductal papillary mucinous neoplasm with an associated invasive carcinoma

XH0572 Micropapillary serous carcinoma

XH5P21 Solid pseudopapillary carcinoma

XH0219 Cystadenocarcinoma, NOS

XH7A08 Serous carcinoma, NOS

XH6JU6 Papillary cystadenocarcinoma, NOS

Inclusions: Papillocystic adenocarcinoma

XH12V5 Low grade serous carcinoma

XH24N6 High grade serous carcinoma

XH1390 Mucinous cystadenocarcinoma, NOS

XH1K19 Mucinous cystic tumour with an associated invasive carcinoma

XH4186 Seromucinous carcinoma

XH1S75 Mucinous adenocarcinoma

XH4U83 Pseudomyxoma peritonei with unknown primary site

XH5EQ2 Mucinous tubular and spindle cell carcinoma

XH83J5 Pseudomyxoma peritonei

XH4KC5 Mucinous carcinoma, gastric type

XH56K0 Metastatic signet ring cell carcinoma

XH5AF5 Mucin-producing adenocarcinoma

Inclusions: Mucin-secreting carcinoma

Mucin-secreting adenocarcinoma

Mucin-producing carcinoma

XH4546 Signet ring cell carcinoma

XH2KK0 Poorly cohesive carcinoma

XH3RD4 Krukenberg tumour

XH0XE5 Signet ring cell/histiocytoid carcinoma

XH3AE9 Solid pseudopapillary neoplasm of pancreas

Cystic, mucinous and serous neoplasms, uncertain whether benign or malignant

XH2FF0 Mucinous cystic tumour of borderline malignancy

XH1P30 Papillary cystadenoma, borderline malignancy

XH0RB9 Seromucinous borderline tumour

Inclusions: Seromucinous tumour, atypical proliferative

XH3ZK9 Serous borderline tumour, NOS

XH3FD4 Solid pseudopapillary tumor of ovary

Inclusions: Solid and papillary epithelial neoplasm

XH7BB4 Low grade appendiceal mucinous neoplasm

Ductal and lobular neoplasms

Ductal and lobular neoplasms, benign

XH6RX1 Intracystic papillary neoplasm with low grade intraepithelial neoplasia

Inclusions: Intraductal papillary neoplasm with intermediate grade neoplasia

Intracystic papillary neoplasm with intermediate grade intraepithelial neoplasia

Intraglandular papillary neoplasm with low grade intraepithelial neoplasia

XH5ZH7 Intraductal papillary neoplasm with low grade intraepithelial neoplasia

XH4LZ4 Intraductal papilloma

Inclusions: Duct adenoma, NOS

Ductal papilloma

XH7QS7 Intraductal tubular-papillary neoplasm, low grade

XH6HK2 Intraductal papillary neoplasm, NOS

XH60S7 Intraductal papilloma with atypical ductal hyperplasia

XH7GN3 Adenoma of nipple

Inclusions: Subareolar duct papillomatosis

XH9F80 Intracystic papillary adenoma

Inclusions: Intracystic papilloma

XH4JD3 Intraductal papillomatosis, NOS

Inclusions: Diffuse intraductal papillomatosis

Ductal and lobular neoplasms, in situ

XH8P86 Comedocarcinoma, noninfiltrating

Inclusions: DCIS, comedo type

Ductal carcinoma in situ, comedo type

XH6AH7 Intraductal papillary neoplasm with high grade intraepithelial neoplasia

Inclusions: Intraductal papillary neoplasm with high grade dysplasia

Intracystic papillary neoplasm with high grade intraepithelial neoplasia

XH9VG0 Noninfiltrating intraductal papillary adenocarcinoma

Inclusions: DCIS, papillary

Ductal carcinoma in situ, papillary

Noninfiltrating intraductal papillary carcinoma

Intraductal papillary carcinoma, NOS

Intraductal papillary adenocarcinoma, NOS

XH1H31 Intraductal carcinoma, noninfiltrating, NOS

XH4V32 Ductal carcinoma in situ, NOS

XH11S9 Intraductal papilloma with DCIS

XH64S7 Intraductal tubular-papillary neoplasm, high grade

XH9XV2 Noninfiltrating intracystic carcinoma

Inclusions: Encysted papillary carcinoma

Intracystic papillary carcinoma

Intracystic carcinoma, NOS

Intracystic papillary adenocarcinoma

XH0134 Solid papillary carcinoma in situ

XH39X8 Intraductal carcinoma, clinging, high grade

XH9SL6 Cystic hypersecretory carcinoma, intraductal

XH0GQ3 Intraductal micropapillary carcinoma

Inclusions: Ductal carcinoma in situ, micropapillary

XH2HB2 Lobular carcinoma in situ, pleomorphic

Inclusions: LCIS, pleomorphic

XH6EH0 Lobular carcinoma in situ, NOS

XH7XE0 Intraductal carcinoma and lobular carcinoma in situ

XH3PE9 Intraductal tubulopapillary neoplasm

XH8010 Endocrine mucin-producing sweat gland carcinoma in situ

XH4US4 Intraductal papilloma with lobular carcinoma in situ

Ductal and lobular neoplasms, malignant

XH44J4 Secretory carcinoma

XH7KH3 Infiltrating duct carcinoma, NOS

Inclusions: Invasive breast carcinoma of no special type

Duct adenocarcinoma, NOS

Duct carcinoma, NOS

Ductal carcinoma, NOS

Duct cell carcinoma

Infiltrating duct adenocarcinoma

XH9FX2 Adenocarcinoma of mammary gland type

XH1N58 Comedocarcinoma, NOS

XH8MA7 Intraductal papillary adenocarcinoma with invasion

Inclusions: Infiltrating papillary adenocarcinoma

Infiltrating and papillary adenocarcinoma

XH8KR8 Papillary carcinoma of the breast

XH90W1 Intraductal papillary neoplasm with associated invasive carcinoma

Inclusions: Intracystic papillary neoplasm with associated invasive carcinoma

XH0GT6 Encapsulated papillary carcinoma with invasion

Inclusions: Encysted papillary carcinoma with invasion

Intracystic papillary carcinoma with invasion

XH9C56 Invasive micropapillary carcinoma of breast

Inclusions: Micropapillary carcinoma of breast

XH1XB5 Solid papillary carcinoma with invasion

XH2YP5 Medullary carcinoma, NOS

XH9B99 Medullary-like carcinoma

XH2XR3 Lobular carcinoma, NOS

Inclusions: Infiltrating lobular carcinoma, NOS

Lobular adenocarcinoma

XH9620 Medullary adenocarcinoma

XH6KZ1 Atypical medullary carcinoma

XH6PY4 Duct carcinoma, desmoplastic type

XH55H7 Medullary carcinoma with lymphoid stroma

XH3RK9 Tubulolobular carcinoma

XH0408 Infiltrating ductular carcinoma

XH8RN5 Infiltrating duct and lobular carcinoma

Inclusions: Lobular and ductal carcinoma

XH9Z29 Intraductal and lobular carcinoma

XH6MH3 Infiltrating duct and lobular carcinoma in situ

XH9551 Infiltrating lobular carcinoma and ductal carcinoma in situ

XH8CS0 Infiltrating duct mixed with other types of carcinoma

XH9GX4 Infiltrating duct and colloid carcinoma

XH2ST9 Infiltrating duct and cribriform carcinoma

XH3969 Infiltrating duct and mucinous carcinoma

XH1ND7 Infiltrating duct and tubular carcinoma

XH3CB4 Infiltrating lobular mixed with other types of carcinoma

XH5SD5 Polymorphous adenocarcinoma

XH9G73 Inflammatory carcinoma

Inclusions: Inflammatory adenocarcinoma

XH3E21 Paget disease, mammary

Inclusions: Paget disease of breast

XH47A6 Paget disease and infiltrating duct carcinoma of breast

XH70F8 Paget disease, extramammary

XH0C76 Paget disease and intraductal carcinoma of breast

XH32K6 Basal-like carcinoma of breast

XH4ZU9 Adenocarcinoma of anogenital mammary-like glands

XH5KW8 Carcinoma of male breast

XH4EK4 Endocrine mucin-producing sweat gland carcinoma

XH9HB7 Lobular carcinoma, pleomorphic

XH1146 Juvenile carcinoma of breast

XH8TH6 Cystic hypersecretory carcinoma

Code change from 8508/3 to 8500/2 in ICD-O3 2016

Epithelial neoplasms, NOS

Epithelial neoplasms, benign

XH9HV0 Epithelial tumour, benign

XH1TD2 Tumourlet, benign

XH65S3 Epithelioma, benign

XH0M86 Focal nodular hyperplasia

Epithelial neoplasms, in situ

XH5NV6 Carcinoma in situ, NOS

Inclusions: Intraepithelial carcinoma, NOS

Epithelial neoplasms, malignant

XH56X7 Carcinoma with osteoclast-like giant cells

XH63D2 Carcinoma, NOS

Inclusions: Epithelial tumour, malignant

XH3XZ6 Giant cell and spindle cell carcinoma

XH1JZ2 Giant cell carcinoma

XH00N7 Glassy cell carcinoma

XH4QU2 Large cell carcinoma with rhabdoid phenotype

XH0NL5 Large cell neuroendocrine carcinoma

XH35G0 Pleomorphic carcinoma

XH92T7 Polygonal cell carcinoma

XH35M3 Pseudosarcomatous carcinoma

Inclusions: Sarcomatoid carcinoma

XH1YN3 Carcinoma, metastatic, NOS

XH8D74 Carcinomatosis

XH4P61 Epithelioma, malignant

Inclusions: Epithelioma, NOS

XH45J4 Large cell carcinoma, NOS

XH1YY4 Carcinoma, undifferentiated, NOS

XH57U9 Carcinoma, anaplastic, NOS

XH2855 Nuclear protein in testis (NUT) associated carcinoma

Inclusions: NUT midline carcinoma

NUT carcinoma

XH3RZ4 Spindle cell carcinoma, NOS

XH0YB0 Small cell carcinoma, NOS

Inclusions: Round cell carcinoma

Reserve cell carcinoma

XH9SY0 Small cell neuroendocrine carcinoma

Inclusions: Small cell carcinoma, pulmonary type

XH28J9 Oat cell carcinoma

XH3T00 Small cell carcinoma, fusiform cell

XH6GK0 Small cell carcinoma, intermediate cell

XH8ZR8 Small cell carcinoma, hypercalcaemic type

XH7YE3 Combined small cell carcinoma

Inclusions: Mixed small cell carcinoma

XH0793 Combined small cell-adenocarcinoma

XH6FK9 Combined small cell-large cell carcinoma

XH9ZD2 Combined small cell-squamous cell carcinoma

XH1DU4 Non-small cell carcinoma

XH26N1 Heterotopia-associated carcinoma

XH90B3 Combined large cell neuroendocrine carcinoma

XH98Z7 Anaplastic undifferentiated carcinoma

XH5R16 Dedifferentiated carcinoma

XH2BS4 Squamous carcinoma with osteoclast-like giant cells

XH2224 Undifferentiated carcinoma with osteoclast-like giant cells

Epithelial neoplasms, uncertain whether benign or malignant

XH1N44 Tumourlet, NOS

Fibroepithelial neoplasms

Fibroepithelial neoplasms, benign

XH5DX3 Brenner tumour, NOS

XH4MA6 Intracanalicular fibroadenoma

XH7JU0 Papillary adenofibroma

XH0N11 Pericanalicular fibroadenoma

XH9HE2 Fibroadenoma, NOS

XH91Y8 Adenofibroma, NOS

XH5S99 Cystadenofibroma, NOS

XH5ZB5 Serous adenofibroma, NOS

XH6RL8 Serous cystadenofibroma, NOS

XH1VJ0 Seromucinous adenofibroma

XH59X8 Mucinous adenofibroma, NOS

XH9SM7 Mucinous cystadenofibroma, NOS

XH50P7 Phyllodes tumour, benign

Inclusions: Cystosarcoma phyllodes, benign

XH4RU1 Giant fibroadenoma

XH70H4 Juvenile fibroadenoma

XH5853 Lipofibroadenoma

XH7ZU2 Metanephric adenofibroma

Fibroepithelial neoplasms, malignant

XH6NJ7 Brenner tumour, malignant

XH7284 Mucinous adenocarcinofibroma

Inclusions: Malignant mucinous adenofibroma

XH75P5 Periductal stromal tumour, low grade

XH9JC2 Serous adenocarcinofibroma

Inclusions: Malignant serous adenofibroma

XH6PQ0 Serous cystadenocarcinofibroma

Inclusions: Malignant serous cystadenofibroma

XH0WW5 Mucinous cystadenocarcinofibroma

Inclusions: Malignant mucinous cystadenofibroma

XH8HJ7 Phyllodes tumour, malignant

Inclusions: Cystosarcoma phyllodes, malignant

Fibroepithelial neoplasms, uncertain whether benign or malignant

XH2CH8 Brenner tumour, borderline malignancy

Inclusions: Borderline Brenner tumour

Brenner tumour, atypical proliferative

XH7AR7 Mucinous adenofibroma of borderline malignancy

XH2YZ1 Mucinous cystadenofibroma of borderline malignancy

XH5NK4 Phyllodes tumour, borderline

Inclusions: Cystosarcoma phyllodes, NOS

XH07C7 Serous adenofibroma of borderline malignancy

XH2M30 Serous cystadenofibroma of borderline malignancy

Fibromatous neoplasms

Fibromatous neoplasms, benign

XH8A47 Angiomyofibroblastoma

XH06N0 Benign fibrous histiocytoma

Inclusions: Fibroxanthoma, NOS

Xanthofibroma

Fibrous histiocytoma, NOS

Benign fibrous histiocytoma, NOS

XH3BQ8 Elastofibroma

XH2MW3 Fascial fibroma

XH5XQ3 Fibromyxoma

Inclusions: Myxoid fibroma

Myxofibroma, NOS

Fibromyxoma, NOS

XH3NQ0 Myofibroblastoma

XH0953 Myofibroma

XH7FV0 Periosteal fibroma

XH8E66 Fibroma, NOS

XH2ZF3 Desmoplastic fibroblastoma

XH7GT0 Gardner fibroma

XH0XH6 Nuchal fibroma

XH2WT6 Plexiform fibromyxoma

XH0WB3 Fibroma of tendon sheath

XH8Q71 Solitary fibrous tumour/Haemangiopericytoma, grade 1

XH7TH6 Calcifying fibrous tumour

XH5LM1 Nodular fasciitis

XH1UJ5 Histiocytoma, NOS

XH8B90 Dermatofibroma, NOS

Inclusions: Subepidermal nodular fibrosis

Dermatofibroma lenticulare

Cutaneous histiocytoma, NOS

XH7436 Sclerosing pneumocytoma

XH5DP4 Deep histiocytoma

XH9VG1 Juvenile histiocytoma

XH33Q1 Reticulohistiocytoma

XH8ZE3 Calcifying aponeurotic fibroma

XH2874 Collagenous fibroma

XH3665 Plaque-like CD34 positive dermal fibroma

XH8173 Acral fibromyxoma

XH5JG7 Sclerotic fibroma

XH6JX7 Proliferative fasciitis

XH87F9 Proliferative myositis

XH15M9 Epithelioid fibrous histiocytoma

XH1BV2 Pleomorphic fibroma

XH18K3 Dermatomyofibroma

XH2HE9 Myopericytoma

XH5FY2 Fibrous dysplasia

Fibromatous neoplasms, malignant

XH8EV4 Fascial fibrosarcoma

XH6LT0 Fibromyxosarcoma

XH7BC6 Infantile fibrosarcoma

Inclusions: Congenital fibrosarcoma

XH3406 Periosteal fibrosarcoma

XH56W2 Periosteal sarcoma, NOS

XH1HP3 Solitary fibrous tumour, malignant

XH4EP1 Fibrosarcoma, NOS

XH1DA3 Solitary fibrous tumour/Haemangiopericytoma, grade 3

XH2668 Myofibroblastic sarcoma

XH0947 Malignant fibrous histiocytoma

XH8WH0 Myxofibrosarcoma

XH9V92 Dermatofibrosarcoma protuberans, fibrosarcomatous

Fibromatous neoplasms, uncertain whether benign or malignant

XH6116 Abdominal fibromatosis

Inclusions: Abdominal desmoid

Mesenteric fibromatosis

Retroperitoneal fibromatosis

XH13Z3 Aggressive fibromatosis

Inclusions: Invasive fibroma

Extra-abdominal desmoid

Desmoid tumour, NOS

Desmoid, NOS

XH1RM7 Atypical fibrous histiocytoma

Inclusions: Atypical fibroxanthoma

XH9HH5 Cellular fibroma

XH5MH2 Congenital generalised fibromatosis

Inclusions: Infantile myofibromatosis

XH85R1 Myofibroblastic tumour, peribronchial

XH1N00 Myofibromatosis

XH2D15 Myxoinflammatory fibroblastic sarcoma

XH0TA8 Atypical myxoinflammatory fibroblastic tumour

XH9526 Haemosiderotic fibrolipomatous tumour

XH75J5 Palmar/plantar type fibromatosis

XH7E62 Solitary fibrous tumour, NOS

XH1EH1 Solitary fibrous tumour/Haemangiopericytoma, grade 2

XH66Z0 Myofibroblastic tumour, NOS

XH6YK5 Desmoplastic fibroma

XH4QZ8 Dermatofibrosarcoma protuberans, NOS

XH5CT4 Pigmented dermatofibrosarcoma protuberans

XH9AV8 Giant cell fibroblastoma

XH4GL1 Plexiform fibrohistiocytic tumour

XH9362 Angiomatoid fibrous histiocytoma

XH7050 Haemangiopericytic meningioma

Germ cell neoplasms

Germ cell neoplasms, benign

XH3GV5 Teratoma, benign

XH9F67 Dermoid cyst, NOS

Inclusions: Dermoid, NOS

XH52Q4 Teratoma, prepubertal type

Inclusions: Teratoma, mature, prepubertal type

XH22M4 Struma ovarii, NOS

Germ cell neoplasms, in situ

XH8AD3 Intratubular malignant germ cells

Inclusions: Germ cell neoplasia in situ

Intratubular germ cell neoplasia

Germ cell neoplasms, malignant

XH24E0 Dysgerminoma

XH0A34 Germ cell tumour, nonseminomatous

XH1E13 Germinoma

XH7SG5 Hepatoid yolk sac tumour

XH0N49 Immature teratoma, malignant

XH2PP9 Malignant teratoma, undifferentiated

Inclusions: Malignant teratoma, anaplastic

XH9Z28 Polyembryoma

Inclusions: Embryonal carcinoma, polyembryonal type

XH6YQ4 Seminoma, anaplastic

Inclusions: Seminoma with high mitotic index

XH80D1 Spermatocytic seminoma

Inclusions: Spermatocytic tumour

Spermatocytoma

XH56W1 Teratocarcinoma

Inclusions: Mixed embryonal carcinoma and teratoma

XH09W7 Yolk sac tumour

Inclusions: Orchioblastoma

Embryonal carcinoma, infantile

Yolk sac tumor, NOS

XH9FM4 Seminoma, NOS

XH8MB9 Embryonal carcinoma, NOS

Inclusions: Embryonal adenocarcinoma

XH15X1 Yolk sac tumour, post pubertal type

XH7YZ9 Teratoma, malignant, NOS

Inclusions: Embryonal teratoma

Teratoblastoma, malignant

XH43T4 Malignant teratoma, intermediate

XH33E8 Teratoma with malignant transformation

Inclusions: Dermoid cyst with malignant transformation

Teratoma with somatic-type malignancies

XH2PS1 Mixed germ cell tumour

XH9QP9 Germ cell tumour with associated haematological malignancy

XH5U02 Mixed teratoma and seminoma

XH5PU7 Struma ovarii, malignant

XH1P78 Teratocarcinosarcoma

Germ cell neoplasms, uncertain whether benign or malignant

XH0K61 Gonadoblastoma

Inclusions: Gonocytoma

XH83G5 Teratoma, NOS

Inclusions: Solid teratoma

XH4NU1 Germ cell tumour, regressed

XH5MG2 Immature teratoma of the lung

XH2KP9 Immature teratoma of the thymus

XH2XW3 Strumal carcinoid

Inclusions: Struma ovarii and carcinoid

XH5PC3 Immature teratoma of thyroid

Giant cell tumours

Giant cell tumours, benign

XH6911 Tenosynovial giant cell tumour, localised

Inclusions: Fibrous histiocytoma of tendon sheath

XH0HZ1 Tenosynovial giant cell tumour, NOS

Giant cell tumours, malignant

XH0492 Giant cell tumour of bone, malignant

Inclusions: Giant cell sarcoma of bone

Osteoclastoma, malignant

XH84X1 Malignant giant cell tumour of soft parts

Giant cell tumours, uncertain whether benign or malignant

XH4TC2 Giant cell tumour of bone, NOS

Inclusions: Osteoclastoma, NOS

XH81M1 Giant cell tumour of soft parts, NOS

XH52J9 Tenosynovial giant cell tumour, diffuse

Inclusions: Pigmented villonodular synovitis

XH5AQ9 Malignant tenosynovial giant cell tumour

Gliomas

Coded Elsewhere: CNS embryonal tumor with rhabdoid features (XH3AV2)

Gliomas, benign

XH0RF9 Choroid plexus papilloma, NOS

XH0H76 Dysembryoplastic neuroepithelial tumour

XH1Q28 Sellar ependymoma

Gliomas, malignant

Coded Elsewhere: CNS embryonal tumor with rhabdoid features (XH3AV2)

XH1DC5 Astroblastoma

XH96C7 Astrocytoma, anaplastic

Inclusions: Astrocytoma, anaplastic, NOS

XH1S63 Astrocytoma, low grade

XH54D9 Cellular ependymoma

XH3M77 Choroid plexus carcinoma

Inclusions: Choroid plexus papilloma, malignant

Choroid plexus papilloma, anaplastic

XH6E51 Clear cell ependymoma

XH8W32 Diffuse astrocytoma

Inclusions: Diffuse astrocytoma, NOS

XH6UY7 Diffuse astrocytoma, low grade

XH6922 Ependymoma, anaplastic

Inclusions: Ependymoblastoma

XH6C35 Fibrillary astrocytoma

Inclusions: Fibrous astrocytoma

XH5Y81 Gemistocytic astrocytoma

Inclusions: Gemistocytoma

Gemistocytic astrocytoma, NOS

XH4RQ3 Glioma, malignant

Inclusions: Glioma, NOS

XH6ZH4 Gliomatosis cerebri

XH9RC8 Gliosarcoma

Inclusions: Glioblastoma with sarcomatous component

XH6F49 Oligoastrocytoma, NOS

XH9J28 Papillary ependymoma

XH99U2 Pleomorphic xanthoastrocytoma

Inclusions: Pleomorphic xanthoastrocytoma, NOS

XH6UV4 Protoplasmic astrocytoma

XH4BJ4 Tanycytic ependymoma

XH7692 Diffuse midline glioma, H3 K27M-mutant

XH9YU2 Diffuse intrinsic pontine glioma, H3 K27M-mutant

XH1511 Ependymoma, NOS

Inclusions: Epithelial ependymoma

XH2AY7 Ependymoma, RELA fusion-positive

XH6PH6 Astrocytoma, NOS

Inclusions: Astroglioma

Astrocytic glioma

XH36Y8 Cystic astrocytoma

XH2HK4 Diffuse astrocytoma, IDH-mutant

XH7HQ6 Astrocytoma, anaplastic, IDH-mutant

XH83Y5 Polar spongioblastoma

Inclusions: Spongioblastoma polare

Primitive polar spongioblastoma

XH8BK8 Anaplastic pleomorphic xanthoastrocytoma

XH7F82 Glioblastoma, NOS

XH5571 Glioblastoma, IDH-wild type

XH0MB1 Glioblastoma, primary, NOS

Inclusions: Spongioblastoma multiforme

Glioblastoma multiforme

XH3N49 Diffuse midline glioma, NOS

XH61Y5 Diffuse intrinsic pontine glioma

XH4FN3 Glioblastoma, IDH mutant

Inclusions: Glioblastoma, secondary, IDH-mutant

XH17J4 Glioblastoma, secondary, NOS

XH7W59 Oligodendroglioma, NOS

XH7K31 Oligodendroglioma, IDH-mutant and 1p/19q co deleted

XH9QF3 Oligodendroglioma, anaplastic, IDH mutant and 1p/19q co deleted

XH7CX7 Oligodendroblastoma

XH8P29 Medulloblastoma, NOS

XH9M38 Medulloblastoma, SHH-activated and TP53-wild type

XH8844 Oligodendroglioma, anaplastic

Inclusions: Oligodendroglioma, anaplastic, NOS

XH4B47 Melanotic medulloblastoma

XH6JN6 Medulloblastoma with extensive nodularity

XH85M7 Medulloblastoma, SHH activated, NOS

XH8SH6 CNS embryonal tumour, NOS

XH89C3 Central primitive neuroectodermal tumour

Inclusions: CPNET

Central primitive neuroectodermal tumor,NOS

XH3EX1 Medulloblastoma, WNT-activated, classic

XH5163 Medulloblastoma, WNT-activated, Large cell type

XH2FW8 Medulloblastoma, WNT-activated, Anaplastic type

XH1SH4 Medulloblastoma, SHH-activated and TP53-mutant

XH87Q5 Medulloblastoma, non-WNT/non-SHH

XH51C5 Embryonal tumours with multilayered rosettes with C19MC alteration

XH0KZ2 Embryonal tumour with multilayered rosettes, NOS

XH5538 Cerebellar sarcoma, NOS

XH8R14 Medullomyoblastoma

XH7Y86 Supratentorial PNET

XH5PR7 Large cell medulloblastoma

XH0H95 Anaplastic medulloblastoma

XH8UC5 Giant cell glioblastoma

Inclusions: Monstrocellular sarcoma

XH0RY1 Classic medulloblastoma

XH7PN5 Desmoplastic nodular medulloblastoma

XH3904 Papillary tumour of the pineal region

XH2C49 Diffuse astrocytoma, IDH-wildtype

XH2BA5 Epithelioid glioblastoma

XH0ZP6 Medulloblastoma, WNT-activated, NOS

XH5XD3 Medulloblastoma, group 3

XH25R4 Medulloblastoma, group 4

XH39Z7 Astrocytoma, anaplastic, IDH-wildtype

XH17F8 Diffuse low-grade glioma, MAPK pathway-altered

XH2SS9 Diffuse hemispheric glioma, H3 G34-mutant

XH4Q01 Diffuse paediatric-type high-grade glioma, H3-wildtype and IDH-wildtype

XH4ZM8 Infant-type hemispheric glioma

XH12D2 Pilocytic astrocytoma

XH29Q5 Pilomyxoid astrocytoma

Gliomas, uncertain whether benign or malignant

XH41C5 Angiocentric glioma

XH3Y57 Atypical choroid plexus papilloma

XH7M44 Desmoplastic infantile astrocytoma

XH6TQ7 Desmoplastic infantile ganglioglioma

XH0B58 Gliofibroma

XH6738 Mixed subependymoma-ependymoma

XH15U1 Myxopapillary ependymoma

XH1L48 Subependymal giant cell astrocytoma

XH8FZ9 Subependymoma

Inclusions: Subependymal glioma

Subependymal astrocytoma, NOS

XH59V4 Pituicytoma

XH9HV1 Chordoid glioma

XH4101 Chordoid glioma of third ventricle

Granular cell tumours and alveolar soft part sarcomas

Granular cell tumours and alveolar soft part sarcomas, benign

XH09A9 Granular cell tumour, NOS

Inclusions: Granular cell myoblastoma, NOS

XH2XW8 Granular cell tumour of the sellar region

Granular cell tumours and alveolar soft part sarcomas, malignant

XH8V95 Alveolar soft part sarcoma

XH90D3 Granular cell tumour, malignant

Inclusions: Granular cell myoblastoma, malignant

Lipomatous neoplasms

Lipomatous neoplasms, benign

XH2SJ1 Fibrolipoma

XH0PH8 Fibromyxolipoma

Inclusions: Myxolipoma

XH7TB0 Infiltrating angiolipoma

XH5GN5 Infiltrating lipoma

XH3TE0 Intramuscular lipoma

XH30M7 Pleomorphic lipoma

XH4E98 Spindle cell lipoma

XH1PL8 Lipoma, NOS

XH4G31 Thymolipoma

XH3C77 Angiolipoma, NOS

XH4VB4 Angiomyolipoma

XH7WX8 Chondroid lipoma

XH17C5 Myelolipoma

XH1054 Hibernoma

Inclusions: Fetal fat cell lipoma

XH8L55 Lipoblastomatosis

Inclusions: Fetal lipoma, NOS

Fetal lipomatosis

Lipoblastoma

Lipomatous neoplasms, malignant

XH1C03 Dedifferentiated liposarcoma

XH6R46 Fibroblastic liposarcoma

XH7PE7 Inflammatory liposarcoma

XH7Y61 Liposarcoma, well differentiated

Inclusions: Lipoma-like liposarcoma

Liposarcoma, differentiated

Liposarcoma, well differentiated, NOS

XH8VG3 Mixed liposarcoma

XH3EL0 Myxoid liposarcoma

Inclusions: Myxoliposarcoma

Round cell liposarcoma

XH25R1 Pleomorphic liposarcoma

XH8D43 Sclerosing liposarcoma

XH2J05 Liposarcoma, NOS

Inclusions: Fibroliposarcoma

Lipomatous neoplasms, uncertain whether benign or malignant

XH0RW4 Atypical lipomatous tumour

XH4QB6 Lipofibromatosis

XH0QR3 Angiomyolipoma, Epithelioid

Lymphatic vessel tumours

Lymphatic vessel tumours, benign

XH9MR8 Lymphangioma, NOS

Inclusions: Lymphangioendothelioma, NOS

XH6LF7 Capillary lymphangioma

XH2EU7 Cavernous lymphangioma

XH8G00 Cystic lymphangioma

Inclusions: Cystic hygroma

Hygroma, NOS

XH2DS9 Lymphangiomyoma

XH62A3 Haemolymphangioma

Lymphatic vessel tumours, malignant

XH10U6 Lymphangiosarcoma

Inclusions: Lymphangioendothelioma, malignant

Lymphangioendothelial sarcoma

Lymphatic vessel tumours, uncertain whether benign or malignant

XH10K6 Lymphangiomyomatosis

Inclusions: Lymphangioleiomyomatosis

Meningiomas

Meningiomas, benign

XH5ZC7 Fibrous meningioma

Inclusions: Fibroblastic meningioma

XH0R11 Lymphoplasmacyte-rich meningioma

XH11P5 Meningioma, NOS

XH40T5 Meningothelial meningioma

Inclusions: Syncytial meningioma

Endotheliomatous meningioma

XH7N06 Metaplastic meningioma

XH1F70 Microcystic meningioma

XH6Z51 Secretory meningioma

XH3L73 Haemangioblastic meningioma

Inclusions: Angioblastic meningioma

XH4ZM7 Psammomatous meningioma

XH6L68 Angiomatous meningioma

XH4EX5 Transitional meningioma

Inclusions: Mixed meningioma

Meningiomas, malignant

XH0324 Meningioma, malignant

Inclusions: Meningothelial sarcoma

Meningioma, anaplastic

Meningeal sarcoma

Leptomeningeal sarcoma

XH2NY9 Papillary meningioma

XH6QS9 Rhabdoid meningioma

XH5976 Meningeal sarcomatosis

Meningiomas, uncertain whether benign or malignant

XH71V9 Clear cell meningioma

XH2LS4 Chordoid meningioma

XH1PF6 Atypical meningioma

Mesonephromas

Mesonephromas, benign

XH3SX7 Adenoma of rete ovarii

XH5AH3 Mesonephroma, benign

Inclusions: Mesonephric adenoma

Wolffian duct adenoma

Mesonephromas, malignant

XH71B5 Adenocarcinoma of rete ovarii

XH5WG5 Mesonephroma, malignant

Mesonephromas, uncertain whether benign or malignant

XH2WJ5 Wolffian tumour

Mesothelial neoplasms

Mesothelial neoplasms, benign

XH2VV6 Fibrous mesothelioma, benign

XH1SS1 Mesothelioma, benign

XH0KC4 Epithelioid mesothelioma, benign

XH67N8 Well differentiated papillary mesothelioma

Inclusions: Mesothelial papilloma

XH8U12 Peritoneal inclusion cysts

XH6BY3 Adenomatoid tumour, NOS

Mesothelial neoplasms, malignant

XH54S8 Fibrous mesothelioma, malignant

Inclusions: Fibrous mesothelioma, NOS

Desmoplastic mesothelioma

Sarcomatoid mesothelioma

Spindled mesothelioma

XH0XV0 Mesothelioma, malignant

Inclusions: Mesothelioma, NOS

XH1DX8 Mesothelioma, biphasic, malignant

Inclusions: Mesothelioma, biphasic, NOS

XH0VP5 Epithelioid mesothelioma, malignant

Inclusions: Epithelioid mesothelioma, NOS

Mesothelial neoplasms, uncertain whether benign or malignant

XH85T6 Well differentiated papillary mesothelioma of the pleura

Miscellaneous bone tumours

Miscellaneous bone tumours, benign

XH6M86 Ossifying fibroma

Inclusions: Fibro-osteoma

Osteofibroma

XH23E0 Aneurysmal bone cyst

Miscellaneous bone tumours, malignant

XH8F52 Adamantinoma of long bones

Inclusions: Tibial adamantinoma

Miscellaneous tumours

Miscellaneous tumours, benign

XH6C72 Melanotic neuroectodermal tumour

Inclusions: Melanotic progonoma

Melanoameloblastoma

XH7MT7 Benign notochordal cell tumour

XH0S20 Parachordoma

Miscellaneous tumours, malignant

XH2S71 Mixed pineal tumour

Inclusions: Mixed pineocytoma-pineoblastoma

XH1S48 Pineal parenchymal tumour of intermediate differentiation

XH1ZH1 Pineoblastoma

Pineoblastomas are a rare, malignant type of supratentorial primitive neuroectodermal tumour, found mainly in children (less than 10% of cases are reported in adults), located in the pineal region of the brain but that can metastasize along the neuroaxis. As they are the most aggressive of the pineal parenchymal tumours, they are usually associated with a poor prognosis.

XH3D20 Transitional pineal tumour

XH7K24 Neuroectodermal tumour, NOS

XH6P76 Peripheral primitive neuroectodermal tumour

XH9GH0 Chordoma, NOS

XH8KJ8 Ewing sarcoma

XH0FH0 Askin tumour

XH17D8 Chondroid chordoma

XH7303 Dedifferentiated chordoma

Miscellaneous tumours, uncertain whether benign or malignant

XH1AZ2 Craniopharyngioma

XH15X9 Craniopharyngioma, adamantinomatous

XH2BF0 Craniopharyngioma, papillary

XH8QA9 Pinealoma

XH1K94 Pineocytoma

Mucoepidermoid neoplasms

Mucoepidermoid neoplasms, malignant

XH1J36 Mucoepidermoid carcinoma

Mucoepidermoid neoplasms, uncertain whether benign or malignant

XH80V3 Mucoepidermoid tumour

Myomatous neoplasms

Myomatous neoplasms, benign

XH7CL0 Angiomyoma

Inclusions: Vascular leiomyoma

Angioleiomyoma

XH9824 Bizarre leiomyoma

Inclusions: Atypical leiomyoma

Pleomorphic leiomyoma

Symplastic leiomyoma

XH9662 Cellular leiomyoma

XH8S79 Epithelioid leiomyoma

Inclusions: Leiomyoblastoma

XH4729 Fetal rhabdomyoma

XH4FS5 Lipoleiomyoma

XH1CZ1 Myoma

XH4EP9 Plexiform leiomyoma

XH4CY6 Leiomyoma, NOS

XH9CC7 Myxoid leiomyoma

XH8WG9 Rhabdomyoma, NOS

XH4BG5 Adult cellular rhabdomyoma

XH2736 Glycogenic rhabdomyoma

XH5AF2 Genital rhabdomyoma

XH8B88 Leiomyoma, apoplectic

XH5Z76 Leiomyoma, hydropic

XH5G84 Cotyledonoid leiomyoma

XH6GV7 Myolipoma

Myomatous neoplasms, malignant

XH27W3 Angiomyosarcoma

XH13Z5 Epithelioid leiomyosarcoma

XH7ED4 Leiomyosarcoma, NOS

XH08B3 Mixed embryonal rhabdomyosarcoma and alveolar rhabdomyosarcoma

XH6YL0 Mixed type rhabdomyosarcoma

XH8H07 Myosarcoma

XH3122 Myxoid leiomyosarcoma

XH5SX9 Pleomorphic rhabdomyosarcoma, NOS

Inclusions: Rhabdomyosarcoma, pleomorphic type

XH4VB5 Pleomorphic rhabdomyosarcoma, adult type

XH0GA1 Rhabdomyosarcoma, NOS

Inclusions: Rhabdosarcoma

XH83G1 Embryonal rhabdomyosarcoma, NOS

Inclusions: Rhabdomyosarcoma, embryonal type

XH4749 Embryonal rhabdomyosarcoma, pleomorphic

XH7V57 Sarcoma botryoides

Inclusions: Botryoid sarcoma

XH7NM2 Spindle cell rhabdomyosarcoma

Inclusions: Rhabdomyosarcoma, spindle cell/sclerosing type

Sclerosing rhabdomyosarcoma

XH7099 Alveolar rhabdomyosarcoma

XH0S12 Ectomesenchymoma

Myomatous neoplasms, uncertain whether benign or malignant

XH60C2 Intravascular leiomyomatosis

Inclusions: Intravenous leiomyomatosis

XH2L80 Leiomyomatosis, NOS

XH1EX8 Metastasizing leiomyoma

XH1EN1 Smooth muscle tumour of uncertain malignant potential

XH00B4 Smooth muscle tumour, NOS

XH8MR2 Leiomyomatosis, peritonealis disseminata

XH22N2 Leiomyosarcoma, cutaneous

Myxomatous neoplasms

Myxomatous neoplasms, benign

XH6Q84 Myxoma, NOS

XH9HK9 Angiomyxoma

XH1DA7 Ossifying fibromyxoid tumour

Inclusions: Ossifying fibromyxoid tumour, NOS

XH4V74 Deep angiomyxoma

XH58A9 Superficial angiomyxoma

Myxomatous neoplasms, malignant

XH4V76 Low grade fibromyxoid sarcoma

XH4BT2 Sclerosing epithelioid fibrosarcoma

XH3TB0 Ossifying fibromyxoid tumour, malignant

XH51Y9 Pulmonary myxoid sarcoma with EWSR1-CREB1 translocation

XH5WF6 Myxosarcoma

Nerve sheath tumours

Nerve sheath tumours, benign

XH5T39 Acoustic neuroma

XH0U07 Ancient schwannoma

XH8WW8 Cellular schwannoma

XH75P8 Degenerated schwannoma

XH2GD5 Melanotic neurofibroma

XH87J5 Neurofibroma, NOS

XH2MJ4 Plexiform neurofibroma

Inclusions: Plexiform neuroma

XH9XT2 Plexiform schwannoma

XH9MN2 Psammomatous schwannoma

XH98Z3 Schwannoma, NOS

Inclusions: Neurinoma

Neurilemoma, NOS

XH27Y1 Nerve sheath tumour, NOS

XH01G0 Hybrid nerve sheath tumour

XH4UE6 Neuroma, NOS

XH90Y8 Solitary circumscribed neuroma

XH0XF7 Perineurioma, NOS

XH3L35 Nerve sheath myxoma

XH9QH2 Soft tissue perineurioma

XH4BQ8 Intraneural perineurioma

XH1UZ6 Cellular neurothekeoma

XH9J01 ​Benign ​​Triton tumour

Nerve sheath tumours, malignant

XH2XP8 Malignant peripheral nerve sheath tumour

Inclusions: Neurosarcoma

Neurogenic sarcoma

Neurofibrosarcoma

MPNST, NOS

Malignant peripheral nerve sheath tumor, NOS

XH5C30 Melanotic MPNST

XH3NT0 Melanotic psammomatous MPNST

XH8HF5 MPNST with glandular differentiation

XH7HR8 MPNST with mesenchymal differentiation

XH3W53 MPNST with perineurial differentiation

XH4V81 Malignant peripheral nerve sheath tumour, epithelioid

Inclusions: Epithelioid MPNST

XH88C2 Neurilemoma, malignant

Inclusions: Malignant schwannoma, NOS

XH2VV8 Malignant peripheral nerve sheath tumour with rhabdomyoblastic differentiation

Inclusions: MPNST with rhabdomyoblastic differentiation

Malignant schwannoma with rhabdomyoblastic differentiation

XH31C8 Perineurioma, malignant

Inclusions: Perineural MPNST

Nerve sheath tumours, uncertain whether benign or malignant

XH2637 Melanotic schwannoma

Neuroepitheliomatous neoplasms

Neuroepitheliomatous neoplasms, benign

XH6K00 Dysplastic gangliocytoma of cerebellum (Lhermitte-Duclos)

XH6KA6 Gangliocytoma

Inclusions: Gangliocytoma, NOS

XH03L9 Ganglioneuroma

XH6LR5 Ganglioneuromatosis

XH28W9 Medulloepithelioma, benign

Inclusions: Diktyoma, benign

XH8NQ6 Pacinian tumour

XH5AV1 Retinocytoma

XH5NR7 Teratoid medulloepithelioma, benign

Neuroepitheliomatous neoplasms, malignant

XH7ZQ4 Atypical teratoid/rhabdoid tumour

XH2GG3 Ganglioglioma, anaplastic

XH77W7 Ganglioneuroblastoma

XH0RB7 Ganglioneuroblastoma, intermixed

XH6JM6 Retinoblastoma, differentiated

XH49K9 Spongioneuroblastoma

XH0AM8 Teratoid medulloepithelioma

Inclusions: Teratoid medulloepithelioma, NOS

XH70S0 CNS ganglioneuroblastoma

XH85Z0 Neuroblastoma, NOS

Inclusions: Sympathicoblastoma

CNS neuroblastoma

Central neuroblastoma

XH2WK5 Medulloepithelioma, NOS

Inclusions: Diktyoma, malignant

XH9FP2 Neuroepithelioma, NOS

XH8WC7 Retinoblastoma, NOS

XH7KP6 Retinoblastoma, undifferentiated

XH1YZ7 Retinoblastoma, diffuse

XH09A4 Olfactory neurogenic tumour

XH7QE0 Olfactory neurocytoma

Inclusions: Esthesioneurocytoma

XH2Y49 Olfactory neuroepithelioma

Inclusions: Esthesioneuroepithelioma

XH50L1 Olfactory neuroblastoma

Inclusions: Esthesioneuroblastoma

XH3AV2 CNS embryonal tumor with rhabdoid features

Neuroepitheliomatous neoplasms, uncertain whether benign or malignant

XH0C11 Central neurocytoma

Inclusions: Neurocytoma, NOS

XH2GB0 Cerebellar liponeurocytoma

Inclusions: Neurolipocytoma

Medullocytoma

Lipomatous medulloblastoma

XH5FJ3 Ganglioglioma, NOS

Inclusions: Neuroastrocytoma

Glioneuroma

XH2HS1 Extraventricular neurocytoma

XH3XU4 Papillary glioneuronal tumour

XH2JU8 Rosette-forming glioneuronal tumour

XH2F27 Retinoblastoma, spontaneously regressed

Nevi and melanomas

Nevi and melanomas, benign

XH8RN4 Balloon cell naevus

XH27A6 Compound naevus

Inclusions: Dermal and epidermal naevus

XH8WP0 Inflamed juvenile conjunctival naevus

XH6DN3 Diffuse melanocytosis

XH9035 Dysplastic naevus

XH2HG8 Epithelioid and spindle cell naevus

XH8ZB4 Hairy naevus

XH5971 Halo naevus

Inclusions: Regressing naevus

XH2MQ5 Dermal naevus

XH1BE4 Magnocellular naevus

XH8CU4 Neuronevus

XH0XH2 Nonpigmented naevus

Inclusions: Achromic naevus

XH4L78 Pigmented naevus, NOS

XH02Z5 Melanocytoma, NOS

XH8974 Meningeal melanocytosis

XH1M79 Junctional naevus, NOS

Inclusions: Intraepidermal naevus

Junction naevus

XH9QV1 Spindle cell naevus, NOS

XH7QJ7 Blue nevus, NOS

Inclusions: Jadassohn blue nevus

XH2P88 Pigmented spindle cell naevus of Reed

XH79G6 Epithelioid cell naevus

XH3X84 Cellular blue naevus

XH40S8 Naevus spilus

XH81Y1 Deep penetrating naevus

XH0DU8 Combined naevus

XH5EL4 Genital naevus

XH8FS8 Conjunctival naevus

XH9QC8 Lentiginous melanocytic naevus

XH88L0 Simple lentigo

XH9DB2 Acral naevus

XH8NP4 Meyerson naevus

XH5YN0 Congenital melanocytic naevus, NOS

XH9WF4 Spitz naevus, atypical

Nevi and melanomas, in situ

XH9KY6 Lentigo maligna

Inclusions: Hutchinson melanotic freckle, NOS

XH3XX3 Melanoma in situ

XH41F9 Precancerous melanosis, NOS

Nevi and melanomas, malignant

XH9L11 Acral melanoma

XH3TK1 Amelanotic melanoma

XH8TE3 Balloon cell melanoma

XH1P36 Desmoplastic melanoma, amelanotic

XH1Z15 Desmoplastic melanoma, NOS

Inclusions: Desmoplastic melanoma, malignant

XH9NL4 Lentigo maligna melanoma

Inclusions: Malignant melanoma in Hutchinson melanotic freckle

XH5L25 Malignant melanoma arising in giant congenital naevus

XH23B1 Malignant melanoma in junctional naevus

XH7L76 Malignant melanoma in precancerous melanosis

XH6XP3 Malignant melanoma, regressing

XH1BP7 Meningeal melanomatosis

XH5QP3 Mucosal lentiginous melanoma

XH5F94 Neurotropic melanoma, malignant

XH4QG5 Nodular melanoma

XH08X7 Superficial spreading melanoma

XH4846 Malignant melanoma, NOS

Inclusions: Melanoma, NOS

XH25M1 Spindle cell melanoma, NOS

XH8HA2 Mixed epithelioid and spindle cell melanoma

XH0QL5 Epithelioid cell melanoma

XH5KW3 Spindle cell melanoma, type A

XH5YE7 Spindle cell melanoma, type B

XH1G74 Blue naevus, malignant

XH7JW1 Low cumulative sun damage melanoma

XH8DS3 Malignant Spitz tumour

XH3DN1 Melanoma, meningeal

XH8681 Nevoid melanoma

Nevi and melanomas, uncertain whether benign or malignant

XH2C28 Giant pigmented naevus, NOS

XH1XJ3 Intermediate and giant congenital naevus

XH2RY7 Meningeal melanocytoma

XH6AH3 Proliferative dermal lesion in congenital naevus

XH4VD0 Pigmented epithelioid melanocytoma

Odontogenic tumours

Odontogenic tumours, benign

XH2SD0 Adenomatoid odontogenic tumour

Inclusions: Adenoameloblastoma

XH44W7 Ameloblastic fibro-odontoma

Inclusions: Fibroameloblastic odontoma

XH0964 Ameloblastic fibrodentinoma

Inclusions: Dentinoma

XH3R33 Calcifying odontogenic cyst

XH5Y46 Cementifying fibroma

XH52T0 Cemento-ossifying fibroma

XH4VL1 Cementoblastoma, benign

XH1MT3 Odontogenic fibroma, NOS

Inclusions: Central odontogenic fibroma

XH7H47 Complex odontoma

XH57B1 Compound odontoma

XH6W94 Gigantiform cementoma

Inclusions: Florid osseous dysplasia

XH06N8 Odontoameloblastoma

XH12N4 Dentinogenic ghost cell tumour

XH48L4 Odontogenic myxoma

Inclusions: Odontogenic myxofibroma

XH43L1 Odontogenic tumour, benign

XH4PV9 Squamous odontogenic tumour

XH8FX0 Cementoma, NOS

Inclusions: Periapical cemental dysplasia

Periapical cemento-osseous dysplasia

XH4QJ8 Odontoma, NOS

XH1SV4 Ameloblastoma, NOS

Inclusions: Adamantinoma, NOS

XH2M31 Peripheral odontogenic fibroma

XH06Y3 Ameloblastic fibroma

XH4PT4 Calcifying epithelial odontogenic tumour

XH39C5 Sinonasal ameloblastoma

XH5ZZ6 Ameloblastoma, unicystic type

XH4KQ4 Ameloblastoma, extraosseous/peripheral type

Odontogenic tumours, malignant

XH1MW0 Ameloblastic odontosarcoma

Inclusions: Ameloblastic fibrodentinosarcoma

Ameloblastic fibro-odontosarcoma

XH96J9 Ameloblastoma, metastasizing

XH4M89 Odontogenic tumour, malignant

Inclusions: Primary intraosseous carcinoma

Odontogenic sarcoma

Odontogenic carcinoma

Ameloblastic carcinoma

XH0XD5 Ameloblastic fibrosarcoma

Inclusions: Ameloblastic sarcoma

Odontogenic fibrosarcoma

XH4LP1 Odontogenic carcinosarcoma

XH2BX2 Ghost cell odontogenic carcinoma

XH5DZ4 Clear cell odontogenic carcinoma

Odontogenic tumours, uncertain whether benign or malignant

XH1P03 Odontogenic tumour, NOS

Osseous and chondromatous neoplasms

Osseous and chondromatous neoplasms, benign

XH9SY5 Enchondroma

XH5Y87 Osteochondroma

Inclusions: Osteocartilaginous exostosis

Ecchondroma

Cartilaginous exostosis

XH4818 Osteoma, NOS

XH61J9 Osteoid osteoma, NOS

XH4316 Osteoblastoma, NOS

Inclusions: Giant osteoid osteoma

XH6KR3 Osteochondromyxoma

XH23J5 Bizarre parosteal osteochondromatous proliferation

XH0NS4 Chondroma, NOS

XH49G1 Juxtacortical chondroma

XH3BC3 Periosteal chondroma

XH89S0 Chondromyxoid fibroma

XH1XL9 Subungual exostosis

Osseous and chondromatous neoplasms, malignant

XH1Y90 Central osteosarcoma

Inclusions: Medullary osteosarcoma

Conventional central osteosarcoma

Central osteosarcoma, NOS

XH3T03 Chondroblastic osteosarcoma

XH23T4 Fibroblastic osteosarcoma

Inclusions: Osteofibrosarcoma

XH29N8 Fibrochondrosarcoma

XH6TL0 High grade surface osteosarcoma

XH9LS2 Intracortical osteosarcoma

XH9119 Intraosseous well differentiated osteosarcoma

Inclusions: Intraosseous low grade osteosarcoma

XH06W9 Osteosarcoma in Paget disease of bone

Inclusions: Secondary osteosarcoma

XH8HG5 Parosteal osteosarcoma

Inclusions: Juxtacortical osteosarcoma

XH48A9 Periosteal osteosarcoma

XH4EZ4 Small cell osteosarcoma

Inclusions: Round cell osteosarcoma

XH5CL5 Telangiectatic osteosarcoma

XH1XF3 Osteosarcoma, NOS

Inclusions: Osteochondrosarcoma

Osteoblastic sarcoma

Osteogenic sarcoma, NOS

XH2CD6 Osteosarcoma, extraskeletal

XH7N84 Low grade central osteosarcoma

XH8J23 Chondrosarcoma, NOS

XH6LT5 Chondrosarcoma, grade 2

XH0Y34 Chondrosarcoma, grade 3

XH5FH4 Juxtacortical chondrosarcoma

XH1S32 Periosteal chondrosarcoma

XH6W00 Chondroblastoma, malignant

XH9344 Myxoid chondrosarcoma

XH8X47 Mesenchymal chondrosarcoma

XH7XB9 Clear cell chondrosarcoma

XH6E77 Dedifferentiated chondrosarcoma

Osseous and chondromatous neoplasms, uncertain whether benign or malignant

XH2RD1 Aggressive osteoblastoma

XH70W8 Osteochondromatosis, NOS

Inclusions: Ecchondrosis

XH5BT0 Chondromatosis, NOS

XH0FY0 Atypical cartilaginous tumour

Inclusions: Chondrosarcoma, grade 1

XH4NK2 Chondroblastoma, NOS

Paragangliomas and glomus tumours

Paragangliomas and glomus tumours, benign

Coded Elsewhere: Pheochromocytoma, NOS (XH3854)

XH2012 Gangliocytic paraganglioma

XH47J2 Glomus tumour, NOS

XH4CC6 Perivascular epithelioid tumour, benign

XH3RX1 Glomangioma

XH2702 Glomangiomyoma

Paragangliomas and glomus tumours, malignant

XH9WD1 Perivascular epithelioid tumour, malignant

XH1UN6 Extra-adrenal paraganglioma

XH8GG7 Nonchromaffin paraganglioma

XH05Y1 Glomangiosarcoma

Inclusions: Glomoid sarcoma

XH21E6 Glomus tumour, malignant

XH9YX6 Middle ear paraganglioma

XH5521 Laryngeal paraganglioma

XH1493 Vagal paraganglioma

XH3JF3 Composite paraganglioma

XH9K97 Composite pheochromocytoma

XH0EW6 Paraganglioma, NOS

XH4G21 Sympathetic paraganglioma

XH5LK3 Parasympathetic paraganglioma

XH7YU4 Aortic body tumour

XH3FS7 Carotid body paraganglioma

XH20B4 Chemodectoma

XH3854 Pheochromocytoma, NOS

Paragangliomas and glomus tumours, uncertain whether benign or malignant

Coded Elsewhere: Aortic body tumour (XH7YU4)

Carotid body paraganglioma (XH3FS7)

Chemodectoma (XH20B4)

Paraganglioma, NOS (XH0EW6)

Parasympathetic paraganglioma (XH5LK3)

Sympathetic paraganglioma (XH4G21)

XH7CP7 Glomangiomatosis

XH5D10 Glomus tumor of uncertain malignant potential

Soft tissue tumours and sarcomas, NOS

Soft tissue tumours and sarcomas, NOS, benign

XH67T7 Soft tissue tumour, benign

Soft tissue tumours and sarcomas, NOS, malignant

XH4UM7 Sarcoma, NOS

Inclusions: Soft tissue sarcoma

XH7Y17 Sarcomatosis, NOS

XH7AN8 Spindle cell sarcoma

XH73J4 Giant cell sarcoma

XH85G7 Small cell sarcoma

XH4F96 Epithelioid sarcoma

XH6HY6 Undifferentiated sarcoma

XH5SN6 Desmoplastic small round cell tumour

XH7XH3 Pleomorphic dermal sarcoma

XH92Y0 Epithelioid sarcoma, undifferentiated

Soft tissue tumours and sarcomas, NOS, uncertain whether benign or malignant

XH2193 Pleomorphic hyalinizing angiectatic tumour

XH52J1 GLI1-altered epithelioid soft tissue tumor

Specialized gonadal neoplasms

Specialized gonadal neoplasms, benign

XH7H87 Androblastoma, benign

Inclusions: Arrhenoblastoma, benign

XH6NZ8 Sclerosing stromal tumour

XH0BG7 Sertoli cell tumour with lipid storage

Inclusions: Folliculome lipidique

Tubular androblastoma with lipid storage

XH7E53 Sertoli-Leydig cell tumour, well differentiated

XH0Z30 Thecoma, luteinized

XH3C14 Sex cord-stromal tumour, benign

XH69N5 Signet-ring stromal tumour

XH35B3 Microcystic stromal tumour

XH34A0 Thecoma, NOS

XH40J2 Luteoma, NOS

Inclusions: Luteinoma

XH2U25 Granulosa cell tumour of the testis, juvenile

XH5XQ2 Leydig cell tumour of the ovary, NOS

Change of term was Leydig cell, benign. Leydig cell NOS was 8650/1

XH9LH4 Hilus cell tumour

XH9XY1 Lipid cell tumour of ovary

XH1PE9 Masculinovoblastoma

XH9RV1 Adrenal rest tumour

Specialized gonadal neoplasms, malignant

XH44E8 Androblastoma, malignant

Inclusions: Arrhenoblastoma, malignant

XH1QG7 Granulosa cell carcinoma

XH97Z8 Granulosa cell tumour, sarcomatoid

XH29E0 Sertoli-Leydig cell tumour, poorly differentiated

XH3BT2 Sertoli-Leydig cell tumour, poorly differentiated, with heterologous elements

XH4KB9 Sertoli-Leydig cell tumour, sarcomatoid

XH1JS6 Thecoma, malignant

XH0GA5 Adult granulosa cell tumor of ovary

XH7DV5 Granulosa cell tumour, adult type

XH9G68 Leydig cell tumour, malignant

XH4L39 Steroid cell tumour, malignant

XH7051 Sertoli cell carcinoma

Specialized gonadal neoplasms, uncertain whether benign or malignant

XH2KH2 Granulosa cell tumour, juvenile

XH37K7 Granulosa cell-theca cell tumour

Inclusions: Theca cell-granulosa cell tumour

XH0Q64 Gynandroblastoma

XH9E02 Large cell calcifying Sertoli cell tumour

XH0UP7 Sertoli-Leydig cell tumour of intermediate differentiation

Inclusions: Sertoli-Leydig cell tumour, moderately differentiated

Sertoli-Leydig cell tumor of intermediate differentiation, NOS

XH6FQ9 Sertoli-Leydig cell tumour, NOS

XH8U56 Sertoli-Leydig cell tumour, intermediate differentiation, with heterologous elements

XH6XB6 Sertoli-Leydig cell tumour, retiform

XH3PN1 Sertoli-Leydig cell tumour, retiform, with heterologous elements

XH5BV8 Sex cord tumour with annular tubules

XH5PC7 Sex cord-gonadal stromal tumour, incompletely differentiated

XH19F9 Sex cord-gonadal stromal tumour, mixed forms

Inclusions: Sex cord-gonadal stromal tumour, mixed

XH9G57 Sex cord-gonadal stromal tumour, NOS

Inclusions: Sex cord-stromal tumour, NOS

XH8033 Stromal tumour with minor sex cord elements

XH8CW8 Uterine tumour resembling ovarian sex cord tumour

XH0667 Sex cord-stromal tumour, unclassified

XH0U48 Mixed germ cell-sex cord-stromal tumour, NOS

XH27A8 Mixed germ cell-sex cord-stromal tumour, unclassified

XH5BN5 Adult granulosa cell tumour of testis

XH0GT2 Androblastoma, NOS

Inclusions: Arrhenoblastoma, NOS

XH4H24 Sertoli cell tumour, NOS

Inclusions: Testicular adenoma

Pick tubular adenoma

Tubular androblastoma, NOS

Sertoli cell adenoma

XH7RD2 Intratubular large cell hyalinizing Sertoli cell neoplasia

XH51L7 Leydig cell tumour of the testis, NOS

Change of behaviour, See 8650/0

Squamous cell neoplasms

Squamous cell neoplasms, benign

XH17Q9 Papilloma, NOS

XH7YQ5 Squamous cell papilloma, inverted

XH50T2 Squamous cell papilloma, NOS

Inclusions: Squamous papilloma

Keratotic papilloma

XH4611 Squamous intraepithelial neoplasia, low grade

XH50N3 Squamous papillomatosis

Inclusions: Papillomatosis, NOS

XH2Y10 Verrucous papilloma

XH9S34 Anal intraepithelial neoplasia, low grade

XH1W63 Cervical intraepithelial neoplasia, low grade

XH3Y37 Oesophageal squamous intraepithelial neoplasia (dysplasia), low grade

XH0S03 Benign keratosis, NOS

XH63L8 Lichen planus-like keratosis

XH7AQ2 Large cell acanthoma

XH36H6 Actinic keratosis

XH8MN8 PUVA keratosis

XH5NG4 Arsenical keratosis

XH13L5 Clear cell acanthoma

XH65S7 Warty dyskeratoma

XH0949 Seborrhoeic keratosis

XH7B58 Solar lentigo

Squamous cell neoplasms, in situ

XH2NM8 Bowen disease

Inclusions: Intraepidermal squamous cell carcinoma, Bowen type

XH9CL8 Differentiated VIN

XH6824 Differentiated PeIN

XH4JA4 Papillary carcinoma in situ

XH8YK9 Papillary squamous cell carcinoma, non-invasive

Inclusions: Papillary squamous cell carcinoma in situ

XH1U36 Squamous cell carcinoma in situ with questionable stromal invasion

Inclusions: Epidermoid carcinoma in situ with questionable stromal invasion

XH7WM7 Squamous cell carcinoma in situ, NOS

Inclusions: Intraepithelial squamous cell carcinoma

Intraepidermal carcinoma, NOS

Epidermoid carcinoma in situ, NOS

XH3EA2 Squamous intraepithelial neoplasia, high grade

XH7SX5 Anal intraepithelial neoplasia, grade III

Inclusions: AIN III

XH62N8 Cervical intraepithelial neoplasia, grade III

XH9ND8 Oesophageal squamous intraepithelial neoplasia (dysplasia), high grade

XH6F63 Vaginal intraepithelial neoplasia, grade III

Inclusions: VAIN III

XH5FT2 Vulvar intraepithelial neoplasia, grade III

Inclusions: VIN III

XH2H04 Queyrat erythroplasia

XH6RW7 Differentiated intraepithelial neoplasia

Squamous cell neoplasms, malignant

XH3GS1 Basaloid squamous cell carcinoma

XH0UU4 Papillary carcinoma, NOS

XH6S97 Papillary squamous cell carcinoma

Inclusions: Papillary epidermoid carcinoma

XH7LH0 Squamous cell carcinoma, adenoid

Inclusions: Squamous cell carcinoma, acantholytic

Squamous cell carcinoma, pseudoglandular

XH9DC1 Squamous cell carcinoma, clear cell type

XH4CR9 Squamous cell carcinoma, keratinizing, NOS

Inclusions: Squamous cell carcinoma, large cell, keratinizing

Epidermoid carcinoma, keratinizing

XH84Q4 Squamous cell carcinoma, metastatic, NOS

XH90Y3 Squamous cell carcinoma, microinvasive

XH0945 Squamous cell carcinoma, NOS

XH2435 Squamous cell carcinoma, small cell, nonkeratinizing

Inclusions: Epidermoid carcinoma, small cell, nonkeratinizing

XH6D80 Squamous cell carcinoma, spindle cell

Inclusions: Epidermoid carcinoma, spindle cell

Squamous cell carcinoma, sarcomatoid

XH5PM0 Verrucous carcinoma, NOS

Inclusions: Verrucous squamous cell carcinoma

Verrucous epidermoid carcinoma

XH7UR7 Warty carcinoma

Inclusions: Condylomatous carcinoma

XH6705 Squamous cell carcinoma, large cell, nonkeratinizing, NOS

Inclusions: Squamous cell carcinoma, nonkeratinizing, NOS

Epidermoid carcinoma, large cell, nonkeratinizing

XH2JN3 Squamous cell carcinoma with horn formation

XH1E40 Lymphoepithelial carcinoma

Inclusions: Lymphoepithelioma-like carcinoma

Lymphoepithelioma

XH4GV2 Schmincke tumour

XH0Z16 Pseudovascular squamous cell carcinoma

XH24M0 Papillary-basaloid carcinoma

XH0EJ7 Squamous cell carcinoma, HPV positive

XH2137 Squamous cell carcinoma, HPV negative

XH6FU0 Warty-basaloid carcinoma

XH9XR8 Keratoacanthoma

Synovial-like neoplasms

Synovial-like neoplasms, benign

XH2AW8 Synovioma, benign

Synovial-like neoplasms, malignant

XH9B22 Synovial sarcoma, NOS

Inclusions: Synovioma, NOS

Synovioma, malignant

XH77N6 Clear cell sarcoma, NOS

XH9346 Synovial sarcoma, spindle cell

Inclusions: Synovial sarcoma, monophasic fibrous

XH06L8 Synovial sarcoma, epithelioid cell

XH1J28 Synovial sarcoma, biphasic

XH3797 Biphenotypic sinonasal sarcoma

XH5854 Malignant melanoma of soft parts

A soft tissue sarcoma of young adults with melanocytic differentiation, typically involving tendons and aponeuroses. This tumour is unrelated to paediatric lesions currently known as clear cell sarcoma of the kidney.

Thymic epithelial neoplasms

Thymic epithelial neoplasms, benign

XH9QW0 Microscopic thymoma

XH4341 Thymoma, benign

XH0707 Ectopic hamartomatous thymoma

Thymic epithelial neoplasms, malignant

XH6WN9 Thymoma, type A

Inclusions: Thymoma, medullary

Thymoma, spindle cell

XH0JH0 Thymoma, type AB

Inclusions: Thymoma, mixed type

XH66U8 Thymoma, type B1

Inclusions: Thymoma, predominantly cortical

Thymoma, organoid

Thymoma, lymphocyte-rich

Thymoma, lymphocytic

XH2G89 Thymoma, type B2

Inclusions: Thymoma, cortical

XH4EW9 Thymoma, type B3

Inclusions: Thymoma, atypical

Thymoma, epithelial

Well differentiated thymic carcinoma

XH3734 Thymoma, NOS

XH1GA4 Intrapulmonary thymoma

XH6QN6 Sclerosing thymoma

XH3DX0 Metaplastic thymoma

XH6AK2 Thymic carcinoma, NOS

Inclusions: Thymoma, type C

XH6ZG8 Spindle epithelial tumour with thymus-like element

Inclusions: SETTLE

XH33N4 Intrathyroid thymic carcinoma

Inclusions: Carcinoma showing thymus-like differentiation

CASTLE

Carcinoma showing thymus-like element

Thymic epithelial neoplasms, uncertain whether benign or malignant

XH56K5 Micronodular thymoma with lymphoid stroma

Transitional cell papillomas and carcinomas

Transitional cell papillomas and carcinomas, benign

XH0TP8 Sinonasal papilloma, exophytic

XH3HQ8 Transitional papilloma, inverted, NOS

Change from 8121/1 to 8121/0 in ICD-O3 2016

XH5A08 Urothelial papilloma, inverted

XH5M82 Urothelial papilloma, NOS

Transitional cell papillomas and carcinomas, in situ

XH12F0 Papillary urothelial carcinoma, non-invasive

XH5GH8 Urothelial carcinoma in situ

Transitional cell papillomas and carcinomas, malignant

XH4UA2 Cylindrical cell carcinoma

XH35M0 Schneiderian carcinoma

XH8EH1 Transitional cell carcinoma, NOS

Inclusions: Urothelial carcinoma, NOS

XH7TL4 Transitional carcinoma

XH5P27 Urothelial carcinoma, sarcomatoid

Inclusions: Transitional cell carcinoma, sarcomatoid

Urothelial carcinoma, spindle cell

Transitional cell carcinoma, spindle cell

XH0NZ4 Papillary urothelial carcinoma

XH08S6 Transitional cell carcinoma, micropapillary

XH3UJ1 Cloacogenic carcinoma

XH2V80 Basaloid carcinoma

XH4W76 Urothelial carcinoma, micropapillary

Transitional cell papillomas and carcinomas, uncertain whether benign or malignant

Coded Elsewhere: Urothelial papilloma, NOS (XH5M82)

XH7R01 Cylindrical cell papilloma

XH4PB5 Schneiderian papilloma, inverted

XH5UU5 Papillary urothelial neoplasm of low malignant potential

XH8FH7 Sinonasal papilloma, inverted

XH8CD4 Sinonasal papilloma, oncocytic

Trophoblastic neoplasms

Trophoblastic neoplasms, benign

XH8CX2 Hydatidiform mole, NOS

Inclusions: Complete hydatidiform mole

Hydatid mole

XH5325 Partial hydatidiform mole

Trophoblastic neoplasms, malignant

XH3WM1 Choriocarcinoma combined with other germ cell elements

Inclusions: Choriocarcinoma combined with embryonal carcinoma

Choriocarcinoma combined with teratoma

XH0774 Malignant teratoma, trophoblastic

XH8PK7 Choriocarcinoma, NOS

Inclusions: Chorioepithelioma

Chorionepithelioma

XH8FW3 Trophoblastic tumour, epithelioid

Trophoblastic neoplasms, uncertain whether benign or malignant

XH46G2 Invasive hydatidiform mole

XH1RM5 Placental site trophoblastic tumour

Myelodysplastic syndromes

Myelodysplastic syndromes, malignant

XH2N45 Myelodysplastic syndrome with single lineage dysplasia

XH5B21 Myelodysplastic syndrome with ring sideroblasts and single lineage dysplasia

XH79X8 Myelodysplastic syndrome with excess blasts

XH1D20 Refractory anaemia with excess blasts in transformation

Inclusions: RAEB-T

XH5DA2 Myelodysplastic syndrome with multilineage dysplasia

XH3T02 Myelodysplastic syndrome with isolated del (5q)

XH0L58 Therapy-related myelodysplastic syndrome, NOS

Inclusions: Therapy-related myelodysplastic syndrome, epipodophyllotoxin-related

Therapy-related myelodysplastic syndrome, alkylating agent related

XH7PK9 Myelodysplastic syndrome, NOS

Inclusions: Preleukemic syndrome

Myelodysplastic syndrome, unclassifiable

XH8BA8 Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia

Other haematologic disorders

Other haematologic disorders, malignant

Coded Elsewhere: Polymorphic post transplant lymphoproliferative disorder (XH74K1)

XH3EJ1 Myeloproliferative neoplasm, unclassifiable

XH28M3 Myelodysplastic/myeloproliferative neoplasm, unclassifiable

Other haematologic disorders, uncertain whether benign or malignant

XH2LK2 Lymphoproliferative disorder, NOS

Inclusions: Lymphoproliferative disease, NOS

XH2R75 Post transplant lymphoproliferative disorder, NOS

Inclusions: PTLD, NOS

XH74K1 Polymorphic post transplant lymphoproliferative disorder

Chronic myeloproliferative disorders

Chronic myeloproliferative disorders, malignant

XH0453 Polycythaemia vera

Inclusions: Chronic erythremia

XH5HH7 Myeloproliferative neoplasm, NOS

Inclusions: Myeloproliferative disease, NOS

Chronic myeloproliferative disorder

Chronic myeloproliferative disease, NOS

XH7GG7 Primary myelofibrosis

Inclusions: Myelosclerosis with myeloid metaplasia

Myelofibrosis with myeloid metaplasia

Myelofibrosis as a result of myeloproliferative disease

Megakaryocytic myelosclerosis

Chronic idiopathic myelofibrosis

Agnogenic myeloid metaplasia

XH4ZM5 Essential thrombocythemia

Inclusions: Idiopathic thrombocythemia

XH5NQ7 Chronic neutrophilic leukaemia

XH51D2 Chronic eosinophilic leukaemia

XH07H5 Myeloid and lymphoid neoplasms with PDGFRA rearrangement

XH6QD4 Myeloid neoplasms with PDGFRB rearrangement

XH1WR8 Myeloid and lymphoid neoplasms with FGFR1 abnormalities

XH2WB4 Myeloid or lymphoid neoplasm with PCM1-JAK2

Leukaemias

leukaemias, NOS, malignant

XH4S92 Leukaemia, NOS

XH29P0 Aleukemic leukaemia, NOS

XH80C3 Chronic leukaemia, NOS

XH6QV5 Subacute leukaemia, NOS

XH1B20 Acute leukaemia, NOS

XH37U0 Acute biphenotypic leukaemia

XH2H98 Acute bilineal leukaemia

XH3VV7 Acute mixed lineage leukaemia

XH97B7 Mixed phenotype acute leukaemia with t(9;22)(q34;q11.2); BCR-ABL1

XH2S51 Mixed phenotype acute leukaemia with t(v;11q23); MLL rearranged

XH1928 Mixed phenotype acute leukaemia, B/myeloid, NOS

XH4YB5 Mixed phenotype acute leukaemia, T/myeloid, NOS

Lymphoid leukaemias, malignant

XH81V3 B lymphoblastic leukaemia/lymphoma, NOS

XH73L9 B lymphoblastic leukaemia/lymphoma with t(9;22)(q34;q11.2); BCR-ABL1

XH8GG0 B lymphoblastic leukaemia/lymphoma with t(v;11q23); MLL rearranged

XH4KA2 B lymphoblastic leukaemia/lymphoma with t(12;21)(p13;q22); TEL-AML1 (ETV6-RUNX1)

XH24C7 B lymphoblastic leukaemia/lymphoma with hyperdiploidy

XH2MD9 B lymphoblastic leukaemia/lymphoma with hypodiploidy (Hypodiploid ALL)

XH4ZL2 B lymphoblastic leukaemia/lymphoma with t(5;14)(q31;q32); IL3-IGH

XH3GU8 B lymphoblastic leukaemia/lymphoma with t(1;19)(q23;p13.3); E2A-PBX1 (TCF3-PBX1)

XH7Q12 Lymphoid leukaemia, NOS

XH1GQ1 Lymphatic leukaemia, NOS

XH7PW5 Lymphocytic leukaemia, NOS

XH4KS4 Aleukemic lymphoid leukaemia

XH5BA6 Lymphosarcoma cell leukaemia

XH8GQ0 Subacute lymphoid leukaemia

Inclusions: Subacute lymphocytic Leukaemia

Subacute lymphatic Leukaemia

XH15T2 B-cell chronic lymphocytic leukaemia/small lymphocytic lymphoma

XH6TE2 Adult T-cell leukaemia/lymphoma (HTLV-1 positive)

Inclusions: Adult T-cell lymphoma

XH6687 T-cell large granular lymphocytic leukaemia

Inclusions: T-cell large granular lymphocytosis

Large granular lymphocytosis, NOS

XH5EN4 Chronic lymphoproliferative disorder of NK cells

XH8TD6 Prolymphocytic leukaemia, NOS

XH95H2 Prolymphocytic leukaemia, B-cell type

XH0DU4 Prolymphocytic leukaemia, T-cell type

XH5J37 Precursor cell lymphoblastic leukaemia, NOS

Inclusions: FAB L2

FAB L1

XH7T28 Precursor T-cell lymphoblastic leukaemia

XH50W7 T lymphoblastic leukaemia/lymphoma

XH1D04 B lymphoblastic leukemia/lymphoma, BCR-ABL1-like

XH0KD4 B lymphoblastic leukemia/lymphoma with iAMP21

XH8F29 Early T-cell precursor acute lymphoblastic leukemia

Myeloid leukaemias, malignant

XH43N4 Acute erythroid leukemia

XH7S21 Myeloid leukaemia, NOS

XH7LG8 Aleukemic myeloid leukaemia

XH5DV4 Aleukemic monocytic leukaemia

XH0E35 Chronic monocytic leukaemia

XH6JX2 Eosinophilic leukaemia

XH5JT8 Monocytic leukaemia, NOS

XH1S60 Subacute monocytic leukaemia

XH7DF6 Subacute myeloid leukaemia

XH8AA5 Acute myeloid leukaemia, NOS

XH4M02 Acute myeloid leukemia with biallelic mutation of CEBPA

XH74W8 Acute myeloid leukaemia with mutated NPM1

XH4XG8 Chronic myeloid leukaemia, NOS

XH9Y46 Acute myeloid leukaemia with t(6;9)(p23;q34); DEK-NUP214

XH1A50 Acute promyelocytic leukaemia, t(15;17)(q22;q11-12)

Inclusions: FAB M3

XH78Y4 Acute myelomonocytic leukaemia

XH2KE3 Acute myeloid leukaemia with inv(3)(q21;q26.2) or t(3.3)(q21;q26.2); RPN1-EVI1

XH7MR1 Acute basophilic leukaemia

XH3PA4 Acute myeloid leukaemia with abnormal marrow eosinophils

Inclusions: FAB M4Eo

XH90G0 Acute myeloid leukaemia, minimal differentiation

Inclusions: FAB M0

XH5AH8 Acute myeloid leukaemia without maturation

Inclusions: FAB M1

XH1XJ9 Acute myeloid leukaemia with maturation

Inclusions: FAB M2, NOS

XH2AB7 Chronic myelogenous leukaemia, BCR/ABL positive

XH21X5 Atypical chronic myeloid leukaemia, BCR/ABL negative

XH26U9 Atypical chronic myeloid leukaemia, Philadelphia chromosome (Ph1) negative

XH9NE2 Acute monocytic leukaemia

Inclusions: FAB M5

XH1K97 Acute monoblastic and monocytic leukaemia

XH64R4 Acute myeloid leukaemia with myelodysplasia-related changes

XH3CX5 Acute myeloid leukaemia, t(8;21)(q22;q22)

Inclusions: FAB M2, AML1(CBF-alpha)/ETO

FAB M2, t(8;21)(q22;q22)

XH1E41 Acute myeloid leukaemia, 11q23 abnormalities

XH6AQ7 Myeloid leukaemia associated with Down Syndrome

XH4750 Acute megakaryoblastic leukaemia

Inclusions: FAB M7

XH16K4 Acute myeloid leukaemia (megakaryoblastic) with t(1;22)(p13;q13); RBM15-MKL1

XH7045 Therapy related myeloid neoplasm

XH6Z50 Therapy-related acute myeloid leukaemia, alkylating agent related

XH4EJ0 Therapy-related acute myeloid leukaemia, epipodophyllotoxin-related

XH3L40 Myeloid sarcoma

Inclusions: Granulocytic sarcoma

Chloroma

XH1075 Acute panmyelosis with myelofibrosis

Inclusions: Acute myelosclerosis, NOS

Acute panmyelosis, NOS

Acute myelofibrosis

Malignant myelosclerosis

XH6FZ7 Acute myeloid leukemia with BCR-ABL1

XH1EK4 Acute myeloid leukemia with mutated RUNX1

Myeloid leukaemias, uncertain whether benign or malignant

XH67W4 Transient abnormal myelopoiesis

Other leukaemias, malignant

XH86N4 Chronic myelomonocytic leukaemia, NOS

XH0FC4 Chronic myelomonocytic leukaemia, Type I

XH7HJ7 Chronic myelomonocytic leukaemia, Type II

XH4QZ1 Juvenile myelomonocytic leukaemia

XH9MA0 Aggressive NK-cell leukaemia

XH5J10 Hairy cell leukaemia

Inclusions: Leukemic reticuloendotheliosis

Hairy cell leukemia, NOS

Hodgkin and non-Hodgkin lymphomas

Malignant lymphomas, NOS or diffuse

XH5FJ5 Malignant lymphoma, NOS

Inclusions: Lymphoma, NOS

Microglioma

XH50P3 Malignant lymphoma, non-Hodgkin, NOS

Inclusions: Non-Hodgkin lymphoma, NOS

XH5RG7 B cell lymphoma, NOS

XH9MU1 Lymphosarcoma, NOS

Inclusions: Lymphosarcoma, diffuse

XH8226 Malignant lymphoma, diffuse, NOS

XH5WX8 Malignant lymphoma, non-cleaved cell, NOS

XH51A9 Reticulum cell sarcoma, NOS

Inclusions: Reticulosarcoma, NOS

Reticulum cell sarcoma, diffuse

Reticulosarcoma, diffuse

XH9E18 Hairy cell leukaemia variant

XH1SK1 Malignant lymphoma, lymphocytic, intermediate differentiation, nodular

XH06Q4 Malignant lymphoma, lymphocytic, poorly differentiated, diffuse

Inclusions: Malignant lymphoma, cleaved cell, NOS

Malignant lymphoma, small cleaved cell, NOS

XH9PT6 Malignant lymphoma, small cell, noncleaved, diffuse

Inclusions: Malignant lymphoma, undifferentiated cell type, NOS

Malignant lymphoma, undifferentiated cell, non-Burkitt

XH2TN1 Malignant lymphoma, small cleaved cell, diffuse

XH75T5 Splenic B-cell lymphoma/leukaemia, unclassifiable

XH99V9 Splenic diffuse red pulp small B-cell lymphoma

XH3BP6 Composite Hodgkin and non-Hodgkin lymphoma

XH04Y1 B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classical Hodgkin lymphoma

XH1FZ7 Primary cutaneous follicle centre lymphoma

XH73D5 Monoclonal B-cell lymphocytosis, NOS

XH5M35 Monoclonal B-cell lymphocytosis, non-CLL type

Hodgkin lymphoma

XH94F7 Hodgkin lymphoma, NOS

Inclusions: Hodgkin disease, NOS

Malignant lymphoma, Hodgkin

XH22K3 Classical Hodgkin lymphoma post-transplant lymphoproliferative disease

XH8CB2 Hodgkin lymphoma, lymphocyte-rich

Inclusions: Classical Hodgkin lymphoma, lymphocyte-rich

XH7KX4 Hodgkin disease, lymphocyte predominance, NOS

Inclusions: Hodgkin disease, lymphocyte predominance, diffuse

Hodgkin disease, lymphocytic-histiocytic predominance

XH9NJ5 Hodgkin lymphoma, mixed cellularity, NOS

Inclusions: Classical Hodgkin lymphoma, mixed cellularity, NOS

XH7RN9 Hodgkin lymphoma, lymphocyte depletion, NOS

Inclusions: Classical Hodgkin lymphoma, lymphocyte depletion, NOS

XH7299 Hodgkin lymphoma, lymphocyte depletion, diffuse fibrosis

Inclusions: Classical Hodgkin lymphoma, lymphocyte depletion, diffuse fibrosis

XH4E19 Hodgkin lymphoma, lymphocyte depletion, reticular

Inclusions: Classical Hodgkin lymphoma, lymphocyte depletion, reticular

XH2FG7 Hodgkin lymphoma, nodular lymphocyte predominant

Inclusions: Hodgkin paragranuloma, nodular

Hodgkin paragranuloma, NOS

Hodgkin lymphoma, lymphocyte predominance, nodular

XH13B0 Hodgkin granuloma

XH11Y2 Hodgkin sarcoma

XH6SC5 Hodgkin lymphoma, nodular sclerosis, NOS

Inclusions: Classical Hodgkin lymphoma, nodular sclerosis, NOS

Hodgkin disease, nodular sclerosis, NOS

XH51K7 Hodgkin lymphoma, nodular sclerosis, cellular phase

Inclusions: Classical Hodgkin lymphoma, nodular sclerosis, cellular phase

XH62T3 Hodgkin lymphoma, nodular sclerosis, grade 1

Inclusions: Classical Hodgkin lymphoma, nodular sclerosis, grade 1

Hodgkin disease, nodular sclerosis, lymphocyte predominance

Hodgkin disease, nodular sclerosis, mixed cellularity

XH8K28 Hodgkin lymphoma, nodular sclerosis, grade 2

Inclusions: Classical Hodgkin lymphoma, nodular sclerosis, grade 2

Hodgkin disease, nodular sclerosis, lymphocyte depletion

Hodgkin disease, nodular sclerosis, syncytial variant

Non-Hodgkin lymphomas

XH3FE9 Mature B-cell lymphomas

Coded Elsewhere: Intravascular large B-cell lymphoma (XH50S7)

XH0QZ9 Lymphoplasmacytic lymphoma

XH43K4 Immunocytoma

XH9TT4 Malignant lymphoma, plasmacytoid

XH3KQ3 Plasmacytic lymphoma

XH1VV1 Mantle cell lymphoma

XH1J80 Malignant lymphoma, mixed small and large cell, diffuse

Inclusions: Malignant lymphoma, centroblastic-centrocytic, NOS

Malignant lymphoma, centroblastic-centrocytic, diffuse

Malignant lymphoma, mixed cell type, diffuse

Malignant lymphoma, mixed lymphocytic-histiocytic, diffuse

XH2LN1 Primary effusion lymphoma

XH8U09 Mediastinal large B-cell lymphoma

Inclusions: Thymic large B-cell lymphoma

XH9B17 Diffuse large B-cell lymphoma, NOS

XH0RM6 Fibrin-associated EBV+ diffuse large B-cell lymphoma

XH1VQ1 Malignant lymphoma, centroblastic, NOS

XH9JY8 Malignant lymphoma, centroblastic, diffuse

XH78W3 Anaplastic large B-cell lymphoma

XH9L43 B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma

XH3N15 Diffuse large B-cell lymphoma associated with chronic inflammation

XH1QK0 EBV positive diffuse large B-cell lymphoma

XH8657 Primary cutaneous DLBCL, leg type

XH2MP0 Primary diffuse large B-cell lymphoma of CNS

XH2WM7 High grade B-cell lymphoma, NOS

XH23Z3 High grade B-cell lymphoma with MYC and BCL2 and/or BCL6 rearrangements

XH86B5 Vitreoretinal lymphoma

XH7Z25 Malignant lymphoma, large B-cell, diffuse, immunoblastic, NOS

Inclusions: Malignant lymphoma, immunoblastic, NOS

Immunoblastic sarcoma

Malignant lymphoma, large cell, immunoblastic

XH4KA9 Burkitt lymphoma, NOS

XH0H23 Burkitt-like lymphoma

XH8NN2 Burkitt-like lymphoma with 11q aberration

XH6B12 Burkitt cell leukaemia

XH0WP6 T-cell/histiocyte rich large B-cell lymphoma

XH0MV1 Splenic marginal zone B-cell lymphoma

Inclusions: Splenic marginal zone lymphoma, NOS

Splenic lymphoma with villous lymphocytes

XH0LK1 Follicular lymphoma, NOS

Inclusions: Malignant lymphoma, centroblastic-centrocytic, follicular

Malignant lymphoma, nodular, NOS

Malignant lymphoma, lymphocytic, nodular, NOS

Malignant lymphoma, follicular, NOS

XH9RH9 Follicular lymphoma, pediatric type

XH79L3 Follicular lymphoma, grade 2

Inclusions: Malignant lymphoma, mixed cell type, follicular

Malignant lymphoma, mixed cell type, nodular

Malignant lymphoma, mixed lymphocytic-histiocytic, nodular

Malignant lymphoma, mixed small cleaved and large cell, follicular

XH6Y69 Follicular lymphoma, grade 1

Inclusions: Follicular lymphoma, small cleaved cell

Malignant lymphoma, lymphocytic, poorly differentiated, nodular

Malignant lymphoma, small cleaved cell, follicular

XH9L76 Follicular lymphoma, duodenal type

XH6RN1 Follicular lymphoma, grade 3

Inclusions: Malignant lymphoma, large cell, follicular, NOS

Malignant lymphoma, noncleaved cell, follicular, NOS

Follicular lymphoma, grade 3A

Follicular lymphoma, grade 3B

Malignant lymphoma, centroblastic, follicular

Malignant lymphoma, histiocytic, nodular

Malignant lymphoma, large cell, noncleaved, follicular

Malignant lymphoma, large cleaved cell, follicular

Malignant lymphoma, lymphocytic, well differentiated, nodular

XH6SU8 Large B-cell lymphoma with IRF4 rearrangement

XH1X21 Marginal zone B-cell lymphoma, NOS

XH1V99 Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue

XH6JB5 Primary choroidal lymphoma

XH8EM2 In situ mantle cell neoplasia

XH3SG2 EBV positive mucocutaneous ulcer

XH4L38 In situ follicular neoplasia

XH3400 Mature T- and NK-cell lymphomas

XH8R56 Mycosis fungoides

Inclusions: Pagetoid reticulosis

XH0EH1 Granulomatous slack skin

XH8HN3 Sezary syndrome

Inclusions: Sezary disease

XH3HJ2 Mature T-cell lymphoma, NOS

Inclusions: T-zone lymphoma

Peripheral T-cell lymphoma, pleomorphic small cell

Peripheral T-cell lymphoma, pleomorphic medium and large cell

Peripheral T-cell lymphoma, large cell

T-cell lymphoma, NOS

Peripheral T-cell lymphoma, NOS

XH92G2 Lymphoepithelioid lymphoma

Inclusions: Lennert lymphoma

XH14S3 Follicular T-cell lymphoma

XH6SR1 Nodal peripheral T-cell lymphoma with T follicular helper phenotype

XH1J86 Angioimmunoblastic T-cell lymphoma

Inclusions: Angioimmunoblastic lymphoma

XH3NV1 Subcutaneous panniculitis-like T-cell lymphoma

XH1951 Cutaneous T-cell lymphoma, NOS

Inclusions: Cutaneous lymphoma, NOS

XH2513 Primary cutaneous CD8-positive aggressive epidermotropic cytotoxic T-cell lymphoma

XH7S84 Primary cutaneous acral CD8 positive T-cell lymphoma

XH7EZ9 Anaplastic large cell lymphoma, T cell and Null cell type

XH1LC0 Anaplastic large cell lymphoma, NOS

XH9484 Anaplastic large cell lymphoma, ALK positive

XH8D49 Hepatosplenic T-cell lymphoma

Inclusions: Hepatosplenic gamma-delta cell lymphoma

XH9FT0 Intestinal T-cell lymphoma

Inclusions: Enteropathy associated T-cell lymphoma

Enteropathy type intestinal T-cell lymphoma

XH1AG7 Monomorphic epitheliotropic intestinal T-cell lymphoma

XH5SC3 Primary cutaneous anaplastic large cell lymphoma

Inclusions: Primary cutaneous CD30 positive large T-cell lymphoma

XH0353 Primary mucosal CD30+ T-cell lymphoproliferative disorder

XH5LU6 NK/T-cell lymphoma, nasal and nasal-type

Inclusions: T/NK-cell lymphoma

Malignant midline reticulosis

Polymorphic reticulosis

Extranodal NK/T-cell lymphoma, nasal type

Angiocentric T-cell lymphoma

Malignant reticulosis, NOS

XH0B02 Indolent T-cell lymphoproliferative disorder of gastrointestinal tract

XH3QE7 Primary cutaneous CD4 positive small/medium T-cell lymphoproliferative disorder

XH7EL2 Primary cutaneous CD4-positive small/medium T-cell lymphoma

XH50S7 Intravascular large B-cell lymphoma

XH9T74 Anaplastic large cell lymphoma, ALK negative

XH05D8 Breast implant-associated anaplastic large cell lymphoma

XH40C0 Primary cutaneous CD30+ T-cell lymphoproliferative disorder

XH2216 Precursor cell lymphoblastic lymphoma

XH6TZ4 Systemic EBV positive T-cell lymphoproliferative disease of childhood

XH84A5 Primary cutaneous gamma/delta T-cell lymphoma

XH14N1 Precursor cell lymphoblastic lymphoma, NOS

Inclusions: Malignant lymphoma, lymphoblastic, NOS

Lymphoblastoma

Malignant lymphoma, convoluted cell

XH42X4 Blastic NK-cell lymphoma

XH1DB1 Blastic plasmacytoid dendritic cell neoplasm

XH0AK5 Hydroa vacciniforme-like lymphoproliferative disorder

Immunoproliferative diseases

Immunoproliferative diseases, malignant

XH4KF3 Immunoproliferative disease, NOS

XH8GW4 Waldenstrom macroglobulinemia

XH7RJ1 Heavy chain disease, NOS

XH1Y65 Alpha heavy chain disease

XH1EA7 Gamma heavy chain disease

Inclusions: Franklin disease

XH2JK2 Mu heavy chain disease

XH3SS7 Immunoproliferative small intestinal disease

Inclusions: Mediterranean lymphoma

XH71D5 Lymphomatoid granulomatosis, grade 3

Immunoproliferative diseases, uncertain whether benign or malignant

XH1NV1 Monoclonal gammopathy of undetermined significance

XH3U73 Angiocentric immunoproliferative lesion

XH4P09 Lymphomatoid granulomatosis

Inclusions: Lymphomatoid granulomatosis, NOS

XH2A53 Angioimmunoblastic lymphadenopathy (AIL)

Inclusions: Immunoblastic lymphadenopathy (IBL)

XH0HS7 T-gamma lymphoproliferative disease

XH2WA6 Immunoglobulin deposition disease

XH4F97 Lymphomatoid granulomatosis, grade 1

XH7BG6 Lymphomatoid granulomatosis, grade 2

XH16T1 IgM monoclonal gammopathy of undetermined significance

Plasma cell tumours

XH4BL1 Plasmacytoma, NOS

Inclusions: Plasmacytoma of bone

Solitary myeloma

Solitary plasmacytoma

XH4XA9 Plasma cell myeloma

XH7GC9 Plasma cell leukaemia

XH0N40 Plasmacytoma, extramedullary

Inclusions: Extraosseous plasmacytoma

XH6YR5 Plasmablastic lymphoma

XH1EB9 ALK positive large B-cell lymphoma

XH5HJ5 Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease

Mast cell tumours

Mast cell tumours, malignant

XH6A72 Mast cell sarcoma

Inclusions: Malignant mastocytoma

XH2992 Malignant mastocytosis

Inclusions: Systemic tissue mast cell disease

XH10N1 Aggressive systemic mastocytosis

XH1H01 Systemic mastocytosis with AHNMD

XH5191 Systemic mastocytosis with associated haematological clonal non-mast cell disorder

XH5ER6 Mast cell leukaemia

XH1VJ3 Erdheim-Chester disease

Mast cell tumours, uncertain whether benign or malignant

XH1J17 Mastocytoma, NOS

XH74F2 Cutaneous mastocytosis

Inclusions: Cutaneous mastocytosis, NOS

XH2RG8 Diffuse cutaneous mastocytosis

XH8VS0 Urticaria pigmentosa

XH2Y59 Indolent systemic mastocytosis

XH2RL8 Solitary mastocytoma of skin

Neoplasms of histiocytes and accessory lymphoid cells

Coded Elsewhere: Erdheim-Chester disease (XH1VJ3)

Neoplasms of histiocytes and accessory lymphoid cells, malignant

Coded Elsewhere: Langerhans cell histiocytosis (XH1J18)

XH2WJ3 Malignant histiocytosis

XH7PV7 Histiocytic medullary reticulosis

XH4XT4 Acute progressive histiocytosis X

XH8VV4 Histiocytosis X, NOS

XH86U0 Hand-Schuller-Christian disease

XH60Q1 Letterer-Siwe disease

XH0YE1 Nonlipid reticuloendotheliosis

XH40U7 Langerhans cell histiocytosis, disseminated

Inclusions: Langerhans cell granulomatosis

XH4JD4 Histiocytic sarcoma

XH46Q0 True histiocytic lymphoma

XH8J76 Langerhans cell sarcoma

XH7UM7 Interdigitating dendritic cell sarcoma

Inclusions: Interdigitating cell sarcoma

XH8Q19 Dendritic cell sarcoma, NOS

XH3ZM0 Indeterminate dendritic cell tumour

XH1JT6 Follicular dendritic cell sarcoma

XH6ZR5 Follicular dendritic cell tumour

XH0124 Fibroblastic reticular cell tumour

XH75E6 Eosinophilic granuloma

Neoplasms of histiocytes and accessory lymphoid cells, uncertain whether benign or malignant

Coded Elsewhere: Erdheim-Chester disease (XH1VJ3)

XH0RF4 Langerhans cell histiocytosis, monostotic

XH2PY9 Langerhans cell histiocytosis, polyostotic

XH1J18 Langerhans cell histiocytosis

Dimensions of injury

A grouping for dimensions of injury that are supplementary to the fully specified injury chapter codes, i.e. concepts that can not, or are likely to not be able to be used as a standalone code in mortality or morbidity-coded data.

Dimensions of Burns

Burns classified according to extent of body surface involved

XJ4PF Burns involving less than 10% of body surface

XJ4NH Burns involving less than 5% of body surface

XJ7TR Burns involving 5-9% of body surface

XJ257 Burns involving 10-19% of body surface

XJ5GA Burns involving 20-29% of body surface

XJ7ZW Burns involving 30-39% of body surface

XJ3R2 Burns involving 40-49% of body surface

XJ19C Burns involving 50-59% of body surface

XJ4B7 Burns involving 60-69% of body surface

XJ7F7 Burns involving 70-79% of body surface

XJ1HD Burns involving 80-89% of body surface

XJ9JX Burns involving 90% or more of body surface

Extent of body surface with full thickness or deep full thickness burn

XJ31W Full thickness or deep full thickness burn involving less than 10% of body surface

XJ243 Full thickness or deep full thickness burn involving less than 5% of body surface

XJ4FJ Full thickness or deep full thickness burn involving 5-9% of body surface

XJ82Z Full thickness or deep full thickness burn involving 10-19% of body surface

XJ3XZ Full thickness or deep full thickness burn involving 20-29% of body surface

XJ1NG Full thickness or deep full thickness burn involving 30-39% of body surface

XJ4CR Full thickness or deep full thickness burn involving 40-49% of body surface

XJ9MY Full thickness or deep full thickness burn involving 50-59% of body surface

XJ8E0 Full thickness or deep full thickness burn involving 60-69% of body surface

XJ68M Full thickness or deep full thickness burn involving 70-79% of body surface

XJ9UE Full thickness or deep full thickness burn involving 80-89% of body surface

XJ3MB Full thickness or deep full thickness burn involving 90% or more of body surface

Outcome of deep full thickness or complex burn

Whether a deep full thickness or complex burn has resulted in the loss of a limb.

XJ71T Deep full thickness or complex burn with no loss of limb

XJ6NX Deep full thickness or complex burn with loss of digit

Loss of digit or digits (toes or fingers including thumbs) either by surgical amputation necessitated by the burn, or through complete physical destruction as a result of a burn.

XJ36Y Deep full thickness or complex burn with loss of limb

Loss of limb or limbs (arms or legs) either by surgical amputation necessitated by the burn, or through complete physical destruction as a result of a burn.

Joint involvement in fracture

XJ5GS Fracture extends into joint

Fracture involves articular surface or surfaces.

XJ5L7 Fracture extends into joint and a portion of the articular part remains attached to the main part of the bone

Inclusions: partial articular fractures

XJ92H Fracture extends into joint and the entire articular part is detached from the main part of the bone

XJ5VJ Fracture does not extend into joint

Fractures that do not involve an articular surface.

Open fracture or closed fracture

XJ44E Closed fracture

XJ7YM Open fracture

Fracture types

XJ36W Avulsion fracture

XJ2EL Bucket handle or corner fracture

XJ76E Buckle fracture

XJ7ZH Burst fracture

XJ1Z6 Comminuted fracture

XJ1PP Compound fracture

XJ778 Compression fracture

XJ9UB Depressed fracture

XJ69V Dislocated fracture

XJ8PQ Displaced fracture

XJ0QE Elevated fracture

XJ5N9 Fissured fracture

XJ45W Greenstick fracture

XJ7AT Impacted fracture

XJ4PE Infected fracture

XJ392 Linear fracture

XJ6RL Longitudinal fracture

XJ4CX Missile fracture

XJ4FU Osteochondral fracture

XJ3HH Physeal fracture

XJ64N Puncture fracture

XJ909 Simple fracture

XJ9XQ Slipped epiphysis fracture

XJ967 Spiral fracture

XJ5V7 Transverse fracture

XJ6NA Wedge fracture

XJ8QL Fracture with foreign body

Types of superficial injuries

XJ652 Abrasion

XJ8JK Blister, nonthermal

XJ9NV Contusion

XJ4D1 External constriction

XJ69A Insect bite, nonvenomous

XJ06K Superficial foreign body

XJ3U1 Superficial splinter

XJ1C6 Superficial haematoma

Dimensions of external causes

Additional aspects of mechanism

XE72E Exposure to injurious transport event

XE9S7 Exposure to land transport injury event

XE9EE Exposure to land transport on-road injury event

XE8TM Exposure to land transport off-road injury event

XE3S3 Exposure to railway transport injury event

XE85L Exposure to water transport injury event

XE5XH Exposure to air or space transport injury event

XE3Y8 Exposure to fall

XE8J4 Exposure to fall on the same level or from less than 1 metre

XE3QG Exposure to fall from a height of 1 metre or more

XE4U1 Exposure to person, animal or plant

XE1TU Exposure to being struck, kicked, or bumped

XE0VW Exposure to being stepped on or crushed

XE359 Exposure to being bitten

XE9PG Exposure to being scratched or clawed

XE972 Exposure to being stung or envenomated

XE214 Exposure to object, not elsewhere classified

XE2YW Exposure to being struck by projectile from firearm

XE4UV Exposure to being struck by moving object

XE6LQ Exposure to being struck against stationary object

XE20S Exposure to being cut or pierced by sharp object

XE59C Exposure to being struck by blunt object

XE4FE Exposure to being caught, crushed, jammed or pinched between objects

XE64Q Exposure to immersion, submersion or falling into water

XE72F Exposure to drowning or submersion, while in body of water

XE1AF Exposure to drowning or submersion, following fall into body of water

XE8NX Exposure to threat to breathing

XE9N2 Exposure to threat to breathing by suffocation from object covering mouth or nose

XE9LA Exposure to threat to breathing by hanging

XE17S Exposure to threat to breathing by strangulation

XE2NR Exposure to threat to breathing by external compression of airways or chest

XE33X Exposure to threat to breathing by inhalation or ingestion of gastric contents

XE2PV Exposure to threat to breathing by inhalation or ingestion of liquids

XE5QH Exposure to threat to breathing by inhalation or ingestion of food

XE9RJ Exposure to threat to breathing by inhalation or ingestion of other objects or materials

XE2DJ Exposure to threat to breathing from low oxygen environment

XE6JM Exposure to thermal mechanism

XE0S0 Exposure to uncontrolled fire

XE5WP Exposure to controlled fire

XE9T8 Exposure to ignition, or melting of material

XE494 Exposure to hot object or liquid

XE515 Exposure to steam, hot vapour, air or gases

XE00Z Exposure to excessive heat

XE4AY Exposure to excessive cold

XE3SH Exposure to or harmful effects of substances

XE13E Poisoning or toxic effect of exposure to substance

XE1SS Corrosion due to exposure to substance

Exposure to other mechanism

XE202 Foreign body in orifice

XE8A0 Exposure to electric current

XE8DS Exposure to sunlight

XE60C Exposure to radiation

XE82Y Exposure to welding light

XE436 Exposure to other visible and ultraviolet light of man-made sources

XE500 Exposure to ultraviolet radiation

XE6JQ Exposure to other non-ionizing radiation

XE6VK Exposure to microwave radiation

XE9G0 Exposure to infrared radiation

XE5PJ Exposure to ionizing radiation

XE5DF Exposure to high or low air pressure or changes in air pressure

XE4ZB Exposure to changes in air pressure

XE07M Exposure to high air pressure

XE67J Exposure to low air pressure

XE9Y8 Exposure to explosion

XE22U Exposure to chemical explosion

XE27P Exposure to explosion or rupture of pressurised materials or object

XE7Y1 Exposure to noise

XE3RX Exposure to vibration

XE7BT Exposure to suction

XE7SS Lack of food

XE3WS Lack of water

XE4TW Exposure to physical overexertion

XE67Q Exposure to other specified privation

XE42R Abandonment

XE00G Neglect

Activity when injured

XE545 Paid work

XE7NW Travelling to or from paid work

XE9Q2 Travelling in the course of paid work

XE2QJ Repetitive forceful work

XE88E Extended periods of work in a kneeling position

XE714 Extended periods of work in a squatting position

XE8VF Unpaid work

XE1C6 Travelling to or from unpaid work

XE3RL Travelling in the course of unpaid work

XE9ME Unpaid cleaning, cooking or maintenance at own place of residence

XE729 Educational activity

XE3HD Physical education class, school sports

Exclusions: Sports, recreation or leisure activity (XE5UF‑XE5C9)

XE4SM Travelling to or from educational activity

Sports, recreation or leisure activity

XE5UF Organised sports and exercise during leisure time

Exclusions: Physical education class, school sports (XE3HD)

Travelling to or from paid work (XE7NW)

Leisure or play (XE617)

XE617 Leisure or play

Exclusions: Unpaid work (XE8VF)

XE5C9 Other specified sports and exercise during leisure time

Exclusions: Organised sports and exercise during leisure time (XE5UF)

Leisure or play (XE617)

Travelling to or from paid work (XE7NW)

Physical education class, school sports (XE3HD)

Being taken care of

XE245 Being taken care of by health care professional

XE2EZ Being taken care of by non health care person

Exclusions: Leisure or play (XE617)

XE643 Being taken care of by a person, not specified as a health care professional or non health care person

Exclusions: Leisure or play (XE617)

Aspects of place of injury occurrence

Type of place

XE266 Home

Exclusions: Residential institution (XE9DC)

Prison (XE30E)

Sidewalk (XE53A)

Building under construction (XE11T)

Demolition site (XE0Z7)

Nursing home (XE498)

XE9XY Detached house

XE9P0 Terrace house or row house

XE7DU Apartment or flat

XE7F8 Farmhouse

XE1LE Residential caravan, mobile home, houseboat or motor home

XE3ZC Hut

XE6X4 Boarding house or hotel

XE9DC Residential institution

XE8PL Home for the elderly

Exclusions: Nursing home (XE498)

XE498 Nursing home

Exclusions: Home for the elderly (XE8PL)

XE30E Prison

XE8BC Shelter for battered women and their children

XE138 Military institution

Exclusions: Hospital (XE28K)

Prison (XE30E)

XE9VC Medical service area

Exclusions: Residential institution (XE9DC)

Building under construction (XE11T)

XE28K Hospital

Exclusions: Nursing home (XE498)

XE8DZ Outpatient clinic or health centre

XE86F Health professionals' office

XE9ZD Hospice

XE6TU School or educational area

Exclusions: Building under construction (XE11T)

XE3JM Child centre or day care centre

XE9LH Preschool or kindergarten

XE1ZF Primary school

XE3CZ Secondary school

XE9BK College or university

XE1JM Adult education institution

XE7K0 Sports and athletics area

Exclusions: Home (XE266)

XE9WC Outdoor sporting grounds

XE1CY Indoor sporting hall

Exclusions: Outdoor sporting grounds (XE9WC)

XE3YG Public swimming centre

XE8BN Racetrack or racecourse

XE2LU Equestrian facility

XE7QG Skating rink or ice palace

Exclusions: Roadway (XE6NQ)

Area of still water (XE0ZP)

Sidewalk (XE53A)

XE7WU Skiing or snowboarding area

XE5NE Public highway, street or road

XE6NQ Roadway

XE53A Sidewalk

Exclusions: Home (XE266)

XE4U4 Cycleway

XE5KY Transport area other than highway, street or road

XE3NV Parking area

XE4N9 Public transport area or facility

XE7T4 Industrial or construction area

XE11T Building under construction

XE0Z7 Demolition site

XE3U5 Factory or plant

Exclusions: Home (XE266)

XE0Y1 Mine or quarry

XE7GD Oil or gas extraction facility

XE7MT Shipyard

XE8Q1 Power station

XE9CS Farm or other place of primary production

Exclusions: Home (XE266)

XE1ES Area for growing crops, market gardening, horticulture

Exclusions: Area for growing crops combined with raising and care of animals (XE9C6)

XE54N Area for raising or care of animals

XE9WB Animal stables

XE9C6 Area for growing crops combined with raising and care of animals

XE1WL Place for socialising and consumption of alcoholic drinks

XE03P Bar, pub, saloon or other commercial place primarily for provision of alcoholic drinks

XE7Y2 Nightclub, restaurant or other commercial place for socialising and recreation

XE7GY Recreational area, cultural area, or public building

XE0AJ Public playground

Exclusions: Home (XE266)

XE35Q Amusement park or theme park

XE5C2 Public park

Exclusions: Countryside (XE5JL)

XE774 Non-cultural public building

Exclusions: Prison (XE30E)

XE4TG Holiday park or campground

XE0ES Public religious place

XE48U Commercial area (non-recreational)

XE319 Shop or store

XE058 Café or fast food outlet

XE543 Commercial garage

Exclusions: Home (XE266)

Parking area (XE3NV)

XE58T Office building

Exclusions: Health professionals' office (XE86F)

XE5JL Countryside

XE0ZP Area of still water

Exclusions: Beach, shore or bank of a body of water (XE010)

Large area of water (XE93X)

XE17F Stream of water

Exclusions: Beach, shore or bank of a body of water (XE010)

XE93X Large area of water

Exclusions: Area of still water (XE0ZP)

Beach, shore or bank of a body of water (XE010)

XE5TX Marsh or swamp

Exclusions: Beach, shore or bank of a body of water (XE010)

XE010 Beach, shore or bank of a body of water

XE6AV Forest

XE601 Desert

XE2BE Out-of-hospital

XE36S In-hospital

Part of place

XE2XM Part of building or grounds, bathroom, toilet

XE4XM Part of building or grounds, kitchen

XE1M5 Part of building or grounds, living room

XE8RZ Part of building or grounds, bedroom

XE45Z Part of building or grounds, playroom or family room

XE051 Part of building or grounds, office or home office

XE115 Part of building or grounds, classroom

XE70Z Part of building or grounds, canteen or cafeteria

XE4U5 Part of building or grounds, balcony

XE2NQ Part of building or grounds, stairs

XE9L8 Part of building or grounds, elevator

XE6ZJ Part of building or grounds, corridor

XE3R6 Part of building or grounds, lobby

XE3DE Part of building or grounds, garden or yard

Exclusions: Part of building or grounds, tennis court (XE7DE)

Part of building or grounds, swimming pool (XE4PW)

XE2Q4 Part of building or grounds, garage

XE65J Part of building or grounds, driveway

XE4PW Part of building or grounds, swimming pool

XE7DE Part of building or grounds, tennis court

XE9DN Part of building or grounds, other specified sporting facility

XE8SG Part of building or grounds, playground

XE5RE Part of building or grounds, private road

XE5MW Part of building or grounds, private parking area

XE6ZY Part of building or grounds, other specified indoor part of building or grounds

XE06N Part of building or grounds, other specified outdoor part of building or grounds

Objects, living things or substances involved in causing injury

Coded Elsewhere: Health Devices, Equipment and Supplies (XD7FF9-XD6UU3)

Substances (XM1349-XM7XM0)

Land vehicle or means of land transport

XE81T Person-powered means of transport

XE38Y Transport vehicle drawn or pushed by person

XE94Q Pedal cycle

XE1MP Animal-powered means of transport

XE0ZZ Animal being ridden

XE1CF Animal-drawn vehicle

XE3ZP Motorised two- or three-wheeled vehicle

XE0TY Motorcycle

XE9N6 Moped, scooter

XE9AX Three-wheeled motor vehicle or scooter

XE3GH Light transport vehicle with four or more wheels

XE50Z Passenger car

XE4BF Light truck, Sports Utility Vehicle (SUV), utility van, 4x4 vehicle, jeep, pick-up truck

XE6DC Minibus

XE4NR Heavy transport vehicle with four or more wheels

XE60G Bus, coach

XE8XB Tractor-trailer, articulated lorry, 18-wheeler, rig

XE5A8 Heavy truck, not elsewhere classified

XE5KW Trailer or horse-float

XE0ZK Rail vehicle

XE40X Streetcar, tram, electric car, car trolley

XE9Q3 Train

XE3P6 Funicular, monorail, or other similar rail vehicle

XE0YD Parts or components of land vehicle or means of land transport

XE954 Vehicle doors, not elsewhere classified

XE226 Vehicle seat belts, deploying air bags

XE8UK Tyre (tire) or battery (attached or unattached)

XE8CT Vehicle window or windshield

XE1LF Interior of vehicle

XE5D5 Engine of vehicle

XE3C0 Certain specified land vehicle or means of land transport

XE8KJ Cable car, ski chair lift, ski lift with gondola

XE8C8 Motorized wheelchair

XE4D7 Small-sized motorized vehicles for children

XE3FP Motor home

Mobile machinery or special purpose vehicle

XE7X0 Mobile machinery or special purpose vehicle mainly used in agriculture

XE9HQ Ride-on lawn mower

XE0S2 Tractor

XE0YP Harvesting machine

XE7SF Auger, post hole digger

XE0LF Equipment towed or powered by tractors, not elsewhere classified

XE0M8 Mobile machinery or special purpose vehicle mainly used in industry

XE21P Forklift or lift truck

XE8TB Mobile crane

XE6VY Battery-powered airport passenger vehicle

XE13Q Logging car

XE6B4 Coal-car in mine

XE1BG Tram, truck, or tub in mine or quarry

XE1GE Mobile machinery or special purpose vehicle mainly used in construction

XE4MS Grader

XE69J Front-end loader, bulldozer

XE6XP Excavator, digger, mechanical shovel

XE3GR Road roller

XE381 Certain specified mobile machinery or special purpose vehicle

XE80A Ambulance

XE5BQ Fire truck, fire engine

XE387 Race car

XE2LT Snowmobile, ski-scooter

XE6R9 Special all-terrain vehicle or off-road vehicle

Watercraft or means of water transport

XE70T Powered watercraft or means of water transport

XE7NQ Merchant ship, cargo ship, oil tanker

XE3HS Passenger ship, passenger liner, ocean liner

XE801 Fishing boat, trawler

XE69F Ferry used for short trips across closed waters

XE3WZ Motorised yacht, motorboat, powered boat, personal powered watercraft

XE304 Houseboat

XE5ZR Hovercraft

XE3PW Airboat

XE4UQ Submarine or related craft

XE29V Unpowered watercraft or means of water transport

XE9SF Sailboat, unpowered yacht

XE8BZ Canoe, kayak, row boat, pirogue, piragua

XE3CC Wave board, surfboard, paddle ski

XE3LU Windsurfer

XE5G3 Part or component of powered or unpowered watercraft

Aircraft or means of air transport

XE9LQ Powered aircraft or means of air transport

XE4LN Helicopter

XE8RL Airship, blimp

XE0WR Ultralight powered aircraft

XE7MP Private fixed-wing powered aircraft

XE7FK Commercial fixed-wing powered aircraft

XE6FD Military fixed-wing powered aircraft

XE346 Spacecraft

XE4QU Unpowered aircraft or means of air transport

XE96T Passenger balloon, unpowered

XE627 Parachute

XE3VU Hang-glider

XE2KU Glider

XE79E Part or component of powered or unpowered aircraft

XE5HA Furniture or furnishing

XE8PK Bed, bedding or bedding accessories

XE86G Bunk bed

XE7QQ Special bed, orthopaedic bed, or stretcher

XE27V Hammock

XE0TM Mattress, sleeping mat

XE2DR Other specified bed

XE6R1 Pillow, cushion

XE38G Bed rails

XE769 Chair or sofa

XE33K Upholstered chair or sofa

XE853 Hard chair or bench

XE5NL Rocking or gliding chair

XE1NC Folding chair

XE7FS Revolving chair

XE484 Stool

XE61B Commode chair

XE2F3 Table, stand, cupboard, shelf or partition

XE002 Rack, bookshelf

XE3BY Cabinet, cupboard, side board, chest of drawers, tall boy, dresser

XE1DK Dining room or kitchen table

XE6E5 Coffee table

XE2C9 Night table, end table

XE2AM Desk, workbench

XE3TY Television table, stand, cupboard

XE6EN Folding table

XE4B1 Room divider or partition

XE7MK Decoration, decorating item

XE3WK Rug, mat, loose carpet

XE003 Draperies, curtains

XE92A Roller or venetian blind or indoor shutter

XE3EA Window covering hardware

XE962 Mirror or mirror glass

XE05Q Portrait, picture, picture frame, or other wall hanging or similar decoration

XE1FR Christmas tree

XE4CE Holiday decorations

XE8RW Infant or child product

XE1AW Baby or child article

XE0CS Baby pram, buggy, pusher, stroller, carriage

XE4JE Baby walker

XE8U9 Baby exerciser, jumper, or portable swing for home use

XE39K High chair, booster seat

XE52H Baby or child car seat

XE9MB Potty chair, training seat

XE8RG Cot, crib, baby bed

XE5QK Playpen, travel yard

XE12N Baby gate or barrier

XE34A Baby carrier, back pack type

XE8HU Pedal cycle baby carrier

XE8VC Baby baths or bathinettes

XE49V Baby or child changing table

XE9R1 Baby or child pacifier, dummy

XE1JQ Baby bottle or nipple

XE7HA Diaper, nappy

XE5E9 Diaper fastener

XE3Y2 Toy

XE0GX Child's tricycle or other ride-on toy

XE959 Toy vehicle

XE93L Toy gun or related accessory

XE8ZY Other toy weapon or projectile toy

XE1DG Toy - art, craft, or kit

XE9DY Board game or accessory or piece

XE887 Toy sports equipment

XE1HM Ball, general, other than sport specific

XE5FF Infant or child product, flying toy

XE30M Infant or child product, doll, doll accessory or part, stuffed toy

XE5E1 Infant or child product, toy balloon

XE4HX Infant or child product, inflatable toy

XE2KV Infant or child product, marble, bead

XE1X0 Infant or child product, play tent, tunnel, or other enclosure

XE7UT Infant or child product, toy box or chest

XE6JS Playground equipment

XE7YQ Tree house, play house

XE8H2 Playground equipment, flying fox

XE27W Playground equipment, monkey bar

XE8K7 Other playground climbing apparatus

XE0R1 Playground equipment, slide, sliding board

XE5W3 Playground equipment, swing, swing set

XE9AU Playground equipment, seesaw, teeter totter

XE59P Powered amusement rides

XE14C Appliance mainly used in household

XE68B Cooking or kitchen appliance

XE3WY Electric kettle

XE3FW Electric frying pan, deep fryer

XE03R Electric bread making machine

XE6DV Food processor, blender, juicer

XE02T Powered knife

XE5LB Electric toaster, toaster oven

XE7D9 Microwave oven

XE6PT Stove, oven, cooktop

XE464 Pressurised kerosene or paraffin cooking stove

XE0U0 Coal pot

XE5YC Chulo stove

XE6A4 Barbeque, outdoor cookers or griller, outdoor clay oven

XE0U1 Dishwasher

XE3JZ Refrigerator, freezer appliance

XE87D Cleaning or laundering appliance or tool

XE4FB Washing machine

XE0Y0 Clothes dryer

XE2VW Clothes iron, press

XE06L Clothesline, clothes drying rack, clotheshorse

XE9H2 Unpowered cleaning tool

XE5PE Vacuum cleaner

XE7Z3 Powered cleaning tool, not elsewhere classified

XE4KD Lighting appliance

XE3QJ Free-standing gas, oil, or kerosene lamp

XE926 Electric lamp

XE5GA Other specified lamp or lamp component

XE1D7 Battery-operated torch

XE01B Candle, candlestick

XE84K Heating or cooling appliance

XE5VR Fan

XE1ZZ Electric or gas radiator, heater

XE0KQ Kerosene heater

XE9WK Sewing appliance or equipment

XE0PW Sewing machine

XE204 Scissors

XE8D1 Pin, needle

XE80T Entertainment appliance

XE6SR Television

XE1PK Video recorder, decoder player

XE5Y8 Video camera, camera, digital camera or accessory

XE59W Sound equipment

XE2MS Cord of household appliance, extension cord

Utensil or container

XE4G0 Cooking or food processing utensil

XE7VX Non-electric kettle

XE8WH Knife, not elsewhere classified

XE9LY Cooking pot, pan

XE50Y Pressure cooker

XE5CG Cutlery, food preparation utensil

XE9W8 Crockery, kitchen container

XE532 Drinking glass, cup made from glass or china

XE9Q8 Plate, bowl, dish made from glass or china

XE6LK Glass bottle or jar

XE5G7 Container made from plastic, wood, or clay

XE8EL Cleaning utensil or container

XE383 Bucket, pail

XE4WL Food storage or related utensil or container

XE1GJ Tinned container, tin can

XE5N6 Box or carton containing food or drink

XE8JZ Grocery or shopping trolley or cart

XE31H Certain specified utensil or container

XE3SR Rubbish bin, trash can, dumpster

XE0GP Heavy container, box, package, not elsewhere classified

XE80G Bag, sack, not elsewhere classified

Item mainly for personal use

XE12D Clothes, foot wear, or related products

XE42F Belt, braces, suspenders, sash

XE06P Button

XE8H8 Other specified clothes fastener

XE1KG Shoe, sandal, slipper, boot

XE0MQ Shoelace, shoe buckle

XE6A6 Shirt, blouse, t-shirt, trousers, slacks, jacket, coat, outerwear

XE4AP Nightclothes, pyjamas, nightwear, underwear, undergarment, lingerie

XE91F Clothing accessory or personal decoration item

XE79Y Wristwatch, jewellery

XE9WV Personal grooming utensil

XE7FF Hair dryer, curling iron, curler

XE2CA Comb, hairbrush

XE22C Razor, razor blade

XE39S Electric shaver

XE1RS Electric toothbrush

XE88G Other toothbrush

XE45T Toiletries, cosmetics, or related product

Coded Elsewhere: Nail polish remover (XM0ES5)

XE5U0 Cleaning agent for contact lenses

XE5CY Dental care products

XE94F Cotton swab, cotton bud, Q-tip®

XE1H5 Soap

XE1B1 Deodorants

XE5DV Perfume, cologne

XE8PE Hair colouring preparation

XE1T3 Hair removal preparation, depilatory

XE8EH Other hair care product

XE3EV Nail polish

XE7DF Body or facial cream or lotion

XE8W8 Body powder, talc

XE79N Cosmetics, not elsewhere classified

XE8NY Suntan or sunscreen products, self-tan products

XE4KX Essential oils, oils used in aromatherapy

XE3AM Communication or related utensil or accessory

XE2A3 Telephone, mobile phone, cellular phone

XE9K5 Personal computer or related accessory

XE38S Fax machine and other related equipment

XE5V8 Typewriter correction fluid

XE38A Pen, pencil

XE1RG Other stationery item

XE58R Arts and crafts supplies

XE0NW Artist paint

XE2EN Chalk, crayon

XE6E6 Glazes

XE8ZP Canvas

XE0X7 Personal aid

XE5EM Eyewear

XE293 Wheelchair

XE90Y Cane, walker, walking stick, walking frame

XE5W4 Prosthesis

XE6ZS Rubber bathtub mat

XE7P9 Tobacco or related product

XE01N Cigarette, cigar, pipe

XE4U8 Lighter, match

XE0Q7 Aids to quit smoking

XE2H2 Certain specified personal use item

XE1NP Vaporizer, humidifier

XE1PV Oil burner

XE7S6 Condom, or other contraceptive device

XE9GS Sex aids

XE030 Alarm clock, clock

XE9R0 Umbrella

XE3T5 Coins

XE6N6 Hand-held fan

Equipment mainly used in sports or recreational activity

XE5BJ Ball used in sport

XE9X9 Soft ball

XE7M5 Puck, hard ball

XE68L Hand-held sports equipment

XE3H8 Spear, javelin, not elsewhere classified

XE9CT Bow, arrow, crossbow bolt, crossbow, not elsewhere classified

XE557 Other specified sports projectile

XE23P Bat, hockey stick

XE9MP Racquet

XE1HX Ice pick

XE0AQ Equipment or structure for playing sports or exercise

XE2EM Net for sports or exercise

XE9R3 Rugby pole, net pole, goal post

XE6HE Trampoline for playing sports or exercise

XE8C0 Gymnastic equipment

XE76Q Sports mat for playing sports or exercise

XE9TW Diving board, platform

XE1EH Exercise, fitness equipment - movable

XE6G9 Exercise, fitness equipment - fixed

XE70Q Equipment with wheels or designed for movement, mainly for use in sports or recreational activity

XE38Q Roller skates, rollerski, in-line skates, roller blades

XE7TJ Skateboard

XE06X Folding scooter

XE9XZ Waterski

XE5W5 Snow ski

XE6DZ Snow board

XE2AY Ice skate

XE0AR Sled, toboggan, sleigh, snow disk, snow tube

Exclusions: Snowmobile, ski-scooter (XE2LT)

XE9TA Underwater diving equipment

XE1WX Aqualung

XE85D Diving belt, weight

XE8X8 Wetsuit

XE3NW Goggle or mask, flipper or fin, snorkel

XE8FX Certain specified equipment for sports or recreational activity

XE92X Personal protective equipment (PPE) designed for use in sports

XE0P3 Tool, machine, apparatus mainly used for work-related activity

XE6TZ Machinery or fixed plant

XE43P Cutting or slicing machinery or fixed plant

XE0VT Crushing or pressing machinery or fixed plant

XE1WC Heating or cooking machinery or fixed plant

XE76C Refrigeration machinery or fixed plant

Exclusions: Ducted air-conditioning unit or related fitting (XE9HH)

XE14G Lifting machinery

XE77A Hoist machinery

XE3BT Crane machinery or fixed plant

XE9U1 Elevated work platform

XE6T6 Conveyors

XE99N Mains - gas, water, sewerage, steam, hot water, electricity

Exclusions: Fittings or pipes for gas, steam or hot water (XE7UU)

XE8FD Shearing plant

XE6VH Dairy or milking plant

XE6AF Press

XE0JX Garbage compactor

XE02Q Threshing machine

XE8KN Chaff-cutter, fodder-cutter

XE5WX Powered hand tool or equipment

XE88U Drill

XE8MJ Chainsaw

XE66P Other power saw

XE0TD Welder, welding equipment

XE3E3 Nail gun, stud driver

XE3UP Grinder, buffer, polisher, sander

XE8T6 Powered garden tool

XE89A Powered push lawn mower

XE0N1 Industrial vacuum cleaner

XE16F Unpowered hand tool or equipment

XE8P1 Unpowered push lawnmower

XE0VV Hammer, mallet

XE56E Chopping tool

XE9CU Cutting tool

XE9GT Digging or tilling tool

XE3KL Lifting tool

XE7VR Nail, screw, tack

XE3W7 Fishhook used for work-related activity

XE8KL Rat or mouse trap used for work-related activity

XE9N7 Pressure-based equipment

XE5VQ Gas cylinder

XE974 Pressurised hose, pipe

XE3RZ Certain unpowered equipment

XE9P7 Ladder, movable step

XE7RK Scaffolding

XE5F6 Helmet

XE67K Earplugs

XE2PS Welding mask

XE7RJ Personal protective equipment, not elsewhere classified

XE7HB Fire extinguisher

XE505 Mechanical power transmission device

Weapon

XE4BU Sharp object

XE3KV Spear, javelin designed as weapon

XE9PM Arrow or bolt designed as weapon

XE174 Knife designed as weapon

XE598 Sword, dagger, bayonet, machete, panga, cutlass

XE04A Firearm or related item

XE4KC Bullet, pellet

XE72J Hand gun

XE0Q9 Rifle

XE32H Shotgun

XE6YZ Air gun

XE1XM Certain specified weapon

XE61H Club, cudgel, rod, knobkierie

XE9F9 Electrical prod, stun gun

XE203 Capsicum spray, mace, pepper spray

Person, animal or plant

XE3C1 Plant

XE9CV Tree, plant

XE2ZX Leaves, flowers

XE4DN Mushroom, toadstool, fungus

XE8XA Plant seed

XE4KB Fruit from plant

XE8SV Plant thorn

XE50M Branch or stick, separate from branch or tree

XE2PR Venomous or toxic plant, not elsewhere classified

XE6L5 Bird

XE99A Ostrich, emu

XE69N Parrot, parakeet, cockatoo

XE1Q3 Raven, crow, magpie

XE6UV Insect, invertebrate

XE4D9 Bee

XE6LT Wasp

XE322 Hornet

Coded Elsewhere: Hornet venom (XM31U2)

XE7WQ Yellow hornet

XE7TV Whitefaced hornet

XE4YS Ant

XE75L Spider

XE2EP Scorpion

XE779 Tick

XE11M Centipede, millipede

XM6QA5 Cochineal

Coded Elsewhere: Cochineal extract (XM3K54)

XE813 Land mammal

XE33Q Dog

XE0W5 Dog dander

XE3GM Dog epithelium

XE4V0 Cat

XE896 Cat dander

XE8X3 Rat, guinea pig, mouse

XE3UD Pig, wild boar

XE25P Sheep, goat

XE257 Cow, bull, bovine animals

XE1LR Beef

XE5NG Cow dander

XE5VC Horse, pony, donkey, mule, ass

XE7NS Baboon, monkey, chimpanzee, gorilla

XE4TZ Marsupials

XE1MH Deer, moose, antelope, zebra, wildebeest

XE37L Hippopotamus

XE82S Lion, puma, panther, cougar, mountain lion, tiger

XE7UA Bear, grizzly bear, polar bear

XE2Q6 Elephant

XE96F Buffalo, bison, African buffalo

XE08V Hamster epithelium

XE09T Horse dander

XE7CQ Mouse epithelium

XE43Q Mouse urine proteins

XE7TQ Rabbit epithelium

XE9BL Pork

XE6T4 Blue mussel

XE6WA Scallop

XE5ZB Guinea pig epithelium

XE2AH Marine animal

XE765 Shark

XE71F Other fishes

XE48L Sea snake

XE3UQ Marine mammal

XE8BW Jellyfish

XE40R Nematocysts

XE75E Coral

XE6ZA Sea urchin

XE45C Sea anemone

XE43L Sea cucumber

XE1PT Reptile or amphibian

XE44L Non-venomous snake

XE9H6 Venomous snake

XE9X2 Cobra

XE5N3 Fer de lance

XE2RM Rattlesnake

XE8LD Viper

XE2UZ Krait

XE11V Snake, unspecified whether venomous or not

XE6A7 Lizard, gecko, goanna

XE65X Gila monster

XE4YK Frog, toad

XE4FD Crocodile, alligator

XE653 Person

XE70B Person, self

XE0TZ Crowd of people

Building, building component, or related fitting

XE1P6 Building fitting

XE766 Flush toilet

XE429 Pit latrine

XE2C6 Bathtub, spabath, shower cubicle

XE78X Bathtub

XE5T1 spabath

XE5RW shower cubicle

XE31Q Shower

XE8P0 Fitted counter, counter-top, kitchen top

XE2AC Door, window, or related fitting or feature

XE68A Door, door sill

XE4YT Glass door

XE4NX Security door or gate, fly gate

XE6FE Bars on windows

XE4BD Window

XE5B1 Exterior window shutters

XE7SG Floor or related fitting or feature

XE0SK Floor - carpeted

XE19Z Floor - tile, brick, concrete

XE6M6 Floor - wood

XE6ZE Floor - mud, clay, animal dung

XE4ZE Wall or related fitting or feature

XE19W Fireplace

XE1B2 Built-in barbecue

XE0WS Wall - brick, concrete, tile

XE7CH Wall - wood

XE3GJ Wall - mud, clay, animal dung

XE3PF Certain specified building, building component, or fitting

XE39L In-ground swimming pool

XE4PB Above-ground swimming pool, external spa, or hot tub

XE5PL Above-ground swimming pool

XE3PX external spa

XE8AX external hot tub

XE7FP Fence, gate

XE3BP Fence

XE3GT Gate

XE9QW Moving ramp, escalator

XE0KF Moving ramp

XE73T Escalator

XE8PC Lift, elevator

XE3HC Stairs, steps

XE2VG Handrail, railing, banister

XE6T1 Electrical transmission line in or around building

XE7UU Fittings or pipes for gas, steam or hot water

XE171 Fittings or pipes for gas

XE2BH Fittings or pipes for steam

XE48P Fittings or pipes for hot water

XE871 Electrical fixture

XE9HH Ducted air-conditioning unit or related fitting

Ground surface or surface conformation

XE58F Ground surface

XE1AK Cliff

XE94G Slope, ramp

XE3EC Trench, ditch, pit

XE5Y0 Sewer grate

XE2G4 Open drain, channel

XE7K9 Body of water

XE9TJ Body of water, man-made well, dug well for underground water

XE40U Body of water, water reservoir

XE64D Body of water, puddle

XE285 Body of water, dam, lake

XE1CZ Body of water, river, stream

XE57J Body of water, swamp, marsh, estuary

XE636 Body of water, beach, seashore

XE5N4 Body of water, open sea

XE0CX Body of water, flood water

XE2QX Body of water, canal or irrigation channel

XE7CY Certain specified surface conformation

XE45P Sloping surface, not elsewhere classified

XE9CC Even surface, not elsewhere classified

XE1DA Uneven surface, not elsewhere classified

Material, not elsewhere classified

XE4BY Natural material

XE3LV Snow, ice

XE233 Natural grass

XE83R Rock, stone, not elsewhere classified

XE2JN Wood - timber, board, splinter, not elsewhere classified

XE9D4 Gravel, soil, sand, not elsewhere classified

XE36E Hay, straw

XE410 Grain in bulk

XE4Y6 Manufactured or industrial material

XE59G Artificial grass

XE6MG Brick, concrete, concrete block

XE983 Molten metal

XE1FP Metal - sheet, part, piece etc.

XE1LM China, ceramics - sheet, part, piece

XE57U Molten glass

XE4KU Glass - sheet, piece, shard

XE7K4 Plastic

XE63Q Paper, cardboard

XE7CA Bitumen

XE16B Material not mentioned elsewhere

XE5XN Textiles

XE3NR Fire, flame or smoke causing injury

XE9DT Fire, flame causing injury

XE7PM Burning oil

XE73M Other burning liquid

XE3K6 Burning gas, not elsewhere classified

XE27S Controlled fire, flame in building or structure

XE7W8 Controlled fire, flame, not in building or structure

XE87S Uncontrolled fire, flame in building or structure

XE7V9 Uncontrolled fire, flame not in building or structure

XE4F3 Smoke causing injury

XE63H Hot object or substance, not elsewhere classified

Exclusions: Food, drink (XE3FD‑XE6SF)

Fire, flame or smoke causing injury (XE3NR)

XE4VA Hot liquid

XE396 Hot tap water

XE4WG Boiling water other than tap water

XE3BS Hot air or gas

XE77R Steam, hot vapour

Food, drink

XE3FD Food, drink, or related product

Coded Elsewhere: Alcohol beverage (XM1A61)

XE5VU Hot cooking oil or fat

XE3KH Hot solid food

XE36T Hot drink

XE3VM Cold solid food

XE6SF Cold drink - non-alcoholic

XE4QT Law enforcement equipment

Exclusions: Weapon (XE4BU‑XE203)

XE8YS Handcuffs

XE5TH Public use item

XE6KX Fire hydrant

XE0MT Telephone pole, Stobie pole

XE35R High-tension overhead power line

XE63M Camping equipment

XE14D Tent

XE11D Fastening, binding, or securing item, not elsewhere classified

XE4H9 Rope, string, or twine

XE3U7 Barbed wire

XE1PL Other wire

XE18Y Chain

XE3WL Explosive material or flammable object, not elsewhere classified

XE6KQ Fireworks

XE59Q Explosive

XE908 Certain other specified object or living thing involved in causing injury

XE2JA High-pressure jet

XE5DQ Laser light and equipment

XE9AP Laser pointer

XE6UH Sharp object, not elsewhere classified

XE9GE Blunt object, not elsewhere classified

XE98K Motor, engine, not elsewhere classified

XE8AE Dry cell battery

XE8H0 Disc battery

XE72W Battery, not elsewhere classified

XE146 Animal cage

XE12Z Gastric content

XE8FT Excrement, human or animal

XE08P Blood, carcass, body, bone, not elsewhere classified, human or animal

XE2DW Plastic bag

XE2AU Garbage, litter, trash

XE2VX Environmental pollution, not elsewhere classified

XE6QS Medical or surgical device not in therapeutic use

Alcohol use in injury event

XE47R Alcohol use, no information available

XE08X Alcohol use, no suspicion or evidence of alcohol use by any person involved in the injury event

XE1G3 Alcohol use, suspicion or evidence of alcohol use by the injured person

XE15H Alcohol use, suspicion or evidence of alcohol use by other persons involved in the injury event

XE3JF Alcohol use, suspicion or evidence of alcohol use by both the injured person and other persons involved in the injury event

Psychoactive drug use in injury event

XE43G Psychoactive drug use, no information available

XE5TU Psychoactive drug use, no suspicion or evidence of psychoactive drug use by any person involved in the injury event

XE5VY Psychoactive drug use, suspicion or evidence of psychoactive drug use by the injured person

XE8GW Psychoactive drug use, suspicion or evidence of psychoactive drug use by other persons involved in the injury event

XE28E Psychoactive drug use, suspicion or evidence of psychoactive drug use by both the injured person and other persons involved in the injury event

Aspects of transport injury events

Mode of transport of person injured in transport event

Collective term for forms of transportation. Includes types of vehicle; walking and other aspects of being a pedestrian (e.g. lying on a road); and using a pedestrian conveyance.

XE88K Pedestrian as mode of transport of person injured in transport event

A pedestrian is any person involved in a transport crash who was not in or on a vehicle or pedestrian conveyance at the time.

XE645 Person on foot injured in transport related event

XE0HE Person on foot standing, walking or running at the time of the crash

XE7ZY Pedestrian conveyance as mode of transport of person injured in transport event

A device which is designed primarily for, or being used at the time primarily for, conveying the person and is not a transport vehicle.

XE0TE Mobility scooter as mode of transport of person injured in transport related event

A mobility scooter is a pedestrian conveyance which is a motorised mobility aid, designed for outdoor or indoor/outdoor use to convey one person in a seated position.

XE80N Motorised wheelchair as mode of transport of person injured in transport related event

XE08H Ice skates as mode of transport of person injured in transport related event

XE0FX Skis as mode of transport of person injured in transport related event

XE3JS Snowboard as mode of transport of person injured in transport related event

XE036 Sled as mode of transport of person injured in transport related event

XE96G Skateboard as mode of transport of person injured in transport related event

XE2PW Roller skates as mode of transport of person injured in transport related event

XE4HS Scooter as mode of transport of person injured in transport related event

XE7RL Baby carriage as mode of transport of person injured in transport related event

XE1BH Perambulator as mode of transport of person injured in transport related event

XE9SV Push chair as mode of transport of person injured in transport related event

XE7KT Stroller as mode of transport of person injured in transport related event

XE71D Pedal cycle as mode of transport of person injured in transport related event

A pedal-cycle is any land transport vehicle propelled by the muscular energy of the person(s) on that vehicle usually by means of a pedal system but sometimes by lever(s) or handle(s). Includes vehicles with two wheels (the usual number) or more.

XE2BW Trailer or sidecar attached to a pedal cycle as mode of transport of person injured in transport related event

XE6R4 Cycle rickshaw or tri-shaw as mode of transport of person injured in transport related event

XE7NK Motorcycle as mode of transport of person injured in transport related event

A motorcycle is a land transport motor vehicle with one or two riding saddles, usually with two-wheels in-line. A sidecar or trailer is considered part of the motorcycle.

Inclusions: Includes vehicles with one wheel at the rear and two closely-spaced steerable wheels at the front and motorised tricycles (one wheel at the front) if registered as motor-cycles

XE2J1 Moped as mode of transport of person injured in transport related event

XE39A Underbone motorcycle as mode of transport of person injured in transport related event

XE9BU Motor scooter as mode of transport of person injured in transport related event

XE9RC Motorised bicycle as mode of transport of injured person in transport related event

Exclusions: Low-powered passenger vehicle as mode of transport of person injured in transport event (XE5WB)

XE1ZG Ag bike as mode of transport of person injured in transport related event

XE2W4 Car as mode of transport of person injured in transport related event

A land transport motor vehicle designed primarily to seat no more than 9 persons, including the driver, designed primarily for on-road use or so as to be registrable for on-road use. A trailer or caravan being towed by a car is considered a part of the car. Usually has four wheels.

XE0V3 4x4 vehicle as mode of transport of person injured in transport related event

Exclusions: Minibus or passenger van as mode of transport of person injured in transport related event (XE6PF)

Light transport vehicle with four or more wheels used in sport and leisure activities as mode of transport of person injured in transport related event (XE2TP)

XE2TP Light transport vehicle with four or more wheels used in sport and leisure activities as mode of transport of person injured in transport related event

XE9K7 Microcar as mode of transport of person injured in transport related event

XE62M Motor car as mode of transport of person injured in transport related event

XE85J Station wagon as mode of transport of person injured in transport related event

XE7LL Minivan as mode of transport of person injured in transport related event

XE1CK Jeep as mode of transport of person injured in transport related event

XE5X0 Sport utility vehicle as mode of transport of person injured in transport related event

XE2RA Bus or coach as mode of transport of person injured in transport related event

A passenger motor vehicle designed to carry 10 or more persons (including the driver). Buses may be designed to accommodate standing passengers and/or seated passengers.

XE9JB Light goods vehicle as mode of transport of person injured in transport related event

A light goods vehicle is a four- or six-wheeled motor vehicle designed primarily for carrying property on roads, weighing less than the local limit for classification as a heavy goods vehicle (usually less than 3500 kg), and not requiring a special driver's licence.

XE6PF Minibus or passenger van as mode of transport of person injured in transport related event

Exclusions: Light transport vehicle with four or more wheels used in sport and leisure activities as mode of transport of person injured in transport related event (XE2TP)

4x4 vehicle as mode of transport of person injured in transport related event (XE0V3)

XE165 Pick-up truck, goods or work van, ambulance, motor home as mode of transport of person injured in transport related event

Exclusions: 4x4 vehicle as mode of transport of person injured in transport related event (XE0V3)

Minibus or passenger van as mode of transport of person injured in transport related event (XE6PF)

XE1PH Heavy goods vehicle as mode of transport of person injured in transport related event

A heavy goods vehicle is a motor vehicle designed primarily for carrying property on roads, meeting local criteria for classification as a heavy goods vehicle in terms of curbside weight (usually above 3500 kg), and usually requiring a special driver's licence.

XE10A Trucks, lorries, and other heavy goods vehicle as mode of transport of person injured in transport related event

Exclusions: Pick-up truck, goods or work van, ambulance, motor home as mode of transport of person injured in transport related event (XE165)

XE1VN Fire brigade pump vehicle as mode of transport of person injured in transport related event

XE7XM Road tractor with or without semi-trailer as mode of transport of person injured in transport related event

XE5ET Truck with trailer as mode of transport of person injured in transport related event

XE41E Streetcar or tram as mode of transport of person injured in transport related event

A streetcar or tram is a device running on rails and operated entirely or partly on roads. Streetcars and trams are used primarily for transporting persons, usually in urban and suburban places. A trailer being towed by a streetcar or tram is considered a part of the streetcar.

XE5WB Low-powered passenger vehicle as mode of transport of person injured in transport event

(1) A land transport motor vehicle with three wheels (usually one in front and two behind), designed primarily for on-road use. Globally, most commonly used as taxis. Design, construction, type of motor and registration/licensing requirements vary widely. (2) A low-powered quadricycle or other low-powered four-wheeled passenger vehicle that is not a car.

XE8DK Tuk-tuk as mode of transport of person injured in transport related event

XE1DF Mototaxi as mode of transport of person injured in transport related event

XE4SA Auto rickshaw three-wheeler as mode of transport of person injured in transport related event

XE35C Special vehicle mainly used in agriculture as mode of transport of person injured in transport related event

A motor vehicle designed specifically for use in farming and agriculture (horticulture), for example to work the land, tend and harvest crops and transport materials on the farm.

XE3WV Self-propelled agricultural machine as mode of transport of person injured in transport related event

XE3QK Harvester as mode of transport of person injured in transport related event

XE872 Agricultural tractor as mode of transport of person injured in transport related event

A motor vehicle designed primarily to provide mechanical power for use in farming and agriculture (horticulture).

XE885 Special vehicle mainly used on industrial premises as mode of transport of person injured in transport related event

A motor vehicle designed primarily for use within the buildings and premises of industrial or commercial establishments.

XE31K Fork lift truck as mode of transport of person injured in transport related event

XE312 Special construction vehicle as mode of transport of person injured in transport related event

A motor vehicle designed specifically for use in the construction (or demolition) of roads, buildings and other structures or associated earth-moving.

XE5RK Special all-terrain vehicle as mode of transport of person injured in transport related event

A vehicle designed primarily for off-road use with capability to traverse a wide range of types of terrain by means of wheels, tracks, support on a cushion of air or other form of support/traction.

XE63N Snowmobile as mode of transport of person injured in transport related event

XE5U7 Hovercraft operating on land or swamp as mode of transport of person injured in transport related event

XE4MT Amphibious vehicle on land as mode of transport of person injured in transport related event

XE3SA Quad bike as mode of transport of person injured in transport related event

XE940 Animal being ridden as mode of transport of person injured in transport related event

A person riding on an animal of any type. Includes person directing or attempting to direct the animal and any other person riding on it.

XE1ZJ Horse as mode of transport of person injured in transport related event

A person riding on a horse of any type.

XE4ZZ Animal drawn vehicle as mode of transport of person injured in transport related event

A vehicle on wheels (cart, dray, carriage) or runners (sled) the motive power for which is provided by one or more animals.

XE8YD Railway vehicle as mode of transport of person injured in transport related event

A vehicle, or a coupled set of vehicles (a train), designed for traffic on a railway.

XE1KN Railway train as mode of transport of person injured in transport related event

XE3NY Funicular or monorail as mode of transport of person injured in transport related event

XE27K Watercraft as mode of transport of person injured in transport related event

A watercraft is any device for transporting passengers or goods on or in water.

XE4FF Submarine as mode of transport of person injured in transport related event

XE3QY Merchant ship as mode of transport of person injured in transport related event

XE9YQ Passenger ship as mode of transport of person injured in transport related event

XE9PA Fishing boat or trawler as mode of transport of person injured in transport related event

XE0L4 Sailboat or unpowered yacht as mode of transport of person injured in transport related event

Exclusions: Other specified unpowered watercraft as mode of transport of person injured in transport related event (XE36L)

XE4AK Hovercraft and amphibious vehicles when in or above a body of water as mode of transport of person injured in transport related event

XE5WL Other specified powered or motorised watercraft as mode of transport of person injured in transport related event

XE36L Other specified unpowered watercraft as mode of transport of person injured in transport related event

XE1JR Aircraft as mode of transport of person injured in transport related event

Device for transporting passengers or goods in the air by means of buoyancy in air or aerodynamic lift

XE3J3 Balloons and other lighter than air devices as mode of transport of person injured in transport related event

XE2UU Powered aircraft as mode of transport of person injured in transport related event

XE6SQ Unpowered aircraft as mode of transport of person injured in transport related event

XE4VS Parachute used in descent from damaged aircraft as mode of transport of person injured in transport related event

XE08L Parachute used in descent from undamaged aircraft as mode of transport of person injured in transport related event

XE33H Glider as mode of transport of person injured in transport related event

XE48X Helicopter as mode of transport of person injured in transport related event

XE0VS Spacecraft as mode of transport of person injured in transport related event

Device designed for transporting passengers or goods to, from and in places with very low atmospheric pressure.

XE82G Devices or parts of devices designed for ascent from and landing on earth or the surface of other bodies as mode of transport of person injured in transport related event

Vehicle user role of person injured in transport event

XE42A Vehicle driver injured in transport related event

A driver is an occupant of a transport vehicle who is operating or intending to operate it. Includes rider operating a motorcycle or bicycle, and a rider directing or attempting to direct a ridden animal. An autonomous or remotely-controlled vehicle has no driver.

Exclusions: Person boarding or alighting a vehicle injured in transport related event (XE9Y1)

XE8ZW Person driving a motor vehicle injured in transport related event

XE65U Person riding, operating or controlling a motorcycle or pedal cycle injured in transport related event

XE3WH Person responsible to resume manual control of a vehicle under autonomous or partly autonomous control injured in transport related event

XE8SZ Person with control of steering and braking in the case of a tandem bicycle or similar vehicle injured in transport related event

XE302 Person directing or attempting to direct an animal injured in transport related event

XE1LZ Vehicle passenger injured in transport related event

A passenger is any occupant of a transport vehicle, other than the driver, in a position designed for the carriage of people.

Exclusions: Person boarding or alighting a vehicle injured in transport related event (XE9Y1)

Person on outside of vehicle or in load space injured in transport related event (XE166)

XE5X3 Vehicle occupant not otherwise specified

XE3FA Occupant of position provided for patient in an ambulance

XE9FE Occupants of wheelchair or mobility scooter located in a position in a motor vehicle provided for carrying such devices

XE9CP Occupants of area in a bus provided for standing

XE9Y1 Person boarding or alighting a vehicle injured in transport related event

A person boarding [attempting to board] a transport vehicle, or alighting [attempting to alight] from a transport vehicle.

XE76V Person getting into or out of a vehicle injured in transport related event

XE6LC Person boarding or alighting from a bus, tram, streetcar or railway vehicle injured in transport related event

XE166 Person on outside of vehicle or in load space injured in transport related event

Any person being transported by a vehicle but not occupying the space normally reserved for the driver or passengers.

XE7FA Person being transported by a vehicle and occupying space intended for the transport of goods or cargo injured in transport related event

XE4CZ Person being transported by a vehicle and occupying space on the roof injured in transport related event

XE9X1 Person being transported by a vehicle and occupying space on a running board injured in transport related event

XE7PL Person being transported by a vehicle and occupying space outside the cabin holding onto the vehicle injured in transport related event

XE6R5 Rider of an animal injured in transport event

A person being transported by and upon an animal, whether controlling the animal or being transported as a passenger.

Counterpart in land transport crash

The vehicle[s] or other object[s], if any, with which the vehicle conveying the injured person collided in the event that resulted in the injury.

XE6K0 Pedestrian as counterpart in land transport crash

A pedestrian is any person involved in a transport crash who was not in or on a vehicle or pedestrian conveyance at the time.

XE57K Person on foot as counterpart in land transport crash

XE2ZK Person using a pedestrian conveyance as counterpart in land transport crash

XE3NU Pedestrian conveyance as counterpart in land transport crash

A device which is designed primarily for, or being used at the time primarily for, conveying the person and is not a transport vehicle.

XE93R Mobility scooter as counterpart in land transport crash

A pedestrian conveyance which is a motorised mobility aid, designed for outdoor or indoor/outdoor use to convey one person in a seated position.

XE3XF Wheelchair as counterpart in land transport crash

XE1TJ Ice skates as counterpart in land transport crash

XE5XW Skis as counterpart in land transport crash

XE4NZ Snowboard as counterpart in land transport crash

XE5D9 Sled as counterpart in land transport crash

XE5H4 Skateboard as counterpart in land transport crash

XE9J0 Roller skates as counterpart in land transport crash

XE28X Scooter as counterpart in land transport crash

XE5SX Baby carriage as counterpart in land transport crash

XE1ZX Perambulator as counterpart in land transport crash

XE168 Push chair as counterpart in land transport crash

XE2JL Stroller as counterpart in land transport crash

XE7ZZ Pedal cycle as counterpart in land transport crash

A pedal-cycle is any land transport vehicle propelled by the muscular energy of the person(s) on that vehicle usually by means of a pedal system but sometimes by lever(s) or handle(s). Includes vehicles with two wheels (the usual number) or more.

XE5GG Trailer or sidecar attached to a pedal cycle as counterpart in land transport crash

XE2PY Cycle rickshaw or tri-shaw as counterpart in land transport crash

XE8XQ Motorcycle as counterpart in land transport crash

A motorcycle is a land transport motor vehicle with one or two riding saddles, usually with two-wheels in-line. A sidecar or trailer is considered part of the motorcycle.

XE1SA Motorised bicycle as counterpart in land transport crash

Exclusions: Low powered passenger vehicle as counterpart in land transport crash (XE90S)

XE0V4 Moped as counterpart in land transport crash

XE4C1 Underbone motorcycle as counterpart in land transport crash

XE9FR Motor scooter as counterpart in land transport crash

XE59J Ag-bike as counterpart in land transport crash

XE0JH Car as counterpart in land transport crash

A land transport motor vehicle designed primarily to seat no more than 9 persons, including the driver, designed primarily for on-road use or so as to be registrable for on-road use. A trailer or caravan being towed by a car is considered a part of the car. Usually four wheels.

XE0LP Motorcar as counterpart in land transport crash

XE0HH Station wagon as counterpart in land transport crash

XE0ZR Microcar as counterpart in land transport crash

XE0T7 Minivan as counterpart in land transport crash

Exclusions: Minibus or passenger van as counterpart in land transport crash (XE0ZL)

Light transport vehicle with four or more wheels used in sport and leisure activities as counterpart in land transport crash (XE0MB)

XE38X 4x4 as counterpart in land transport crash

XE6G7 Sport utility vehicle as counterpart in land transport crash

XE3BW Jeep as counterpart in land transport crash

XE5LJ Bus or coach as counterpart in land transport crash

A passenger motor vehicle designed to carry 10 or more persons (including the driver). Buses may be designed to accommodate standing passengers and/or seated passengers.

Exclusions: Minibus or passenger van as counterpart in land transport crash (XE0ZL)

XE6UN Light goods vehicle as counterpart in land transport crash

A light goods vehicle is a four- or six-wheeled motor vehicle designed primarily for carrying property on roads, weighing less than the local limit for classification as a heavy goods vehicle (usually less 3500 kg), and not requiring a special driver's licence.

XE0ZL Minibus or passenger van as counterpart in land transport crash

Exclusions: Light transport vehicle with four or more wheels used in sport and leisure activities as counterpart in land transport crash (XE0MB)

Minivan as counterpart in land transport crash (XE0T7)

Bus or coach as counterpart in land transport crash (XE5LJ)

XE4DB Pick-up truck, goods or work van, ambulance or motor home as counterpart in land transport crash

Exclusions: Minivan as counterpart in land transport crash (XE0T7)

Minibus or passenger van as counterpart in land transport crash (XE0ZL)

XE0MB Light transport vehicle with four or more wheels used in sport and leisure activities as counterpart in land transport crash

XE854 Heavy goods vehicle as counterpart in land transport crash

A heavy goods vehicle is a motor vehicle designed primarily for carrying property on roads, meeting local criteria for classification as a heavy goods vehicle in terms of curbside weight (usually above 3500 kg), and usually requiring a special driver's licence.

XE590 Trucks, lorries, and other heavy goods vehicles as counterpart in land transport crash

Exclusions: Pick-up truck, goods or work van, ambulance or motor home as counterpart in land transport crash (XE4DB)

XE4Q6 Truck with trailer as counterpart in land transport crash

XE45E Road tractor with or without semi-trailer as counterpart in land transport crash

XE3M3 Fire brigade pump vehicle as counterpart in land transport crash

XE8UX Streetcar or tram as counterpart in land transport crash

A streetcar or tram is a device running on rails and operated entirely or partly on roads. Streetcars and trams are used primarily for transporting persons, usually in urban and suburban places. A trailer being towed by a streetcar or tram is considered a part of the streetcar.

XE90S Low powered passenger vehicle as counterpart in land transport crash

(1) A land transport motor vehicle with three wheels (usually one in front and two behind), designed primarily for on-road use. Globally, most commonly used as taxis. Design, construction, type of motor and registration/licensing requirements vary widely. (2) A low-powered quadricycle or other low-powered four-wheeled passenger vehicle that is not a car.

XE9VV Tuk-tuk as counterpart in land transport crash

XE9ML Mototaxi as counterpart in land transport crash

XE73V Auto rickshaw three-wheeler as counterpart in land transport crash

XE9HB Special vehicle mainly used in agriculture as counterpart in land transport crash

A motor vehicle designed specifically for use in farming and agriculture (horticulture), for example to work the land, tend and harvest crops and transport materials on the farm.

XE9HZ Self-propelled agricultural machine as counterpart in land transport crash

XE6W7 Harvester as counterpart in land transport crash

XE9GD Agricultural tractor as counterpart in land transport crash

XE9DQ Special vehicle mainly used on industrial premises as counterpart in land transport crash

A motor vehicle designed primarily for use within the buildings and premises of industrial or commercial establishments.

XE1U3 Fork lift truck as counterpart in land transport crash

XE1YW Special construction vehicle as counterpart in land transport crash

A motor vehicle designed specifically for use in the construction (or demolition) of roads, buildings and other structures or associated earth-moving.

XE23Q Special all-terrain vehicle as counterpart in land transport crash

A vehicle designed primarily for off-road use with capability to traverse a wide range of types of terrain by means of wheels, tracks, support on a cushion of air or other form of support/traction.

XE60L Snowmobile as counterpart in land transport crash

XE28S Hovercraft operating on land or swamp as counterpart in land transport crash

XE8AH Amphibious vehicle on land as counterpart in land transport crash

XE9KN Quad bike as counterpart in land transport crash

XE6QK Animal as counterpart in land transport crash

Any animal struck in a transport crash.

XE7A0 Unattended animal as counterpart in land transport crash

XE22V Animal being herded as counterpart in land transport crash

XE756 Animal being ridden as counterpart in land transport crash

XE6X8 Animal drawn vehicle as counterpart in land transport crash

A vehicle on wheels (cart, dray, carriage) or runners (sled) the motive power for which is provided by one or more animals.

XE6DQ Railway vehicle as counterpart in land transport crash

A vehicle, or a coupled set of vehicles (a train), designed for traffic on a railway.

XE320 Railway train as counterpart in land transport crash

XE1W8 Funicular or monorail as counterpart in land transport crash

Exclusions: Other specified mechanism with no counterpart (XE5XB)

XE98X Fixed or stationary object as counterpart in land transport crash

Any object, structure or land conformation struck by a vehicle involved in a transport crash other than a transport vehicle in use, or a pedestrian, or a pedestrian conveyance in use.

XE3KY Vehicle parked at the side of a road or in a parking lot as counterpart in land transport crash

XE1RC Small loose object as counterpart in land transport crash

XE9KG Small or light fixed object as counterpart in land transport crash

XE43C Large or heavy fixed object as counterpart in land transport crash

Other mechanisms of transport injury without counterpart

XE0JJ Fall in mode of transport without counterpart

XE3M5 Fall from mode of transport without counterpart

Transport-related injurious event in which injury was sustained when the person fell from his/her mode of transport and did not involve a crash with a counterpart.

XE64P Fall from horse without counterpart

XE20L Fall from motor vehicle without counterpart

XE7JA Fall from motorcycle without counterpart

XE2K7 Fall from pedal cycle without counterpart

XE929 Fall from pedestrian conveyance without counterpart

XE5XB Other specified mechanism with no counterpart

Transport-related injurious event in which a injury was sustained in an event that did not involve a crash with a counterpart or fall from the mode of transport.

XE5FP Sudden movement of vehicle, without collision, resulting in injury

XE9K8 Vehicle overturned without counterpart

XE5YL Vehicle out of control without mention of collision with another vehicle or fixed object

Aspects of sports injury events

Type of sport or exercise activity

XE3GK Team ball sports

XE9UG Type of sport or exercise activity, basketball

XE3T2 Type of sport or exercise activity, football - American tackle

XE31W Type of sport or exercise activity, football - American touch or flag

XE72L Type of sport or exercise activity, football - Australian rules

XE3BA Type of sport or exercise activity, football not otherwise specified

XE7D6 Type of sport or exercise activity, handball - team

XE510 Type of sport or exercise activity, netball

XE9RW Type of sport or exercise activity, rugby union

XE5XZ Type of sport or exercise activity, rugby league

XE1XR Type of sport or exercise activity, rugby not otherwise specified

XE5EU Type of sport or exercise activity, soccer - outdoor

XE0TN Type of sport or exercise activity, soccer - indoor

XE8WP Type of sport or exercise activity, soccer not otherwise specified

XE79M Type of sport or exercise activity, volleyball

XE0JP Type of sport or exercise activity, wallyball

XE2BF Team bat or stick sports

XE84M Type of sport or exercise activity, baseball

XE5M7 Type of sport or exercise activity, cricket

XE2UD Type of sport or exercise activity, ice hockey

XE6B7 Type of sport or exercise activity, hockey - street or ball

XE8HB Type of sport or exercise activity, field hockey

XE9N5 Type of sport or exercise activity, floor hockey

XE02P Type of sport or exercise activity, hockey not otherwise specified

XE8M1 Type of sport or exercise activity, ringette

XE63E Type of sport or exercise activity, softball

XE5WM Type of sport or exercise activity, t-ball

XE2BG Team water sports

XE8KM Type of sport or exercise activity, rescue and resuscitation

XE6Y2 Type of sport or exercise activity, synchronized swimming

Exclusions: Individual water sports (XE6W9)

XE323 Type of sport or exercise activity, underwater hockey

XE2YS Type of sport or exercise activity, water polo

XE85T Boating sports

XE1LG Type of sport or exercise activity, canoeing

XE7BZ Type of sport or exercise activity, jet skiing

XE99V Type of sport or exercise activity, kayaking or white-water rafting

XE4LT Type of sport or exercise activity, power boat racing

XE4XV Type of sport or exercise activity, rowing or sculling

XE0XD Type of sport or exercise activity, surf boating

XE0G3 Type of sport or exercise activity, yachting or sailing

XE6W9 Individual water sports

XE3R2 Type of sport or exercise activity, platform diving

Exclusions: Type of sport or exercise activity, cliff diving (XE5RZ)

XE7S0 Type of sport or exercise activity, springboard diving

XE5UC type of sport/exercise activity, diving - unspecified

XE5FN Type of sport or exercise activity, fishing

XE1TE Type of sport or exercise activity, scuba diving

XE1ZK Type of sport or exercise activity, snorkelling

XE48G Type of sport or exercise activity, surfing or boogie boarding

Exclusions: Type of sport or exercise activity, wind surfing (XE7PV)

XE84Q Type of sport or exercise activity, surf life saving

XE1FN Type of sport or exercise activity, competitive swimming

Exclusions: Type of sport or exercise activity, recreational swimming (XE6P1)

XE167 Type of sport or exercise activity, water skiing

XE92F Type of sport or exercise activity, water tubing

XE7PV Type of sport or exercise activity, wind surfing

XE5RZ Type of sport or exercise activity, cliff diving

XE6P1 Type of sport or exercise activity, recreational swimming

XE9DF Ice or snow sports

XE225 Type of sport or exercise activity, bobsledding

XE7J1 Type of sport or exercise activity, curling

XE1SZ Type of sport or exercise activity, ice skating or ice dancing

Exclusions: Type of sport or exercise activity, speed skating (XE6RE)

XE9KF Type of sport or exercise activity, luge

XE7E1 Type of sport or exercise activity, ski patrolling

XE9X7 Type of sport or exercise activity, skiing - alpine or downhill

XE8CR Type of sport or exercise activity, skiing - Nordic cross country

XE8UF Type of sport or exercise activity, freestyle skiing

XE471 Type of sport or exercise activity, snow ski jumping

XE240 Type of sport or exercise activity, snowmobiling

XE7J0 Type of sport or exercise activity, snow boarding

XE6RE Type of sport or exercise activity, speed skating

XE8G0 Type of sport or exercise activity, tobogganing

XE3L1 Individual athletic activities

XE286 Type of sport or exercise activity, aerobic or callisthenics

XE5KC Type of sport or exercise activity, jogging or running

Exclusions: Type of sport or exercise activity, walking (XE2TV)

XE05C Type of sport or exercise activity, tai chi

XE1SW Type of sport or exercise activity, track and field - racing over obstacles or hurdles

XE02A Type of sport or exercise activity, track and field - sprinting (1-400 metres)

XE2RC Type of sport or exercise activity, track and field - running middle distances (401-1,500 metres)

XE4Y7 Type of sport or exercise activity, track and field - running long distances (greater than 1,500 metres)

XE1X1 Type of sport or exercise activity, track and field - high jump

XE10W Type of sport or exercise activity, track and field - long jump

XE8YM Type of sport or exercise activity, track and field - pole vault

XE5X4 Type of sport or exercise activity, track and field - triple jump

XE4C5 Type of sport or exercise activity, track and field - discus

XE037 Type of sport or exercise activity, track and field - javelin

XE1FT Type of sport or exercise activity, track and field - hammer throw

XE3M7 Type of sport or exercise activity, track and field - shot putt

XE2TV Type of sport or exercise activity, walking

XE7F9 Type of sport or exercise activity, yoga or Pilates

XE9V7 Type of sport or exercise activity, stationary aerobic exercise with equipment

XE4HZ Acrobatic sports

XE2T9 Type of sport or exercise activity, cheerleading

XE65D Type of sport or exercise activity, gymnastics - balance beam

XE5WY Type of sport or exercise activity, gymnastics - floor exercise or tumbling

XE69D Type of sport or exercise activity, gymnastics - high bar

XE6R6 Type of sport or exercise activity, gymnastics - parallel bars

XE4YF Type of sport or exercise activity, gymnastics - rhythmic with or without props

XE8WK Type of sport or exercise activity, gymnastics - rings

XE802 Type of sport or exercise activity, gymnastics - side horse or pommel horse

XE8V7 Type of sport or exercise activity, gymnastics - trampoline or mini-trampoline

XE5KU Type of sport or exercise activity, gymnastics - uneven parallel bars

XE7PU Type of sport or exercise activity, gymnastics - vault

XE9SK Aesthetic activities

XE6H2 Type of sport or exercise activity, dancing

XE0R2 Type of sport or exercise activity, marching

XE0KE Racquet sports

XE3SV Type of sport or exercise activity, badminton

XE5Z7 Type of sport or exercise activity, racquetball

XE629 Type of sport or exercise activity, squash

XE5JM Type of sport or exercise activity, table tennis or ping-pong

XE97B Type of sport or exercise activity, tennis

XE2NY Target or precision sports

XE0KA Type of sport or exercise activity, archery

XE760 Type of sport or exercise activity, bocce, boules or petanque

XE5XX Type of sport or exercise activity, billiards, pool or snooker

XE5VJ Type of sport or exercise activity, lawn bowling

XE8AU Type of sport or exercise activity, croquet

XE7NG Type of sport or exercise activity, darts

XE416 Type of sport or exercise activity, golf

XE6YY Type of sport or exercise activity, ten-pin bowling

XE08Q Type of sport or exercise activity, firearm shooting

Exclusions: Type of sport or exercise activity, paintball gun shooting (XE1N9)

XE0HX Type of sport or exercise activity, bb or pellet gun shooting

XE1N9 Type of sport or exercise activity, paintball gun shooting

XE3E4 Combative sports

XE7K5 Type of sport or exercise activity, aikido

XE8AB Type of sport or exercise activity, boxing

XE4E3 Type of sport or exercise activity, fencing

XE6B1 Type of sport or exercise activity, judo

XE0U2 Type of sport or exercise activity, jujitsu

XE567 Type of sport or exercise activity, karate

XE8WT Type of sport or exercise activity, kendo

XE0Y9 Type of sport or exercise activity, kick-boxing

XE5QV Type of sport or exercise activity, kung fu

XE7RA Type of sport or exercise activity, tae kwon do

XE0CG Type of sport or exercise activity, freestyle wrestling

XE8M6 Type of sport or exercise activity, Greco-Roman wrestling

XE4QQ Type of sport or exercise activity, professional wrestling - entertainment style

XE75J Type of sport or exercise activity, self defence training

XE1EU Power sports

XE7QE Type of sport or exercise activity, power lifting

XE6RQ Type of sport or exercise activity, Olympic weightlifting

XE0N6 Type of sport or exercise activity, strength training or body building

XE3PG Type of sport or exercise activity, timber-related sports

XE42Q Equestrian activities

XE6DF Type of sport or exercise activity, equestrian dressage

XE75K Type of sport or exercise activity, endurance riding

XE8JM Type of sport or exercise activity, equestrian eventing

XE0BK Type of sport or exercise activity, mustering or stock work

XE6PK Type of sport or exercise activity, equestrian polo or polocrosse

XE4GZ Type of sport or exercise activity, pony club

XE0P4 Type of sport or exercise activity, horse racing

XE56X Type of sport or exercise activity, rodeo

XE7X5 Type of sport or exercise activity, show jumping

XE7MC Type of sport or exercise activity, equestrian steeplechase

XE1LH Type of sport or exercise activity, trail or general horseback riding

XE2LJ Type of sport or exercise activity, equestrian trotting or harness

XE3T3 Adventure sports

XE08U Type of sport or exercise activity, abseiling or rappelling

XE5BS Type of sport or exercise activity, hiking

XE79W Type of sport or exercise activity, mountaineering

XE8WG Type of sport or exercise activity, orienteering or rogaining

XE2J8 Type of sport or exercise activity, river rafting

XE6Z2 Type of sport or exercise activity, rock climbing

XE74G Type of sport or exercise activity, bungee jumping

XE85A Wheeled motor sports

XE7HV Type of sport or exercise activity, riding an all-terrain vehicle (ATV)

XE1R5 Type of sport or exercise activity, motorcycling

XE26F Type of sport or exercise activity, motor car racing

XE46F Type of sport or exercise activity, go-carting or carting

XE1MM Type of sport or exercise activity, motorised scootering

XE4DA Wheeled non-motored sports

XE5UJ Type of sport or exercise activity, BMX cycling

XE4SS Type of sport or exercise activity, mountain cycling

XE87G Type of sport or exercise activity, road cycling

XE8U6 Type of sport or exercise activity, track or velodrome cycling

XE7MG Type of sport or exercise activity, cycling not otherwise specified

XE5V9 type of sport/exercise activity, in-line skating/rollerblading

XE2DY Type of sport or exercise activity, roller skating

XE1AS Type of sport or exercise activity, skate boarding

XE6X9 Type of sport or exercise activity, scootering

XE72X Type of sport or exercise activity, spinning or stationary bike riding

XE78K Type of sport or exercise activity, street luge

XE7BS Multidiscipline sports

XE3BK Type of sport or exercise activity, biathlon - cross-country skiing event

XE05T Type of sport or exercise activity, biathlon - shooting event

XE7ZX Type of sport or exercise activity, biathlon - unspecified event

XE5PT Type of sport or exercise activity, decathlon - 100 metre event

XE7ND Type of sport or exercise activity, decathlon - 400 metre event

XE9AM Type of sport or exercise activity, decathlon - 1,500 metre event

XE5C1 Type of sport or exercise activity, decathlon - 110 metre hurdles event

XE6CK Type of sport or exercise activity, decathlon - long jump event

XE331 Type of sport or exercise activity, decathlon - high jump event

XE6GN Type of sport or exercise activity, decathlon - shot put event

XE11Q Type of sport or exercise activity, decathlon - discus event

XE37C Type of sport or exercise activity, decathlon - javelin event

XE7LJ Type of sport or exercise activity, decathlon - pole vault event

XE48E Type of sport or exercise activity, decathlon - unspecified event

XE4LW Type of sport or exercise activity, heptathlon - 200 metre event

XE9EF Type of sport or exercise activity, heptathlon - 100 metre hurdles event

XE90J Type of sport or exercise activity, heptathlon - high jump event

XE8WE Type of sport or exercise activity, heptathlon - long jump event

XE7TG Type of sport or exercise activity, heptathlon - javelin event

XE294 Type of sport or exercise activity, heptathlon - shot putt event

XE4CW Type of sport or exercise activity, heptathlon - 800 metre event

XE1JE Type of sport or exercise activity, heptathlon - unspecified event

XE3GA Type of sport or exercise activity, modern pentathlon - shooting event

XE758 Type of sport or exercise activity, modern pentathlon - fencing event

XE7GA Type of sport or exercise activity, modern pentathlon - swimming event

XE8KQ Type of sport or exercise activity, modern pentathlon - equestrian event

XE84E Type of sport or exercise activity, modern pentathlon - running event

XE2B4 Type of sport or exercise activity, modern pentathlon - unspecified event

XE2XU Type of sport or exercise activity, triathlon - cycling event

XE0J9 Type of sport or exercise activity, triathlon - running event

XE8ZK Type of sport or exercise activity, triathlon - swimming event

XE01T Type of sport or exercise activity, triathlon - unspecified event

XE03W Aero (non-motored) sports

XE34L Type of sport or exercise activity, aerobatics

XE88Y Type of sport or exercise activity, gliding

XE3VS Type of sport or exercise activity, hang gliding

XE0JU type of sport/exercise activity, parachuting/sky diving

XE06C Type of sport or exercise activity, paragliding or parasailing

XE99S Type of sport or exercise activity, hot air ballooning

XE68C Other school-related recreational activities

XE49T Type of sport or exercise activity, school physical education class

XE67P Type of sport or exercise activity, school free play

Phase of sport or exercise activity

XE9ET Phase of sport or exercise activity - Training or practice

XE1U5 Phase of activity, sport-specific or skill-specific practice

Exclusions: Phase of activity, scrimmaging (XE07B)

XE07B Phase of activity, scrimmaging

XE0BT Phase of activity, strength and conditioning or weight training

Exclusions: Phase of activity, cardiovascular training (XE945)

XE945 Phase of activity, cardiovascular training

Exclusions: Phase of activity, strength and conditioning or weight training (XE0BT)

XE583 Phase of activity, not otherwise specified training or practice

XE8MZ Phase of activity, pre-event

XE2D1 Phase of activity, warm-up

XE5TJ Phase of sport or exercise activity - Competition or participation

XE66C Phase of activity, competition or participation, first 25% of expected event duration

XE0QY Phase of activity, competition or participation, middle 50% of expected event duration

XE2CG Phase of activity, competition or participation, last 25% of expected event duration

XE20Y Phase of activity, competition or participation, events whose time course can not be anticipated

XE4ZN Phase of activity, competition or participation, unspecified stage of the event

XE1P9 Phase of activity, cool down

XE2BD Phase of activity, post-event

XE49R Phase of activity, recreational participation

XE0QV Phase of activity, other specified phase of activity

XE8ZT Unspecified phase of activity

Personal countermeasures in sport or exercise

XE4K4 Personal countermeasures, no protective devices used

XE8Z8 Personal countermeasures, braces, guards or orthoses

XE75U Personal countermeasures, rigid taping of joint

XE9TY Personal countermeasures, padding of joint, bony prominence, or muscle

XE10N Personal countermeasures, thermal devices

XE0LS Personal countermeasures, splints

XE16J Personal countermeasures, jock strap or protective cup

XE4RU Personal countermeasures, gloves

XE49L Personal countermeasures, mouth guard

XE338 Personal countermeasures, eye goggles or protective glasses

XE2ZG Personal countermeasures, helmet

XE3RM Personal countermeasures, face mask or shield

XE7K8 Personal countermeasures, foot wear

XE26E Personal countermeasures, personal flotation device

Environmental countermeasures in sport or exercise

XE3U8 Environmental countermeasures, no protective devices used

XE0DA Environmental countermeasures, protective padding on competition surface

XE0W0 Environmental countermeasures, padded goal posts, or corner markers

XE8UC Environmental countermeasures, barrier between area of activity and spectators or surrounds

XE0LL Environmental countermeasures, safety restraints or vehicle restraints

Aspects of occupational injury events

Economic activity

XE7J2 Economic activity, agriculture, hunting, or forestry

Exclusions: Economic activity, health or social work (XE0G4)

XE227 Economic activity, fishing

XE45Q Economic activity, mining, quarrying, or extraction

XE13G Economic activity, manufacturing

XE6WE Economic activity, electricity, gas, or water supply

XE0SE Economic activity, construction

XE139 Economic activity, wholesale or retail trade

XE6J4 Economic activity, repair of motor vehicles, motorcycles, or personal and household goods

XE4JS Economic activity, hotels or restaurants

XE5JN Economic activity, transport, storage, or communications

XE8A7 Economic activity, financial intermediation

XE3YF Economic activity, real estate, renting, or business activities

XE3K1 Economic activity, public administration, defence, or compulsory social security

XE54F Economic activity, providing education

XE0G4 Economic activity, health or social work

XE7X1 Economic activity, other community, social, or personal service activities

XE2PM Economic activity, private households with employed persons

XE6N7 Economic activity, extra-territorial organisations or bodies

Occupation

XE3TU Occupation - legislators, senior officials, managers

XE59Y Occupation - professionals

XE558 Occupation - technicians or associate professionals

XE17U Occupation - clerks, secretaries

XE1CA Occupation - service workers, shop and market sales workers

XE6TG Occupation - skilled agriculture or fishery workers

XE0VC Occupation - craft or related trades workers

XE37Y Occupation - plant/machine operators or assemblers

XE4EE Occupation - elementary occupations

XE5G8 Occupation - armed forces

Aspects of assault and maltreatment

Perpetrator-victim relationship

XE454 Spouse or partner

XE041 Perpetrator-victim relationship, legal spouse

Exclusions: Perpetrator-victim relationship, Ex-spouse (XE6Q9)

XE8JN Perpetrator-victim relationship, cohabiting partner

XE8GZ Perpetrator-victim relationship, noncohabiting partner

Exclusions: Perpetrator-victim relationship, date (XE7GT)

XE6Q9 Perpetrator-victim relationship, Ex-spouse

XE8TC Perpetrator-victim relationship, Ex-partner

XE8AA Parent

Exclusions: Perpetrator-victim relationship, foster parent (XE4BZ)

XE8QX Perpetrator-victim relationship, father or mother

Exclusions: Perpetrator-victim relationship, step-parent (XE9FD)

XE9FD Perpetrator-victim relationship, step-parent

XE5WN Other relative

XE9JY Perpetrator-victim relationship, full sibling

XE9RK perpetrator-victim relationship, partial or half sibling

XE4KJ Perpetrator-victim relationship, step-sibling

XE9S0 Perpetrator-victim relationship, grandparent

XE10C Perpetrator-victim relationship, offspring

XE8EU Perpetrator-victim relationship, other blood relative

XE8FS Perpetrator-victim relationship, in-laws

XE4BG Unrelated care giver

XE4BZ Perpetrator-victim relationship, foster parent

XE670 Perpetrator-victim relationship, care giver in institution

XE02B Perpetrator-victim relationship, health care provider

XE270 Acquaintance or friend

XE1X5 Perpetrator-victim relationship, parent's partner

Exclusions: Perpetrator-victim relationship, step-parent (XE9FD)

XE7GT Perpetrator-victim relationship, date

XE6WK Perpetrator-victim relationship, roommate

Exclusions: Stranger (XE4WS)

XE6P9 Perpetrator-victim relationship, business relation

XE32X Perpetrator-victim relationship, neighbour

XE80F Perpetrator-victim relationship, institutional co-member

XE5MH Perpetrator-victim relationship, friend not otherwise specified

XE39B Perpetrator-victim relationship, acquaintance not otherwise specified

XE2HC Official or legal authority

XE6AM Perpetrator-victim relationship, official or legal authority, military

Exclusions: Perpetrator-victim relationship, official or legal authority, police (XE2Z7)

Perpetrator-victim relationship, national or official authority not otherwise specified (XE5ZT)

XE2Z7 Perpetrator-victim relationship, official or legal authority, police

Exclusions: Perpetrator-victim relationship, official or legal authority, military (XE6AM)

Perpetrator-victim relationship, security group not otherwise specified (XE8PB)

Perpetrator-victim relationship, national or official authority not otherwise specified (XE5ZT)

XE5ZT Perpetrator-victim relationship, national or official authority not otherwise specified

XE8PB Perpetrator-victim relationship, security group not otherwise specified

XE59K Perpetrator-victim relationship, official or legal authority, civilian authority

Exclusions: Perpetrator-victim relationship, security group not otherwise specified (XE8PB)

XE4WS Stranger

XE0CA Perpetrator-victim relationship, stranger in vigilante group

XE7XG Perpetrator-victim relationship, stranger in mob

XE2XY Perpetrator-victim relationship, stranger not otherwise specified

XE0H2 Perpetrator-victim relationship, prisoner or detainee

XE3FJ Perpetrator-victim relationship, person executing a felony or crime

XE388 Perpetrator-victim relationship, person interceding in a crime

Gender of perpetrator

XE5YG Gender of perpetrator, male

XE56C Gender of perpetrator, female

XE9SL Gender of perpetrator, unknown

XE6W8 Gender of perpetrator, other

Context of assault and maltreatment

XE0UM Altercation

Exclusions: Drug-related incident (XE933)

XE591 About family issues

XE2RR Context of assault, altercation about family issues, children

XE37R Context of assault, altercation about family issues, in-laws

XE1B3 Context of assault, altercation about family issues, dowry issues

XE1F9 Context of assault, altercation about family issues, family honour

XE9SP About personal issues

XE1XB Context of assault, altercation about current love relationship

XE3YH Context of assault, altercation about terminating a love relationship

XE6DB Context of assault, altercation about sex

Exclusions: Context of assault, sexual assault (XE213)

XE4H5 About personally-held views

XE03X Context of assault, altercation about personally-held views regarding politics

XE860 Context of assault, altercation about personally-held views regarding religious or spiritual matters

XE1RW Context of assault, altercation about personally-held views regarding cultural issues

XE6YL Context of assault, altercation about personally-held views regarding racial or ethnic issues

XE1Q8 Context of assault, altercation about personally-held views regarding issues of gender or sexual orientation

XE0Z5 About business or financial issues

XE4ML Context of assault, altercation about loss of employment

XE00W Context of assault, altercation about other financial losses related to employment or business

Exclusions: Drug-related incident (XE933)

XE05L Context of assault, other employment disputes

XE62S Context of assault, altercation about money or property

XE6VD About sports and other leisure

XE81U Context of assault, altercation about gambling

XE47F Context of assault, altercation about sports

Exclusions: Context of assault, altercation about gambling (XE81U)

XE8NL Context of assault, altercation about traffic

XE4XA Context of assault, malicious misconduct

XE4P2 Context of assault, bullying, intimidation

XE3KE Context of assault, altercation about past altercation

XE91G Illegal acquisition or attempted illegal acquisition of money or property

Exclusions: Drug-related incident (XE933)

Context of assault, kidnapping (XE1N7)

XE0LR Context of assault, burglary

XE6PL Robbery

XE6YM Context of assault, unarmed robbery

XE989 Context of assault, armed robbery

XE933 Drug-related incident

XE5AY Context of assault, selling drugs or drug business

XE0Z6 Context of assault, argument over possession, use, or cost of drugs

XE1GC Context of assault, failure to pay a drug debt

XE1LL Context of assault, probable drug involvement, but no positive evidence

XE213 Context of assault, sexual assault

XE6U2 Context of assault, rape or attempted rape

XE85Q Context of assault, sodomy or attempted sodomy

XE29Q Context of assault, touching or fondling of genitals

XE18N Context of assault, oral sex

XE8DB Gang-related incident

XE3QM Context of assault, gang initiation

XE2A5 Context of assault, gang rivalry

XE3V7 Other criminal activity

XE2QF Context of assault, blackmail

XE1N7 Context of assault, kidnapping

XE0NB Context of assault, contract injuring or killing

XE5A7 Context of assault, drive-by shooting

XE5QX Other specified context of assault

XE6FN Context of assault, retaliation or revenge

XE3G0 Context of assault, mercy killing or euthanasia

XE90G Context of assault, neglect

XE580 Context of assault, torture

XE92U Context of assault, additional context, mistaken identity

Aspects of intentional self-harm events

Proximal risk-factors for intentional self-harm

XE17Z Conflict in relationship with family member, partner, or friend

XE9SZ Proximal risk factors for intentional self-harm, Conflict in relationship with spouse, partner, boy/girlfriend

XE6QA Proximal risk factors for intentional self-harm, Conflict in relationship with parent

XE1A1 Proximal risk factors for intentional self-harm, Conflict in relationship with offspring

XE3GP Death of a relative, partner, or friend

XE19R Proximal risk factors for intentional self-harm, Suicide of a relative, partner or friend

XE8T3 Proximal risk factors for intentional self-harm, Other manner of death of a relative, partner or friend

XE2FT Proximal risk factors for intentional self-harm, Unspecified manner of death of a relative, partner or friend

XE97R Physical problem

XE5CU Proximal risk factors for intentional self-harm, HIV or AIDS

XE3AG Proximal risk factors for intentional self-harm, Unwanted pregnancy

XE6XD Mental condition

XE2Q7 Proximal risk factors for intentional self-harm, Substance abuse

XE79G Proximal risk factors for intentional self-harm, Postpartum depression

XE3U9 Income-related or financial problem

XE70C Proximal risk factors for intentional self-harm, Work-related

XE4UX Proximal risk factors for intentional self-harm, Dowry

XE5J3 Abuse

XE8HX Proximal risk factors for intentional self-harm, Sexual abuse

XE8ND Proximal risk factors for intentional self-harm, Physical abuse

XE2RX Proximal risk factors for intentional self-harm, Neglect

XE31V Proximal risk factors for intentional self-harm, Legal system encounters

XE8MK Proximal risk factors for intentional self-harm, School-related problem

XE98Q Proximal risk factors for intentional self-harm, Religious belief or affiliation

XE6TW Proximal risk factors for intentional self-harm, Cultural issue

Previous non-fatal intentional self harm

XE76W Previous suicide attempt, No

XE3YR Previous suicide attempt, Yes

Intention to die aspect of self-harm

Inclusions: parasuicide (incomplete suicide attempt)

self-mutilation

suicide

XE97V Intentional self-harm, person intended to die

Intentional self-harm with intent to cause the death of the person.

XE5D6 Intentional self-harm, person did not intend to die

Self-injury, self-harm, cutting or self-mutilation undertaken intentionally for reasons other than to bring about the death of the person.

XE2SF Intentional self-harm, not known or not determined if person intended to die

Information that a competent person (e.g. psychiatrist, coroner) had concluded that it could not be determined whether the intentional self-harm was done with intent to die. No information or insufficient information was available.

Aspects of armed conflict

Type of armed conflict

XE2RB Type of conflict, civil war or guerrilla operation

XE324 Type of conflict, war

XE4RJ Type of conflict, declared terrorism

XE0EG Type of conflict, civil insurrection

XE7HW Type of conflict, postconflict incident

Role of injured person in armed conflict

XE42H Military personnel

XE2WZ Civilian

XE3P0 Role of injured person in armed conflict unknown

Type of legal intervention

XE52B Potential arrest situation

XE9JF Type of legal intervention, potential arrest related traffic pursuit

XE25D Type of legal intervention, potential arrest related investigation of a suspicious person or incident

XE3XD Type of legal intervention, potential arrest related execution of an arrest

XE8Z9 Response to a disturbance call

XE84H Type of legal intervention, response to a disturbance call because of a family dispute

XE8WD Type of legal intervention, response to a disturbance call because of a person behaving aberrantly

XE3FV Type of legal intervention, response to other specified disturbance call

XE439 Type of legal intervention, response to unspecified disturbance call

XE8M2 Type of legal intervention, ambush situation

XE1DD Type of legal intervention, civil disorder

XE0RZ Type of legal intervention, handling, transporting, or custody of prisoner

XE7AT Type of legal intervention, execution of a legal sentence

Aspects of incidents related to devices

Problem related to the interaction between the patient and the device.

XE4HK Patient device interaction problem

XE6GS Patient-device incompatibility

XE7ZE Biocompatibility

Problem associated with undesirable local or systemic effects due to exposure to medical device materials or leachates from those materials by a patient who has an implant or is receiving treatment with a device made from them.

XE2CL Device appears to trigger rejection

The device appears to elicit undesired response in the patient to the presence of an implanted or invasive device, without inherent device failure, e.g. fibrous encapsulation, or inflammation of the tissue around the device, or extrusion of the device

XE584 Inadequacy of device shape or size

The physical size or shape of the device was inadequate with regard to the patient's anatomy.

XE7JV Osseointegration problem

Problem associated with interconnection between the bone tissue and the implanted device.

XE94Z Failure to osseointegrate

Problem associated with the failure to see direct anchorage of an implant by the formation of bony tissue around the implant without the growth of fibrous tissue at the bone-implant interface.

XE0Z9 Loss of osseointegration

Problem associated with weakened integration of the device at the bone-implant interface due to loss of fibrous and/or bony tissue and leading to compromised anchorage of the device

XE2K9 Loosening of implant not related to bone-ingrowth

Problem associated with the loss of direct anchorage of an implanted device over time or due to an injury.

XE0VD Migration or expulsion of device

Problem with an implanted or invasive device moving within the body, or being completely expelled from the body.

XE763 Migration of device

Problem with all or part of an implanted or invasive device moving from its intended location within the body.

XE1FH Expulsion of device

Problem with all or part of an implanted or invasive device being completely expelled from its intended location within the body.

XE7Q8 Manufacturing, packaging or shipping problem

Problem associated with any deviations from the documented specifications of the device that relate to nonconformity during manufacture to the design of an item or to specified manufacturing, packaging or shipping processes (out of box problem).

XE5Y1 Product quality problem

XE4UR Dull or blunt

Problem associated with a device not being as sharp as intended or expected.

XE46G Nonstandard device

Problem associated with the device that does not meet the specifications or requirements for which it was manufactured (e.g. materials, parts, manufacturing process).

XE1K1 Defective component

XE9CD Defective device

XE12L Device damaged prior to use

XE8RY Packaging problem

Problem associated with the materials used to construct the cover or outer wrapping of the device.

XE01Z Difficult to open or remove packaging material

Problem associated with difficulty for users to operate the device, specifically as it relates to the opening or removal of the outer wrapping.

XE5YH Incomplete or missing packaging

Problem associated with the nonconformance to the device specifications due to incomplete or missing packaging that may compromise the device operation as intended.

XE4VM Unsealed device packaging

Problem associated with the loss of packaging seal.

XE2AN Tear, rip or hole in device packaging

Problem associated with packaging damage (tear, rip or hole) prior to the use of the device.

XE151 Device misassembled during manufacturing or shipping

XE9R8 Component misassembled

A device found to have one or more components incorrectly assembled when delivered to the user facility.

XE89V Component missing

A device component(s) found to be missing when delivered to the user facility.

XE8ZA Shipping damage or problem

Problem associated with shipping damage or problem prior to the use of the device.

XE78P Delivered as unsterile product

Problem associated with a device being received in such a manner to indicate that its sterility has been compromised (e.g. sterile packaging breached, visible contaminate present)

XE52X Chemical problem

Problem associated with any from the documented specifications of the device that relate to any chemical characterization, i.e., element, compound, or mixture.

XE9AC Device emits odour

Problem associated with an unexpected or inappropriate smell released by the device.

XE3E0 Device ingredient or reagent problem

Problem associated with any deviations from the documented specifications of the device that relate to any ingredient or reagent characterization.

XE4BC Clumping in device or device ingredient

Problem associated with the aggregation of particles into irregular masses.

XE49W Coagulation in device or device ingredient

Problem associated with the undesired characterization of congealing, solidifying, thickening, curdling.

XE4VP Precipitate in device or device ingredient

Problem associated with the separation of solid particles from a liquid as the result of a chemical or physical change.

XE8Z6 Cross reactivity

Problem associated with the degree to which an antibody or antigen participates in cross reactions.

XE0VB Particulates

Substances that consist of separate particles that are introduced by the device during use.

XE0K7 High pH

pH higher than expected and / or anticipated.

XE657 Low pH

pH lower than expected and / or anticipated.

XE6E7 Improper chemical reaction

XE4LP Material integrity problem

Problem associated with any deviations from the documented specifications of the device that relate to the limited durability of all material used to construct device.

XE8D2 Break

Problem associated with undesired damage or breakage of those materials used in the device construction.

XE1M6 Fracture of device

Problem associated with a partial or full-thickness crack in the device materials.

XE9DU Loss of or failure to bond

Problem associated with lack or loss of adherence between materials intended to be joined together by an adhesive.

XE2ET Material fragmentation

Problem associated with small pieces of the device breaking off unexpectedly.

XE82N Solder joint fracture

Problem associated with undesired damage or breakage in a solder joint of materials used in the device construction.

XE638 Burst container or vessel

Problem associated with the pressure inside a vessel or container rising to such a degree that the container ruptures.

XE5EZ Explosion

Problem associated with the violent bursting due to the sudden expansion of air, gas or fluid.

XE38M Crack

Problem associated with an undesired partial separation and/or a visible opening along the length or width in the materials that are used in the device construction.

XE0HB Degraded

Problem associated with a undesired change in the chemical structure, physical properties, or appearance in the materials that are used in the device construction.

XE8J3 Calcified

Problem associated with buildup of calcium salts on the device.

XE228 Corroded

Problem associated with the chemical or electrochemical reaction between materials, usually a metal and its environment that produces a deterioration of the metal and its properties.

XE1WE Material erosion

Problem associated with a progressive loss of a material from a solid surface.

XE9F6 Pitted

Problem associated with the corrosion of a material's surface, confined to a point or small area that takes the form of cavities.

XE0YK Flaked

Problem associated with the detachment of small pieces of the coating film of a material.

XE3VG Peeled or delaminated

Peeling or delamination of composite materials, including coatings, that occurs when layers are separated as a result of stress or impact and resulting in loss of mechanical toughness.

XE975 Naturally worn

Problem associated with material damage to a surface, usually involving progressive loss or displacement of material, due to relative motion between that surface and a contacting substance or substances.

XE9JW Unraveled material

Problem due to the undesired unravelling of material (e.g. disentangled, unwound etc.).

XE1LJ Material deformation

Problem associated with an undesired material change in shape or property caused by external forces.

XE0JB Deformation due to compressive stress

Problem associated with an undesired bulge, bend, bow, kink, or wavy condition observed in the device material resulting from compressive stresses.

XE5NT Dent in material

Problem associated with a undesired change in shape, characterised by the presence of a slight hollow (dent) in the device surface.

XE0ZV Failure to fold

Problem associated with an undesired material change in physical property, characterised by failure to fold.

XE06Q Failure to unfold or unwrap

Problem associated with the comprising materials' deformation in that device fails to open its wrapping or open/extend in a certain manner i.e. balloon or lens.

XE37M Material frayed

Problem associated with the comprising materials having damaged edges.

XE8PS Material invagination

Problem associated with an undesired material change in shape, characterised by the infolding of one part within another part of a structure.

XE4Z7 Material too rigid or stiff

Problem associated with an undesired material change in physical property, characterised by rigidity (it resists deformation in response to an applied force).

XE9WH Material too soft or flexible

Problem associated with any device material that results in the material's inability to maintain the desired shape or support function.

XE47S Material twisted or bent

Problem associated with deformations that lead to twisting or bending of the device.

XE8ZQ Melted

Problem associated with a solid device being transformed into a molten or liquid state.

XE5D0 Stretched

Problem associated with an increase or elongation in a materials' dimension.

XE2G9 Material discoloured

Problem associated with an undesired streak, pattern and/or a noticeable change in color from the rest of the materials used in the device construction.

XE0RF Material disintegration

Problem associated with material breaking into small particles.

XE585 Material opacification

Problem associated with an undesirable opaqueness or cloudiness.

XE9AR Material perforation

Material constituting device is perforated possibly compromising the device's intended purpose.

XE0X4 Material puncture or hole

Device material(s) punctured leading to undesired holes/openings.

XE72S Material protrusion or extrusion

Problem associated with undesired physical appearance of device material, specifically when material extends beyond or above device surface.

XE6G0 Material rupture

Problem associated with perforations that lead to bursting of the device.

XE6K7 Material separation

Problem associated with an undesired disassociation or breaking apart of the device.

XE4FP Material split, cut or torn

Problem associated with materials composing the device being split, cut or torn due to external forces (e.g. wrenching or laceration) or internal forces (e.g. exceeding the tensile stress limits belonging to the materials used in the device construction).

XE609 Scratched material

Problem associated with an undesirable shallow cut or narrow groove in the surface of the device materials.

XE2GF Mechanical problem

Problems associated with mechanical actions or defects, including moving parts or subassemblies, etc.

XE2CM Detachment of device or device component

Problem associated with the separation of the device from its physical construct, integrity, or chassis.

XE634 Device damaged by another device

Problem associated with one device causing harm to another device.

XE7NX Ejection problem

XE0VZ Failure to eject

Problem associated with the inability to remove or discharge the device from the location of use.

XE1PM Unintended ejection

Problem associated with unexpected discharge of the device from expected location includes but not limited to the device such as clip appliers, film cartridge, staples.

XE944 Leak or splash

XE2ZY Fluid leak

Escape (Release, Discharge) of fluid through an unintended location - often accompanied by a loss of pressure and/or output.

XE0RV Gas leak

Problem associated with the unintended escape of a gas from the container in which it is housed.

XE53W Gel leak

Escape (Release, Discharge) of gel through an unintended location - as in leakage of ultrasound gel. Escape or release of gel from containment structures - as in gel filled implant leak.

XE0B1 Radiation leak

Escape of radiation (energy in the form of waves or subatomic particles, especially those that cause ionization) through containment structures, leading to unintended exposure.

XE2JE Perivalvular leak

Problem associated with the escape of blood around a heart valve, particularly around its leaflets.

XE1RJ Firing problem

XE666 Failure to fire

Problem associated with failure of the device to discharge its load (e.g. surgical stapler failed to partially or completely deploy its staples).

XE5P4 Misfire

Problem associated with a therapy or algorithm not being delivered or executed at the expected time.

XE88N Mechanical jam

The motion of the device is prevented or restricted.

XE279 Mechanics altered

Problem associated with a device mechanical functioning of machinery, moving parts or tools of device being changed or modified.

XE7KY Failure to align

Problem associated with a circuit, equipment, or system whereby its functions fail to be properly synchronized or its relative positions properly oriented.

XE0XR Failure to cut

Inability of the device to make an incision, pierce or open as intended.

XE23L Failure to cycle

Problem associated with the device failing to complete a series of processes or events.

XE289 Failure to form staple

Problem associated with the device failing to connect tissue with a stapling device due to the staples not forming correctly.

XE4F9 Noise, audible

Problem associated with any unintended sound which emanates from the device (for example, squeaking from two parts rubbing together or buzzing sounds from electrical components).

XE635 Physical resistance or sticking

Problem associated with the lack of movement in the device due parts sticking or seizing.

XE306 Retraction problem

Problem associated with drawing back the device to an intended location.

XE79Q Structural problem

Problem associated with the basic physical construction or physical make-up of the device.

XE8H1 Structural collapse

Problem associated with the buckling or crushing of material from external forces.

XE3VF Sharp edges

The device has undesirable sharp edges which can cause harm or damage.

XE8ZX Difficult to fold or unfold

Problem associated with the use of the device in terms of user experiencing difficulty to close or to spread out/extend length of the device, even if the operation is being performed according to labeled instructions for use.

XE2EV Difficult to open or close

Problem associated with the use of the device in terms of user experiencing difficulty opening and closing the device, even if the operation is being performed according to labeled instructions for use.

XE3UJ Incomplete coaptation

Problem associated with the heart valve leaflet not closing properly.

XE8ZZ Unintended movement

Problem associated with an undesired movement of the device, which may be related to malfunction of the device, misdiagnosis, or mistreatment.

XE6KT Device dislodged or dislocated

Problems associated with the device not remaining in an expected location.

XE78C Device tipped over

Problem associated with the inability of the device to stay in an upright position.

XE5JJ Device fell

Problem associated with the device or a component unexpectedly being dropped or moving down from an intended place.

XE1Q1 Device slipped

Problem associated with the device moving or sliding from the intended position.

XE0QZ Unintended collision of device

Problem associated with the device impacting with another object.

XE1Y1 Unintended system motion

Problem associated with any motion of the system or components that was not initiated by the user.

XE5CH Unstable device

Problem associated with the mechanical stability of the device.

XE76A Vibration of device

Problem associated with the undesirable mechanical oscillation.

XE941 Optical problem

Problem associated with transmission of visible light affecting the quality of the image transmitted or otherwise affecting the intended application of the visible light path.

XE5CX Misfocusing

The problem relates to the poor focusing of the object or the focus is on the wrong object or in the wrong area.

XE4W1 Optical decentration

Problem associated with being off-center of optical lenses.

XE1VT Optical discolouration

Problem associated with an undesired change of color.

XE4BE Optical distortion

Problem associated with an optical defect in an image-forming system whereby the image is not the shape of an ideal image of the object.

XE93N Optical obstruction

Problem associated with the blocking of optical devices, e.g. visual pathways.

XE28Y Output problem

Problem associated with any deviation from the documented specifications of the device that relate to the end result, data, or test results provided by the device.

XE8NW Audible prompt or feedback

Problem with any deviation from the documented specifications of the device that relate to audible feedback, e.g. voice prompts or beeps, but not safety-related alarms which are covered under "Protective measures problem".

XE0WU Inappropriate audible prompt or feedback

Problem with audible messages which do not guide a device user to the correct action.

XE487 Inaudible or unclear audible prompt or feedback

Problem associated with audible prompts which cannot be heard clearly.

XE8MP No audible prompt or feedback

Problem associated with the device ceasing to provide audible prompts.

XE2S2 Display or visual feedback problem

Problem with any deviation from the documented specifications of the device that relate to visual feedback, e.g. the display of information, images on a screen, or output from the device.

XE4TX Device displays incorrect message

Problem associated with providing incorrect display information.

XE2NW Display difficult to read

Problem associated with legibility of the display, compromising for instance the reading/interpretation of patient parameters or test results. Legibility problems can be due to color, size of font, display screen contrast or other factors.

XE2ES Erratic or intermittent display

A device does not consistently display the same message, result, reading, or image. E.g. the display might flicker, switch between readings or messages, or go completely blank for brief periods of time.

XE7T8 Image display error or artifact

Problem with image display leading to corrupted images or readouts/measurement indications.

XE2V3 Image orientation incorrect

Problem associated with an incorrect image orientation on the device display.

XE5Q5 No display or image

Problem associated with the absence of display or image.

XE4FQ No visual prompts or feedback

Problem associated with the device ceasing to provide visual feedback.

XE5XP Poor quality image

Inadequate quality of an image or any visual representation displayed by the device, or output from the device.

XE1C5 Visual prompts will not clear

Problem with visual messages which continue to be displayed on / by the device after the appropriate action has been taken.

XE7Z4 Tactile prompts or feedback

Problem with any deviation from the documented specifications of the device that relate to tactile feedback, e.g. device vibrational prompt.

XE6CE Inappropriate tactile prompt or feedback

Problem with tactile feedback which does not guide a device user to the correct action.

XE963 No tactile prompts or feedback

Problem associated with the device ceasing to provide tactile feedback.

XE0KH Energy output problem

Problem with the device's intended output of energy.

XE7ST Energy spectrum incorrect

Problem associated with the energy output from the device not being in the expected part of the spectrum.

XE5PU Failure to deliver energy

Problem associated with the failure of the device to deliver any energy.

XE538 Intermittent energy output

Problem associated with the energy output from the device being inconsistent over time.

XE81P Output above specifications

Device output is exceeding the documented specifications of the device.

XE8XC Output below specifications

Device output is below the documented specifications of the device.

XE2MC Therapeutic or diagnostic output failure

Problem associated with the failure of the device to deliver the output required for treatment or identification of a disease.

XE1US Therapy delivered to incorrect body area

Problem associated with the device causing unintended therapeutic action to an area of the body other than the intended area.

XE1ED Radiation output problem

Problem with the device's intended output of radiation.

XE5F0 Radiation output failure

Problem associated with the absence of radiation output from radiological or diagnostic devices.

XE0JA Radiation overexposure

Problem associated with excessive radiation emitted from radiological or diagnostic devices.

XE74E Radiation underexposure

Problem associated with too little radiation emitted from radiological or diagnostic devices.

XE6UD Unexpected or unintended radiation output

Device-emitted radiation when it was not supposed to. This applies to devices which are intended to emit radiation, and the radiation being emitted from the correct part of the device, but at an incorrect time.

Use "radiation leak" if the device emits radiation which should never have been emitted, or from a location from which it should never be emitted.

Exclusions: Radiation leak (XE0B1)

XE68Z Gas output problem

Problem associated with gas output.

XE7E5 No device output

Problem associated with no measurement outcome, value or data obtained from the device.

XE4BB Incorrect, inadequate or imprecise result or readings

Problem associated with a nonconforming end result, data, or test results provided by the device to its performance specifications.

XE7TS Signal artifact

Problem associated with impurities or interference in a signal (e.g. ECG artifact).

XE3MS Failure to obtain sample

The device does not collect or transfer the sample.

XE2E8 False negative result

Problem associated with the device incorrectly reporting that something has not been detected and may mislead the operator into not taking certain actions when action should be taken.

XE9K2 False positive result

Problem associated with the device incorrectly reporting that something has been detected and may mislead the operator to take certain actions.

XE3XG Incorrect measurement

Measurement obtained from or provided by the device is obviously incorrect.

XE5E8 Nonreproducible results

Device results cannot be reliably reproduced.

XE9D6 High readings

Reading provided by the device is too high or higher than expected.

XE5KE Low readings

Reading provided by the device is too low or lower than expected.

XE485 High test results

Test results provided by the device are too high or higher than expected.

XE8EM Low test results

Test results provided by the device are too low or lower than expected.

XE8YH Unable to obtain readings

The device does not provide or display a valid reading.

XE56S Missing test results

Problem associated with the results of a test or measurement not appearing.

XE3YZ Unexpected therapeutic results

Problem associated with the use of the device for therapeutic purposes.

XE16C Electrical or electronic property problem

Problem associated with a failure of the electrical circuitry of the device.

XE57L Capturing problem

Problem associated with the inability of the device to achieve successful depolarization and contraction of a cardiac chamber caused by a pacemaker output pulse.

XE0UH Failure to capture

Problem associated with the failure to achieve effective and consistent depolarization of the heart resulting from the electrical stimulus of the pacemaker.

XE18Z High capture threshold

Problem with the amount of output energy needed to cause cardiac depolarization being higher than expected/desired.

XE1T0 Intermittent capture

Problem associated with the ineffective and inconsistent depolarization of the heart.

XE350 Unstable capture threshold

Problem with the amount of output energy needed to cause cardiac depolarization being unstable.

XE4QC Continuous firing

Problem associated with the excessive production of electrical impulses over a period.

XE4HP Arcing

Problem associated with electrical current flowing through a gap between two conductive surfaces, typically resulting in a visible flash of light.

XE4X8 Arcing at paddles

Problem associated with electrical current flowing through a gap between paddles (conductive surfaces), typically resulting in a visible flash of light.

XE7KZ Arcing of electrodes

Problem associated with electrical current flowing through a gap between electrodes (conductive surfaces), typically resulting in a visible flash of light.

XE2SR Sparking

Problem associated with a flash of light related to an electrical discharge into a normally non conductive medium, such as air. Not associated with a discharge between two conductive surfaces.

XE16Z Battery problem

Problem associated with the internal power of the device (e.g. battery, transformer, fuel cell or other power sources).

XE2MD Battery problem with high impedance

Problem related to increased battery internal impedance.

XE41Q Battery problem with low impedance

Problem related to decreased battery internal impedance.

XE548 Failure to run on battery

Problem associated with the device failing to operate when not connected to a fixed power source.

XE5U8 Premature discharge of battery

Battery discharging earlier than expected.

XE5ER Charging problem

Problem associated with the inability of the device to successfully charge an electrical source.

XE6QY Aborted charge

Problem associated with the premature ending of the charging process (e.g. of a battery or other charge storage device).

XE67U Delayed charge time

Problem associated with an unexpected amount of time required to charge the device (e.g. a delay in starting charging or a longer than expected charge time).

XE5PM Failure to charge

Problem associated with inability to initiate the appropriate charging process (e.g. of a battery or other charge storage device)

XE8DT Failure to discharge

Problem associated with the failure of a battery or other charge storage device to appropriately discharge as intended. Does not apply to defibrillation.

XE2B3 Power problem

Problem associated with the energy to operate the device.

XE1DB Complete loss of power

Problem associated with the lack of power to run the device.

XE2A6 Intermittent loss of power

Problem associated with an intermittent disruption to the power to run the device.

XE38R Failure to power up

Problem associated with the inability of the device to turn on related to energy delivered to the device.

XE7Z7 Unintended power up

Problem associated with the device turning on when not intended.

XE0Q2 Device sensing problem

Problem associated with the device features that are designed to respond to a physical stimulus (temperature, illumination, motion, cardiac rhythms) and that do not transmit a resulting signal for interpretation or measurement.

XE6SM Decreased sensitivity

Problem with the device being less sensitive to an input than intended or expected.

XE7QR Increased sensitivity

Problem with the device being more sensitive to an input than intended or expected.

XE8H3 Failure to analyze signal

Problem with the device not analyzing a signal.

XE0K3 Failure to select signal

Problem associated with the failure of the device to select the appropriate input signal.

XE6H7 High sensing threshold

Problem associated with the amount of input required by the device to detect a signal being higher than expected/desired.

XE2P7 Low sensing threshold

Problem associated with the amount of an input required by the device to detect a signal being lower than expected/desired.

XE9TK Loss of threshold

Problem associated with the loss of the minimum amount of energy, voltage, or current needed to consistently stimulate the heart muscle.

XE210 Failure to sense

Problem associated with the failure of the device designed to respond to a physical stimulus (as temperature, illumination, motion) to transmit a resulting signal for interpretation or measurement.

XE02C Over-sensing

Problem related to failure of the device to properly filter cardiac signals resulting in inappropriate device response.

XE73Q Under-sensing

Problem related to failure of the device to properly detect intrinsic cardiac activity and respond appropriately.

XE69X Sensing intermittently

Problem with the device receiving an incoming signal on an intermittent basis when expected to be continuous.

XE28F Incorrect interpretation of signal

Problem with the device inappropriately analyzing a signal.

XE22D Failure to conduct

Problem associated with the inability of the device to allow a current of electricity to pass or to conduct electricity continuously along an electrical path.

XE8S0 Interrogation problem

Problems associated with the device's ability to respond to signals from a system designed to interrogate its status.

XE9HR Difficult to interrogate

Problem associated with difficulty of a transponder system to trigger a response.

XE3PE Failure to interrogate

Problem associated with the device failure to appropriately respond to signals from a system designed to interrogate its status.

XE8HJ Pacing problem

Problem associated with the inability of the device to generate a therapeutic simulated heart beat via electrical impulses.

XE19S Failure to convert rhythm

Failure of the device therapy or set of therapies to terminate the harmful cardiac rhythm that the therapy is meant to terminate.

XE47M Inaccurate synchronization

Problem associated with an error due to imperfect timing of two operations, e.g. signal transmission time.

XE2LL Inappropriate waveform

Failure of the device to generate a correctly-shaped pacing output, e.g., a waveform that is too wide.

XE9A9 No pacing

Problem associated with the device ceasing to deliver paces.

XE281 Pacemaker found in back-up mode

A device with a pacing function found in back-up Mode. This may be an appropriate fail-safe action (e.g. end of battery life), or be caused by device-malfunction or due to operator error.

XE13R Pacing asynchronously

Problem associated with a pacing transmission process such that between any two significant instants in the same group, there is always an integral number of unit intervals. Between two significant instants located in different groups, there are not always an integral number of unit intervals.

XE10M Pacing inadequately

Pacing voltage or pulse width is less than desired.

XE1SU Pacing intermittently

Problem associated with the failure of pacing device for a limited period of time, following which the item recovers its ability to perform its required function without being subjected to any external corrective action. Note: such a failure is often recurrent.

XE99K Pocket stimulation

Problem associated with a pocket of skin in which the pulse generator is housed.

XE440 Defibrillation problem

Problem associated with the inability of the device to provide an appropriate or successful electrical shock.

XE12S Failure to deliver shock

Problem associated with the failure of the device to deliver electrical energy intended to change an electrical rhythm.

XE6T0 Inappropriate shock

Problem associated with the inappropriate delivery of an electrical energy.

XE8BU Intermittent shock

Problem associated with the failure to deliver shock for a limited period of time, following which the item recovers its ability to perform its required function without being subjected to any external corrective action. Note: such a failure is often recurrent.

XE739 Unintended electrical shock

The device delivers unintended electrical shock.

XE9QT Grounding malfunction

Problem associated with the inability to connect conductors of an electronic system for the purpose of controlling or impeding ground currents and voltages.

XE3S7 Electrical overstress

Problem associated with an electrical activity that exceeded the specified threshold limit of the internal integrated circuitry.

XE268 Electro-static discharge

Problem associated with the discharge of electricity between two bodies previously electrically charged.

XE20P Failure to shut off

Problem associated with the device not powering off when a shutdown was requested.

XE7JN Unexpected shutdown

Problem associated with the device unexpectedly powering down.

XE4PR Electromagnetic compatibility problem

Problem associated with the ability of a system to function in its electromagnetic environment without introducing intolerable disturbances to anything in its environment.

XE5FA Circuit failure

Problem associated with a failure of the internal network paths or electrical circuitry (i.e. electrical components, circuit boards, wiring)

XE6ZB Impedance problem

Problem associated with electrical impedance levels between device and patient connections.

XE55U Calibration problem

Problem associated with the operation of the device, related to its accuracy, and associated with the calibration of the device.

XE6GR Failure to calibrate

Problem associated with the failure of the device to perform a self-calibration procedure or process designed to assure the accuracy and proper performance of the device.

XE8MT Failure to recalibrate

Problem associated with the failure of the device which is unable to regain a standard level of accuracy when performing a calibration procedure or process designed to assure the accuracy and proper performance of the device.

XE7H5 Imprecision

Problem associated with the device providing imprecise measurements when compared to a reference standard.

XE1WU Overcorrection

Problem associated with an adjustment that surpasses a set of criteria.

XE586 Temperature problem

Problem associated with the device producing unintended temperatures

XE9C7 Excessive cooling

Problem associated with the device producing temperatures that are lower than specified.

XE77H Excessive heating

Problem associated with the device having a warming or heating function, producing excessive heat.

XE200 Insufficient cooling

Problem associated with the device insufficiently cooled in device active (working) or/and non-active (nonworking) state.

XE2A4 Insufficient heating

Problem associated with the device or its components producing temperatures that are not as high as what is specified.

XE14Q Overheating of device

Problem associated with the device producing high temperatures, such that its operation is compromised or harm is caused (e.g. overheating that produces melting of components or automatic shutdown).

XE6DP Thermal decomposition of device

Problems associated with a discoloration or destruction as a result of thermal decomposition of the device.

XE5T3 Fire

Problem associated with the combustion of the device with a steady flame.

XE03F Flare or flash

Problem associated with device-related burn with an unsteady flame.

XE5H5 Smoke

Problem associated with a cloud of vapor or gas generated from the device, generally associated after a fire or a burn.

XE85E Computer software problem

Problem associated with written programs, codes, and/or software system that affects device performance or communication with another device.

XE6PS Application network problem

Problem associated with the deviations from documented system specifications that affects overall system performance and/or the performance of an individual device connected to that system.

XE8HP Application program problem

Problem associated with the requirement for software to fulfill its function within an intended use or application.

XE5YA Application program freezes, or becomes nonfunctional

Problem associated with freezing and becoming nonfunctional of an application program.

XE46R Application program problem, dose calculation error

Problem associated with the written program code or application software used by the device to calculate specific measurements or quantities managed by the device.

XE09U Application program problem, medication error

Event in which the device software results in errors of medication preparation or administration.

XE2BJ Application program problem, parameter calculation error

Problem associated with the written program code or application software used by the device to calculate parameters other than those related to dose or power.

XE6SW Application program problem, power calculation error

Problem associated with the written program code or application software used by the device for calculations related to device power.

XE2CW Application program version or upgrade problem

Problem associated with installing updates to a software system that affects the device performance or communication with another device.

XE5CT Problem with software installation

Problem associated with installing the device software in a manner that allows full functioning of the device. Source of installation could be manufacturer or user.

XE842 Unintended application program shutdown

Problem associated with an unintended shutdown by malfunction of the application program.

XE1HG Program or algorithm execution problem

Problem associated with execution problems relating to program or algorithm.

XE87N Delayed program or algorithm execution

Problem associated with delayed execution relating to program or algorithm.

XE1WW Intermittent program or algorithm execution

Problem associated with intermittent execution relating to program or algorithm.

XE0UN Program or algorithm execution failure

Problem associated with the failure of a program or algorithm to execute. Sudden/unexpected interruption to a program's execution.

XE4Z0 Computer operating system problem

Problem associated with software, firmware, and/or hardware elements that control the execution of computer programs and provide such services as computer resource allocation, job control, input/output control, and file management in a computer system.

XE5F1 Operating system becomes nonfunctional

Problem associated with malfunction of the computer operating system as opposed to an application software problem.

XE6VL Operating system version or upgrade problem

Problem associated with replacing an older operating system to an up-to-date operating system.

XE5EP Computer system security problem

Problem associated with unauthorized access to or modification of a software system resulting in a loss of confidentiality, integrity, or availability of written program code, application software, or data or entire device.

XE9XK Application security problem

Problem associated with the acquisition of computer programming codes that can replicate and spread from one computer system to another thereby leading to damaged software, hardware and data.

XE15X Unauthorized access to computer system

Problem associated with an access that was not permitted to the computer system that may lead to modification of program, corruption of data, or a break in network security. This concept is closely associated with computer integrity which is the degree to which a system or component prevents unauthorized access to, or modification of, computer programs or data.

XE2ZM Data back-up problem

Problems relating to a system, component, file, procedure, or person available to replace or help restore a primary item in the event of a failure or externally caused disaster.

XE72G Failure to back up

Problem associated with the inability to back up or to retrieve a backed-up version (corrupted file) of device data or system files.

XE8PZ Failure to convert to back-up

Problem associated with a failure to transition from a primary system, component, file, procedure to a backup in response to a failure in the primary item.

XE99Y Data problem

Event in which data (charting, orders, results) is not correctly stored, transferred, updated, or displayed.

XE992 Loss of data

Event in which data is unintentionally permanently or temporarily lost, deleted, corrupted, or overwritten.

XE7BE Patient data problem

Event in which data is accessed by the healthcare provider and either the wrong patient or the wrong data is retrieved despite correct inquiry procedures.

XE048 Date or time related software problem

Problem associated with programming of calendar dates and/or time as a factor in the operation of the device.

XE3UR Connection problem

Problem associated with linking of the device and/or the functional units set up to provide means for a transfer of liquid, gas, electricity or data.

XE9D0 Blocked connection

Problem associated with linking of the device whereby their functional units set up to provide means for a transfer of fluid, gas, or data is prevented or impeded.

XE74X Decoupling

Problem associated with the device being unassociated in such a way that fluid, gas, power or signal information may not be transferred from one to another.

XE5WZ Disconnection

Problem associated with the linking of the device having a sufficient open space to prevent gas, liquid or electrical current flow between connectors.

XE9HJ Failure to disconnect

Problem associated with the linking of the device whereby termination of the transfer of liquid, gas, electricity, or information cannot be accomplished, or linking components do not come apart, or disconnect, when expected.

XE3G6 Loose or intermittent connection

Problem associated with the connection of the device being loose or intermittent.

XE0WB Misconnection

Problem associated with the connection of the device being improper or not in accordance with device specification, requirements or intended uses.

XE4C0 Incomplete or inadequate connection

Problem associated with a partial linking of the device whereby device may appear to be connected however only a partial, intermittent or no transfer of liquid, gas, electricity, or information can be accomplished.

XE0P9 Fitting problem

Problem associated with the connection of the device whereby channels, switching systems, and other functional units set up to provide means for a transfer of liquid, gas, electricity, or information do not match or fit.

XE0JD Communication or transmission problem

Problem associated with the device sending or receiving signals or data. This includes transmission among internal components of the device to which the device is intended to communicate.

XE3EG Failure to read input signal

Problem associated with a failure of the device to read a signal for interpretation or measurement.

XE0V5 Failure to transmit record

Problem associated with a failure of the device to transmit a record for interpretation or measurement.

XE4JX Intermittent communication failure

Inconsistent or lack of intended communication of data among internal components or with other external devices.

XE5H8 Telemetry discrepancy

Problem associated with variability of the transmission of telemetry signals.

XE4YY Wireless communication problem

Problems with the RF wireless technology characteristics and performance (e.g., frequency, output power, range, reception), wireless quality of service, wireless coexistence, security of wireless signals and data, and electromagnetic compatibility.

XE7NV Infusion or flow problem

Problem associated with the device failing to deliver liquids or gases as intended (e.g. delivering drugs at incorrect rate, problems with drawing fluid from a system).

XE4VT Deflation problem

Problem associated with the inability of the device to release its contents.

XE6YH Excess flow or over-infusion

Problem associated with a delivery overdose of therapeutic agents, such as drugs or fluids being delivered into a device or a patient.

XE49K Filling problem

Problem associated with the method or amount of time associated with the delivery of a fluid. Time to delivery or amount of delivered entity may be affected.

XE3T4 Inability to auto-fill

Complete failure to fill as part of an automated process. For insufficient filling use "Short Fill". For excessive filling use "Overfill". For inconsistent filling use "Volume Accuracy Problem".

XE97E Overfill

Excessive filling of a device

Exclusions: Insufficient filling (XE8RE)

Inconsistent filling (XE1QQ)

XE8RE Short fill

Insufficient filling of a device.

Exclusions: Complete failure to fill (XE3T4)

Inconsistent filling (XE1QQ)

XE1QQ Volume accuracy problem

Inconsistent filling of a device. This describes a problem which is observed to vary between overfilling and under filling, and may be intermittent.

Exclusions: Consistent overfilling (XE97E)

Consistent short filling (XE8RE)

XE2YK Filtration problem

Problem associated with the process of passing a substance through a porous medium, e.g., a blood clot filter for the removal of suspended matter.

XE3VH Inadequate filtration process

Problem associated with the filter failing to remove items or substances which should have been removed.

XE4UN Inadequate ultra filtration

Problem associated with the transfer of fluid between the blood and dialysate through the dialysis membrane due to a pressure gradient (trans-membrane pressure) existing between the blood and dialysate compartments.

XE1H4 Improper flow or infusion

Problem associated with the regulation and delivery of therapeutic agents (e.g. air, gas, drugs or fluids into a device or a patient under positive pressure).

XE9RA Backflow

Continuous flow of fluid (e.g. liquid, gas) against the intended flow direction.

XE447 Free or unrestricted flow

Problem associated with uncontrolled flow of infusion of air, gas or fluids.

XE628 Gradient increase

Problem associated with the increased rate of change in temperature, pressure, or other variables as a function of distance, time, etc.

XE667 Inaccurate delivery

Delivery at endpoint not as intended; either too low or too high.

XE44F Inaccurate flow rate

Problem associated with fluctuations in the flow volume delivered per time, even if end volume is correct, and delivered in the correct total time.

XE2DM Intermittent infusion

Problem associated with the infusion not being stable, characterised by intermittent stoppages to the flow.

XE09Q Reflux with device

Problem associated with partial backflow, compromising the device's flow output.

XE8AY Restricted flow rate

Problem associated with flow rate. Flow volume delivered over time is not reaching intended flow rate.

XE1V7 Tidal volume fluctuations

Problem associated with the amount of gas that is inspired and expired during one respiratory cycle.

XE5GY Inflation problem

Problem associated with the inability of the device to expand or enlarge with the intended inflation agent (e.g. saline or air).

XE1S7 Insufficient flow or under infusion

Problem associated with an insufficient dose of therapeutic agents, e.g., drugs or fluids being delivered into a patient under positive pressure.

XE1Y3 No flow

Problem arising from the device failing to deliver the specified liquid or gas.

XE94H Failure to deliver flow

Failure (=complete nonperformance) with regard to the intended function of delivery.

XE1JK Failure to infuse

Failure (=complete nonperformance) with regard to the intended function of infusion.

XE8L2 Inability to irrigate

Failure (=complete nonperformance) with regard to the intended function of irrigation.

XE3GX Obstruction of flow

Problem related to an obstruction or blockage within the device component (e.g. tube, opening, pipe) that results in restriction of flow.

XE3QL Complete blockage

Problem related to an obstruction or blockage within the device component (e.g. tube, opening, pipe) that results in no flow.

XE2JF Partial blockage

Problem related to an obstruction or blockage within the device component (e.g. tube, opening, pipe) that results in a reduction of the flow rate.

XE6BM Difficult to flush

The device is difficult to flush, possibly indicating an obstruction within device.

XE8Z5 Pressure problem

Problem associated with the application of a force either internal or external to device that compromises the flow of fluid or gas.

XE3XR Decrease in pressure

Unintended decrease in pressure, compromising the device's intended function.

XE6S6 Increase in pressure of device

Unintended increase in pressure, compromising the device's intended function.

XE94J No pressure

Unintended complete loss of pressure, compromising the device's intended function.

XE6Z5 Pumping problem

Problem associated with pump performance deviating from specifications in a way to compromise flow or infusion.

XE64X Decreased pump speed

Unintended decrease in pump speed and hence, probably, flow rate, compromising the intended function of the device.

XE7BN Increased pump speed

Unintended increase in pump speed and hence, probably, flow rate, compromising the intended function of the device.

XE5R0 Failure to pump

Problem associated with the device which fails to start pumping.

XE0TF Pumping stopped

Unexpected or unintended cessation of pump.

XE69E Suction problem

Problem associated with suction equipment, which may be a manual, electrical, vacuum or pressure source operated to evacuate and remove undesired substances (air, gas, fluid, or particulates) via tubing and collection bag.

XE3Y3 Decrease in suction

Problem associated with the removal of fluid or gas from a body cavity due to decreased suction.

XE35T Increase in suction

Problem associated with the removal of excess fluid or gas from a body cavity due to increased suction.

XE5FE Suction failure

Problem associated with the complete inability to provide suction.

XE0B4 Priming problem

Problem associated with the preparation of the device to begin pumping.

XE3KR Failure to prime

Problem associated with the device failing to begin the priming process (i.e. the process of preparation of device for the delivery of fluids).

XE63F Incomplete or inadequate priming

Problem associated with not adequately preparing the device.

XE4GH Activation, positioning or separation problem

Problem associated with any deviations from the documented specifications of the device that relate to the sequence of events for activation, positioning or separation of device. NOTE 1 “Deployment” is　synonymous with “activation”.

XE76U Activation problem

Problem associated with the activation of the device.

XE48N Activation failure or expansion failures

Problem associated with the device failing to be activated including expansion.

XE9Y0 Difficult or delayed activation

Problem associated with delayed or difficult activation of the device.

XE6E9 Premature activation

Problem associated with early and unexpected activation of the device.

XE5VT Self-activation or keying

Problem associated with the unintended activation of the device, or the device having been unexpectedly turned on during use.

XE2J9 Positioning problem

Problem associated with the movement of the device to an intended location.

XE41N Positioning failure

Problem associated with the inability of the device to be positioned in a specified location.

XE8P2 Malposition of device

Problem associated with the device being positioned in a location other than intended or specified.

XE74U Difficult or delayed positioning

Problem associated with users experiencing difficulty or delay to position the device to a specified location.

XE4CG Failure to advance

Problem associated with failure to move the device to an intended location.

XE9NU Difficult to advance

Problem associated with difficulty moving the device to an intended location (e.g. difficulty in advancing guide wire).

XE2JZ Difficult to insert

Problem associated with problems introducing or inserting the device, even if the user is operating the device in accordance with the instructions for use or labeling.

XE0HC Difficult to remove

Problem associated with the use of the device in terms of user experiencing difficulty to take out or get rid of the device, even if the user is operating device in accordance with the instructions for use or labeling.

XE9MQ Entrapment of device

Problem associated with the device caught within patient vasculature, tissue, or other device.

XE1KB Separation problem

Problem associated with the detachment or separation of the device.

XE9BM Separation failure

Problem associated with the device or one of its components failing to detach or separate as intended.

XE6U9 Difficult or delayed separation

Problem associated with users experiencing difficulty or delay with detachment or separation of the device.

XE1TT Premature separation of device

Problem associated with an early and unexpected detachment or separation of the device from the system.

XE1XC Protective measures problem

Problem associated with any deviations from the documented specifications of the device that relate to the implemented and inherited design features specific to devices used for reducing risks to patient or caregiver or maintaining risks within specified levels.

XE98H Device alarm system

Problem associated with the alarm system of the device.

XE5JP Alarm not visible

The device does not display an alarm message when required.

XE6DH No audible alarm

The device fails to emit an audible alarm.

XE2RK Low audible alarm

The audible device alarm cannot be heard clearly.

XE3QU Delayed alarm

The device alarm system operates with delay.

XE2K0 False alarm

Problem associated with the device providing incorrect alarm warning or alert to user.

XE3UE Defective alarm

The device alarm does not operate as expected and/or in agreement with device's specifications.

XE78D Fail-safe problem

Problem associated with the feature that prevents the unsafe use of the device.

XE659 Fail-safe did not activate

Problem associated with the device fail-safe mechanism, which did not function or function in a non effective way, compromising safe use of the device.

XE6VE No fail-safe mechanism

The device does not have a fail-safe mechanism, although such mechanism would be required for its appropriate and/or safe functioning.

XE3V3 Failure of device to self-test

Problem associated with the device failing to perform an internal self-diagnostic process to ensure normal operation during or prior to use.

XE16Y Failure to auto stop

Problem associated with the inability of device to turn itself off when the device is not in an operable condition.

XE4KE Reset problem

Problem associated with setting a variable, register, or other storage location back to a prescribed state.

XE59S Failure to reset

Problem associated with the device failing to set a variable, register, or other storage location back to a prescribed state.

XE0HZ Failure to zero

Problem associated with the device failing to set a variable, register, or other storage location back to zero.

XE2T4 Inappropriate or unexpected reset

Problem associated with the device setting a variable, register, or other storage location to an inappropriate or unexpected state.

XE1H0 Premature indicator activation

Problems with the activation of a protective measure indicator earlier than expected.

XE6KH Premature elective replacement indicator

Problems with the early or unexpected activation of the elective replacement indicator.

XE6ND Premature end-of-life indicator

Problem with the early or unexpected activation of the end-of-life indicator.

XE4PS Shielding failure

Problem associated with the device inability to act as a barrier for absorption of radiation energy in X-rays, gamma rays, etc.

XE452 Compatibility problem

Problem associated with compatibility between device, patients or substances (medication, body fluid, etc.)

XE02E Component or accessory incompatibility

Problem associated with the incompatibility of any device while being operated in the same use environment thereby leading to a dysfunction between the devices.

XE7N5 Accessory incompatible

An accessory required for the intended purpose of the device appears incompatible with the device, thus compromising the intended function of the device.

XE1UE Component incompatible

A component required for the proper functioning of the device is not compatible with other components or subassemblies of the device, thus compromising the intended function of the device.

XE8KS Device-device incompatibility

Problem associated with the incompatibility of two or more devices while being operated in the same use environment thereby leading to a dysfunction of more than one device.

XE0HJ Measurement system incompatibility

Problem associated with the incompatibility of the measurement systems between and/or within device systems that are inherent to the individual device thereby leading to miscalculated or mismatched measurements from those devices, e.g., international metric system versus U.S. measurement system.

XE4UP Unintended compatibility

Problem associated with the ability of two or more devices which are intended to be incompatible but are able to work or fit together.

XE4XW Contamination or decontamination problem

Problem associated with the presence of any unexpected foreign substance found in the device, on its surface or in the package materials, which may affect performance or intended use of the device, or problem that compromises effective decontamination of the device.

XE9L2 Contamination during use

XE9H4 Biofilm coating in device

Problem associated with the undesired introduction of a biofilm coating into or onto the device.

XE2AR Contamination of device ingredient or reagent

Problem associated with the undesired introduction of impurities either chemical or microbiological in nature, or of foreign matter into or onto the device ingredient or reagent.

XE4VF Device contamination with body fluid

Problem associated with the undesired presence of body fluid in/on the device, which is not part of the documented device specifications and requirements.

XE9AH Device contamination with chemical or other material

Problem associated with contamination of the device with chemical substance or other non biologic material.

XE97G Microbial contamination of device

Problem associated with undesired microbial contamination of the device.

XE450 Device contaminated during manufacture or shipping

XE5LK Device reprocessing problem

XE3MN Failure to clean adequately

Problem associated with the failure of the device or operator to remove any visible soil, foreign material or organism deposits on the external surfaces, crevices, and joints of the device.

XE4A4 Failure to disinfect

Failure to properly disinfect the device when reprocessing it.

XE0VE Flushing problem

Failure to properly disinfect the device when reprocessing it.

XE2LR Problem with sterilisation

Device was not sterilized properly during reprocessing.

XE0HG Residue after decontamination

Problem associated with the decontamination process not adequately removing unwanted visible soil, foreign material, or organism deposits.

XE6K5 Environmental compatibility problem

Problem associated with the surrounding conditions in which the device is being used such as temperature, noise, lighting, ventilation, or other external factors such as power supply.

XE027 Ambient noise problem

Problem associated with any undesired acoustic energy or vibration that tends to interfere with the operation of the device.

XE5R1 Ambient temperature problem

Problem associated with compromised device performance at the ambient temperature or the storage at an inappropriate ambient temperature.

XE50X Fumes or vapours as environmental compatibility problem

Problem associated with the visibility, odor, or toxicity of an ambient vapor or gas.

XE011 Fungus in device environment

Problem associated with the visibility of molds, mildews, yeasts, and/or mushrooms in the immediate environment in which the device is being used.

XE8HD Moisture or humidity problem

Problem associated with an unsatisfactory humidity level in the storage or use environment which affects the device performance.

XE7KA Ventilation problem in device environment

Problem associated with the circulation of fresh air in the immediate atmosphere in which the device is being used.

XE5NF Device unsafe to use in environment

Problem associated with environmental condition that results in the unsafe use of the device. (E.g. electromagnetic fields, noise, vibration, microbiological contamination etc.)

XE55E Environmental particulates

Problem associated with fine solids or liquid particles such as dust, smoke, fume, and/or mist suspended in the immediate atmosphere in which the device is being used.

XE6V9 Medical gas supply problem

Problem associated with the facility-supplied medical gases such as medical air, oxygen, nitrous oxide, and nitrogen.

XE5ZE Electrical power problem

Problem associated with the quality of the facility-supplied power.

XE2H3 Installation related problem

Problem associated with unsatisfactory installation, configuration, and/or setup of a specific device.

XE36N Misassembled during installation

Problem associated with the use of the device characterised by incorrect assembly of device components, parts or constituents.

XE3J4 Labelling, instructions for use or training problem

Problem associated with device markings / labelling, instructions for use, training and maintenance documentation or guidelines.

XE23E Device markings or labelling problem

Problem associated with the written, printed or graphic material accompanying or affixed to the device or any of its packaging. This includes verbal instructions relating to identification, technical description, and usage provided by the device manufacturers. Problems can include but are not limited to this material being unclear, missing, worn out, incorrect or inaccurate.

XE25T Lack of maintenance documentation or guidelines

Problem associated with user facility not receiving adequate service documentation, guidelines, or recommendations to perform preventative and corrective maintenance and performance assurance checks.

XE13S Inadequate instructions for healthcare professional

Problem associated with inaccuracies in any written, printed, or graphic matter that is affixed to the device or its packaging with any matter that accompanies the device including verbal instructions related to identification, technical description and use of device provided by the device manufacturers that is intended for healthcare professionals.

XE17P Inadequate instructions for non-healthcare professional

Problem associated with users being unclear and not able to follow any written, printed, or graphic matter that is affixed to device or its packaging with any matter that accompanies the device including verbal instructions related to identification, technical description and use of the device provided by the device manufactures that vary from the standard of medical care in a given environment.

XE22G Inadequate or insufficient training

Problem associated with facility not providing satisfactory initial and/or periodic user training covering operation of the device.

XE5DG Human-device interface problem

Problem associated with an act or omission of an act that has a different result than that intended by the manufacturer or expected by the operator.

XE1C2 Device difficult to set up or prepare

Problem associated with the use of the device in terms of user experiencing difficulty in preparing device for use, even if the operation is being performed according to labeled instructions for use.

XE3B8 Device difficult to program or calibrate

The device is difficult to program, calibrate or set to desired state, even by appropriately trained user/operator.

XE2N3 Device difficult to maintain

Problem associated with the user's ability to service the device according to the manufacturer specifications relating to the device routine maintenance, i.e., periodic inspection, failure detection, repair, and care of the device to sustain or restore acceptable operating conditions.

XE35S Inadequate user interface

Problem associated with the means by which the operator and the equipment communicate or interact.

XE0AG Use of device problem

Problem associated with failure to process, service, or operate the device according to the manufacturer's recommendations or recognised best practices.

XE6PE Device handling problem

Handling of the device not in accordance with specification, prior to use on the patient.

XE7S3 Use of incorrect control settings

Problem associated with the use of the device in terms of inappropriate and false control setting for the device's specified operation and/or intended use.

XE2XZ Improper or incorrect procedure or method

Problem associated with the use of the device in terms of nonconforming to that device's intended use, specifications, procedure and process or service instructions and information provided by the device manufacturers.

XE7VD Off-label use

Problem associated with the device which has been used for an unapproved indication or for an unapproved intended use.

XE61V Misassembled

Problem associated with incorrect assembly of the device or constituents after being put into use.

XE3GL Adverse event without identified device or use problem

An adverse event (e.g. patient harm) appears to have occurred, but there does not appear to have been a problem with the device or the way it was used.

XE3DN No apparent adverse event

A report has been received but the description provided does not appear to relate to an adverse event.

This code allows a report to be recorded for administration purposes, even if it doesn't meet the requirements for adverse event reporting.

XE1W0 Appropriate term or code not available for aspects of incidents related to devices

The device problem is not adequately described by any other term.

Note: this code must not be used unless there is no other feasible code. The preferred term should be documented when submitting an adverse event report. This information will be used to determine if a new term should be added to the code table.

Investigation conclusion of events related to devices

XE1UR Cause traced to device design

XE7NC Cause traced to component failure

XE2TX Cause traced to manufacturing

XE18E Cause traced to transport or storage

XE7NN Cause traced to infrastructure

XE1WV Cause traced to environment

XE5AS Cause traced to maintenance

XE5UX Cause traced to training

XE674 Cause traced to labeling

XE5BM Cause cannot be traced to device

XE6LX Cause traced to user

XE0QB Known inherent risk of device

XE8UG Falsified device

XE51D No problem with device detected

XE2SY Cause of problem with device not established

XE0T3 Conclusion not yet available regarding problem with device

Findings of investigations related to devices

XE0WX Biological problem with device identified

Problems relating to, caused by or affecting biological processes or living organisms.

XE5T0 Biocompatibility problem with device identified

The device causes cellular or tissue responses that elicit an undesirable local or systemic effect in the recipient or beneficiary of that therapy. (See ISO 10993)

XE4YZ Biological contamination of device

The undesirable presence of living organisms such as bacteria, fungi, or viruses or their products (enzymes or toxins).

XE7B7 Material or material leachate pyrogenic problem with device identified

The undesirable presence of pyrogens or fever-producing organisms caused by materials that permeate through the device.

XE2RY Cytotoxicity problem with device identified

The device was found to have an undesirable level of toxicity to living cells.

XE2PA Genotoxicity problem with device identified

The device's ability to cause damage to genetic material (e.g. leading to malignant tumors). (See ISO 10993)

XE7AM Hematological problem with device identified

The device affects or impacts the blood or its components. (See ISO 10993 all parts)

XE1Y9 Unintended presence of allergens in device identified

Unintended or unexpected presence of allergens in the device.

Exclusions: Presence of allergen expected but not adequately labelled (XE1YT)

XE2XW Reproductive toxicity problem with device identified

The device affects reproductive function, embryo development (teratogenicity), and prenatal and early postnatal development. (ISO 10993 part 3)

XE4CB Electrical problem with device identified

Events associated with an electrically powered device where an electrical malfunction results in a device problem (e.g. electrical circuitry, contact or component failed) even if the problem is intermittent.

XE1YA Electrical or electronic component problem with device identified

The performance of an electrical or electronic component was found to be inadequate.

XE53K Hardware timing problem with device identified

Problem that results from improper sequential activation of components.

XE546 Impedance problem with device identified

Problems due to insufficient or excessive resistance to current flow either by the device or circuit.

XE1TX Insulation problem with device identified

Problems due to inadequate or incorrect electrical insulation material.

XE4PP Open circuit in device

Problem due to an electrical circuit that does not conduct current because a switch is open, a wire is broken, etc.

XE2V6 Current leakage problem of device identified

Problems related to leakage currents which may cause electric shock. These currents usually flow through the protective ground conductor. In its absence, these currents could flow from the device to the ground via the human body.

XE0KB Power source problem identified in device

Problems related to the source that provides electrical power to the device.

XE4ZM Energy storage system problem in device

Problems related to the energy storage system (e.g. the rechargeable battery, charging system, or capacitor) and includes problems such as premature power source depletion and battery explosions.

XE2WJ Loss of power to device

A device that experienced problems due to a loss in the power supply.

XE7RB Power fluctuation in device

The device failed due to fluctuations within the power supply (e.g. transient power, power spike, power dip, or power sequencing).

XE7AB Short circuit of device

Problems due to an unintentionally low-resistance connection between two points in an electric circuit, resulting in either excessive current flow that often causes damage or in a new shorter circuit that draws current away from the original pathways and components.

XE8KR Signal loss of device

Problems due to the loss or weakening of an electrical signal or signals.

XE6AQ Electromagnetic compatibility problem with device identified

Device-to-device or device-environment problem resulting from electromagnetic disturbances.

XE6BD Conducted interference with device

Problems related to electromagnetic interference (EMI) by physical contact with conductors (e.g. wires, resistors, terminals) as opposed to radiated EMI which is caused by induction (without physical contact of the conductors).

XE8P9 Electrostatic discharge of device

Problems due to sudden and momentary bursts of electrical current flowing between two objects at different electrical potentials.

XE2ME Inadequate immunity of device

Problems related to immunity or capabilities to resist electromagnetic interference (EMI).

XE8TZ Unintended emission of device

Problems due to unintended emission of electromagnetic energy by the device.

XE1LT Radiofrequency interference with device identified

Problems due to radiofrequency interference. RFI is a disturbance that affects an electrical circuit due to either electromagnetic conduction or electromagnetic radiation emitted from an external source.

XE02N Interoperability problem with device identified

Problems with the mechanical, electrical, or communication interface between two or more separate devices.

XE6C8 Communications problem with device identified

Devices that do not send or receive adequate signals (this speaks to the interoperability between devices).

XE22K Wired communication problem with device identified

Communications problems between devices within a wired system.

XE1PD Wireless communication problem with device identified

Communications problems between devices within a wireless system.

XE5NA Network communication problem with device identified

Communications problems between devices within a network system.

XE1SP Incompatible component or accessory of device identified

A device that malfunctions due to a component(s)/accessory that does not operate correctly and according to the device's specifications.

XE1YT Labeling and instructions for use or maintenance of device problem identified

Insufficient, inadequate, or incorrect information provided on a device's label or documentation regarding e.g. its intended use, directions for use, and characteristics of the device, including its maintenance.

XE3PV Inadequate labelling or instructions for use of device identified

Inadequate information on the labels or in the instructions for use e.g. steps that are difficult to follow or that are missing.

XE4MR Incorrect labelling or instructions for use of device identified

Missing, incorrect, or inappropriate information on the labels e.g. mislabeled contents or device labeling characteristics or package contents.

XE7Y7 Inadequate or incorrect instructions for maintenance of device identified

Inadequate or incorrect information in the instructions for maintenance.

XE3RW Material or chemical problem with device identified

Problems with the device materials or how its materials react to other elements either within the device or within the environment.

XE2H0 Degradation problem identified with device

Problems that occur when the device becomes worn, weakened, corroded, or broken down due to processes such as aging, permeation, and corrosion.

XE2WT Inappropriate material identified in device

Problems that occur due to the presence of a material that should not be present or part of the device.

XE60T Inadequate physicochemical properties identified in device

Problems that occur due to the physicochemical properties.

XE4EB Incompatible material identified in device

Problems that occur due to the incompatibility of materials that co-exist simultaneously as part of the device.

XE25Z Reactivity problem identified with device

Problems that occur due to the reactivity of materials (e.g. over-react or under-react).

XE6U0 Tolerance stack-up identified in device

Problems that result from a combination of specification variances of the components.

XE640 Mechanical problem with device identified

Problems that result from internal or external forces including fluids, other objects, or environmental or physiologic influences.

XE8RU Device migration identified

A device that has moved from its original location due to external forces (e.g. stent or lead movement).

XE3HZ Friction problem identified with device

Problems caused by its surface coming in contact with another surface or fluid.

XE1P8 Leakage or seal problem identified with device

Problems caused by inadequate/broken seal within the device.

XE6UT Lubrication problem identified with device

Problems that occurred because of the presence of either too much or too little lubricant where required (e.g. connectors, leading to failure mechanisms such as corrosion).

XE69Q Stiffness problem identified with device

Problems caused by either excessive or inadequate physical force exerted on it by another object resulting in problems e.g. wear, bending, deformation, fracture, fatigue.

XE8V5 Stress problem with device identified

Problems caused by either excessive or inadequate physical force exerted on it by another object resulting in problems e.g. wear, bending, deformation, fracture, fatigue.

XE0WG Deformation problem with device identified

Problems caused by changes in the shape or size of the device due to an applied force. This can be a result of tensile forces, compressive forces, shear, bending, tensile (pulling), or torsion.

XE3Y4 Fatigue problem with device identified

Problems due to the weakening or breakdown of its material when subjected to stress or a series of repeated stresses.

XE1ZP Fracture problem with device identified

Problems caused by the separation of a component, object, or material into two or more pieces including shear.

XE1UJ Mechanical shock problem with device identified

Problems caused by the sudden violent blow or collision to the whole device (e.g. by dropping).

XE1H3 Vibration problem with device identified

Problems caused by the constant rhythmic motion of the device, or something in the environment to which the device is exposed.

XE1ZQ Wear problem with device identified

Problems due to the premature or expected erosion of its material by use, deterioration, or change.

XE1EJ Incorrect dimension of device identified

Problems caused by incorrect physical dimensions of the device or one of its parts

XE4KN Optical problem with device identified

Problems related to the optical properties of a device.

XE42B Optical transmission problem identified with device

Problems with the device's ability to pass light energy.

XE8XT Light source problem identified with device

Problems with the optical properties of a device such as diopter, glare, and irradiance or glistening.

XE05W Clinical imaging problem with device identified

Problems that occur with devices used for radiographic or imaging procedures e.g. CT scanners, magnetic resonance imaging.

XE15N Gradient induced field problem with device identified

Problems that result from the gradient-induced fields generated during radiologic procedures e.g. magnetic resonance imaging.

XE1HK Image artifact identified in device

The unacceptable distortion of an image due to signal loss that may occur during a radiologic procedure such as magnetic resonance imaging.

XE6YW Magnetically-induced movement of device identified

Problems due to unintended or excessive movement created by the application of magnetic fields.

XE9Y9 Radiofrequency induced overheating of device identified

Problems due to unintended radiofrequency-induced temperature increase that can occur in the vicinity of the device.

XE6TE Software problem with device identified

Problems related to the device software.

XE77W Configuration issue of device identified

Problems due to change control or incorrect version, including regional requirements.

XE6DT Design error of device identified

The device had faulty (incomplete or incorrect) software design.

XE006 Data compression error in device identified

Data was lost or corrupted during the operation of reducing storage space or communication bandwidth.

XE62E Incorrect algorithm in device identified

The device software was found to implement an incorrect sequence of steps for a specific computation.

XE1X4 Incorrect data definition in device identified

The device software was found to contain errors in specifying or manipulating data items.

XE2FL Interface design error of device identified

The device software was found to contain errors in the user interface (including usability problems) or the interfaces with other systems.

XE85U Non-functional defect in device identified

The device software contained software errors that did not impact its operation.

XE3RD Software timing problem in device identified

Problem that results from the incorrect sequencing or activation of software modules.

XE9JR Software maintenance problem identified with device

The device software was not maintained/updated properly.

XE688 Software installation problem identified with device

The device software was not installed as per the specifications or failed to properly install.

XE4SV Software requirement error with device identified

The software requirements for the device are either incomplete, inadequate, or in conflict.

XE51Q Software runtime error in device identified

The device software failed during operation as a result of a coding error.

XE9W2 Software security vulnerability of device identified

The device software failed to provide adequate authorization, access control, protection and accountability features.

XE1KR Erroneous data transfer in device identified

The device software fails to transfer the expected data within a system or to another device.

XE2A7 Data storage or loss of data problem in device identified

Storage of data was unsuccessful in total or in part.

XE8XM Thermal problem with device identified

Problems related to the temperature of the device.

Exclusions: Problems related to environmental temperature identified (XE3AL)

XE62G Overheating of device problem identified

The device was found to become hotter than expected during operation. This applies to devices which are not intended to deliver heat.

Use "Excessive heating identified" for devices which are intended to deliver heat during operation.

Exclusions: Overheating of devices intended to deliver heat during operation (XE9HT)

XE9HT Excessive heating of device problem identified

The device delivered more heat than intended or expected during operation.

This applies to devices which are intended to deliver heat.

Use "Overheating problem identified" for devices which are not intended to deliver heat during operation.

Exclusions: Overheating of device not intended to deliver heat during operation (XE62G)

XE7A1 Inadequate cooling of device problem identified

The device did not sufficiently cool the patient or another device during operation.

XE5HU Protective system problem with device identified

Problems related to the system(s) designed to prevent or warn about unsafe operation of the device.

XE0WJ Fail-safe problem with device identified

A system intended to prevent unsafe operation of the device did not operate correctly.

XE4JQ Alarm system problem with device identified

A system intended to warn of a potentially unsafe condition did not operate correctly.

XE7ZT Problem of device to self-test identified

Malfunction of the device's self-test system.

XE1JG Problem of device to auto stop identified

An auto stop function of a device did not operate correctly.

XE9AV Reset problem with device identified

The device does not reset properly.

XE2FY Premature indicator activation problem identified

A system intended to indicate the device status was triggered prematurely.

XE3BG Shielding problem with device identified

Inadequate shielding of/by the device.

XE0M6 Missing or inadequate safety measures of device identified

Safety measures are inadequately applied or missing.

XE82X Operational problem with device identified

Problems that occur during the performance, use, or functioning of the device.

XE5RS Device incorrectly reprocessed

Problems associated with the failure to properly and adequately reprocess the device.

XE2RQ Device incorrectly cleaned during reprocessing identified

The cleaning procedure is not followed correctly or used inappropriate cleaning materials.

XE63T Device incorrectly disinfected or sterilised during reprocessing identified

The disinfection or sterilization process was incorrect or the wrong products for disinfection or sterilization were used.

XE0TU Device incorrectly assembled during reprocessing identified

Incorrect assembly of the device following reprocessing.

XE15Q Failure to calibrate problem identified

A device that cannot calibrate (establish the relationship between a measuring device and the units of measure) to ensure accurate readings.

XE3W1 Device difficult to operate problem identified

Problems including set-up, operation, and disassembly of equipment. Not including reprocessing.

XE2QD Incorrect interpretation of results or data problem identified

Problems resulting from the incorrect interpretation by the user of the results or data provided by the device.

XE2YD Patient sample problem with device identified

Problems that occurred due to endogenous or exogenous interferent in the sample, or unexpected variation in the target analyte/marker.

XE8DL New or unknown interferent problem with device identified

New or unknown endogenous or exogenous interferent (sample) identified.

XE9C0 Known interferent problem with device identified

Known interferent in the sample identified.

XE83B Pre-analytical handling problem with device identified

Incorrect pre-analytical handling of patient's sample by the user.

XE3AL Environment problem with device identified

Problems that occurred due to factors within the environment e.g. dust, dirt, humidity, temperature.

XE5K2 Environmental temperature problem with device identified

Device performance was affected by the temperature, or changes in temperature, of the environment in which it was used.

XE9HK Dust or dirt problem with device identified

A device that experienced problems due to ingress, or coating, of dust or dirt.

XE2VF Contamination of environment by device identified

Operation of the device results in contamination of the nearby environment e.g. dust, dirt, smoke, heat or biological material.

XE6QW Environmental pressure problem with device identified

Device performance was affected by the pressure, or changes in pressure, of the environment in which it was used.

XE5SF Ambient light problem with device identified

Device performance was affected by ambient light.

This term applies to the direct effects of ambient light on the device, and to the user's ability to operate the device (e.g. to read device output).

XE4V1 Environmental humidity problem with device identified

Device performance was affected by the humidity, or changes in humidity, of the environment in which it was used.

XE205 Manufacturing process problem with device identified

Problems with a device that can be traced to a problem in the manufacturing and/or production process.

XE3NF Assembly problem with device identified

Problems that occurred because the device was assembled incorrectly.

XE00F Sterilization problem with device identified

Problems that occurred during terminal sterilization by the manufacturer.

XE1PG Installation problem with device identified

A device that malfunctions because it was incorrectly installed, set up, or configured (E.g. misconfiguration of an "automatic" defibrillator to "semi-automatic", thereby leading to failure).

XE843 Maintenance of manufacturing machinery problem with device identified

Problems caused by failure to maintain manufacturing equipment used to produce the device.

XE278 Packaging problem with device identified

Problems that occurred because of the device packaging.

XE9F7 Packaging of device compromised problem identified

Problems that occurred because of a compromised packaging of the device (e.g. broken or incomplete seal).

XE0KG Packaging materials of device problem identified

Problems that occurred because the composition or type of packaging materials was inappropriate for the device.

XE8S1 Packaging of device contains unintended material problem identified

Problems that occurred because unintended material was packaged with the device.

XE8TA Packaging contains incorrect device problem identified

Problems that occurred because the packaging contained an incorrect device.

XE6LZ Maintenance problem with device identified

A device malfunction or problem that occurs after production because the device was not properly maintained according to the instructions (e.g. maintenance may be performed by user facility, distributor, or service provider).

XE9VK Transport or storage problem with device identified

Problems caused by transport or storage conditions.

XE32G Storage of device problem identified

Problems that result from storing the device in an uncontrolled or improper environment (e.g. moisture sensitive devices stored in a humid environment).

XE41R No device problem found

The device either functioned as intended or a problem was not found.

XE587 No findings available

Use when no investigation can be performed and therefore no results will be obtained.

XE3PA Results pending completion of investigation

Investigation is ongoing and results are not yet available. Do not use this code if the investigation is complete.

XE3WR Appropriate term or code for investigation of device not available

Problems not adequately described by any other term.

Note: This code must not be used unless there is no other feasible code. The preferred term should be documented when submitting an adverse event report. This information will be used to determine if a new term should be added to the code table.

Cause investigation and type of investigation

For describing what was investigated and what kind of investigation was conducted to specify the root cause of the adverse event.

XE9HD Testing of actual or suspected device

The investigation employed relevant empirical testing of the actual device suspected in the reported adverse event in order to establish their functional and other properties and to identify possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE7XH Testing of device from same lot or batch retained by manufacturer

The investigation employed relevant empirical testing of the device of the same lot or batch as that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. Testing was performed using the device retained by the manufacturer (i.e. was not shipped). Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE4S0 Testing of device from same lot batch returned from user

The investigation employed relevant empirical testing of the device of the same lot or batch as that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. The device was returned from the user. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE2ZR Testing of device from other lot batch retained by manufacturer

The investigation employed relevant empirical testing of the device of another lot or batch than that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. This includes devices without a lot/batch designation. Testing was performed using the device retained by the manufacturer (i.e. was not shipped). Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE4X1 Testing of device from other lot or batch returned from user

The investigation employed relevant empirical testing of the device of another lot or batch than that of the suspected device in the reported adverse event in order to support the identification of possible causes for the adverse event. This includes devices without a lot/batch designation. The device was returned from the user. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the technical file. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE1XT Testing of model variant

The investigation employed relevant empirical testing of a model variant of the device involved in the reported adverse event in order to support the identification of possible causes for the adverse event through plausibility reasoning. A model variant is not identical to the actual device, but shares relevant characteristics with the device involved. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE8XV Testing of raw or starting materials

The investigation employed relevant empirical testing of the materials used in construction of the device involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE6FS Testing of patient sample or reference material using manufacturer's device

The investigation employed relevant empirical testing of a patient sample or reference material using the device (usually an IVD) involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE9MY Testing of patient sample or reference material using reference method

The investigation employed relevant empirical testing of a patient sample or reference material using an appropriate reference method to the device (usually an IVD) involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE89L Testing of patient sample or reference material using competitor's device

The investigation employed relevant empirical testing of a patient sample or reference material using a competitor's device that is comparable to the device (usually an IVD) involved in the reported adverse event in order to support the identification of possible causes for the adverse event. Relevant testing would typically be based on test methods used for evaluating safety and performance as described in the latest relevant standards.

XE8UH Historical data analysis

The investigation involved the analysis of historical adverse events data of the actual device involved in the adverse event and/or of products from the same and/or different batches/lots.

XE8BM Trend analysis

The investigation involved trend analysis of adverse event of the actual device involved in the adverse event and/or of products from the same and/or different batches/lots. It should be noted that trend analysis typically is not considered sufficient as a stand-alone method, but should be used in conjunction with other investigation methods for providing for instance complementary information.

XE7GK Communication or interviews

The investigation involved communication/interviews (either interpersonal or through technical means, e.g. phone, e-mail) with persons close to the adverse event, e.g. healthcare professionals (doctors, nurses etc.), the affected patient(s) or other users including, where appropriate, relatives or others engaged in caring for the affected patient.

XE4KV Analysis of production records

The investigation involved the analysis of relevant production records in view of supporting the identification of possible causes for the adverse event.

XE59M Analysis of data provided by user or third party

The investigation involved the analysis of relevant data provided by the user (e.g. healthcare professional, patient, clinical engineer) or a third party (e.g. testing facility) in view of supporting the identification of possible causes for the adverse event.

XE8FB Device not manufactured by reporting manufacturer

Further information was obtained which established that the manufacturer of the device involved was not the one to which it was initially attributed.

XE970 Device not returned

The actual device involved in the adverse event was not returned for testing despite requests by manufacturer.

XE18W Device discarded

The actual device involved in the adverse event had been already discarded and thus irretrievably lost for testing.

XE5AN Incomplete device returned

The device was returned incompletely, lacking parts, components or accessories that would be required for appropriate testing and analysis of root causes.

XE53L Device not accessible for testing

The actual device involved in the adverse event is not readily accessible for testing (e.g. remains implanted in patient).

XE6Q2 Type of investigation not yet determined

Details to determine the type of investigation are not yet available, but are being sought. Do not use this code if the investigation is complete.

XE3TW Insufficient information available

The information available relating to the reported event is not sufficient to identify either the manufacturer, the device, or other essential information. This term indicates that no further investigation is possible. Do not use this code if further information is being sought, instead use ''Type of investigation not yet determined''.

Medical device component

Terms/codes for describing the parts and components which were involved in, or affected by, the medical device adverse event/incident.

Biological and chemical medical device component

Component whose mode of action involves a biological process (e.g. test strip which acts on antibodies) and chemical reaction or transformation (e.g. activated charcoal absorber).

XE8XD Absorber component of medical device

A component or material designed to take in or attenuate a substance.

XE6Z7 Cautery tip component of medical device

A component designed to coagulate and seal blood vessels or to destroy tissue with heat or electric current.

XE7JR Device ingredient or reagent component of medical device

A consumable material that is added to a device and is used to make a finished product or becomes part of a finished product.

XE8HT Gas scavenging component of medical device

A component designed to remove certain gases from a gas stream or environment.

XE4VK Monomer liquid component of medical device

The liquid that reacts with the polymer powder to form adhesive, resin, or cement.

XE68H Test strip component of medical device

A piece of chemically treated medium designed to react in the presence of specific amounts of a trigger substance.

XE7WP Polymer powder component of medical device

The powder that reacts with the monomer liquid to form adhesive, resin, or cement.

Electrical and magnetic medical device component

Components which relate to the force of magnetism or such as microchips and transistors which control and direct electric currents. Also includes components involved in the representation, storage, or transmission of information by electronic systems.

XE321 Antenna component of medical device

A component designed to transmit or receive electromagnetic signals.

XE3WM Battery component of medical device

A component designed to produce an electric current through chemical reaction.

XE80Z Battery charger component of medical device

A device designed to restore the capacity of a battery.

XE7JQ Cable, electrical component of medical device

A long, thin, multistranded electrical wire designed to carry signals or power over a distance.

XE77B Cable grip component of medical device

Component used for tensioning, pulling or stringing of wires and cables.

XE2BS Cable sleeve component of medical device

Component used to protect cables and wires from abrasion, moisture and the elements.

XE2WY Circuit board component of medical device

A non-conducting board with conductive tracks and electronic components forming a circuit.

XE5BT Circuit breaker component of medical device

A component designed to open an electrical circuit when it becomes overloaded.

XE2ZE Computer hardware component of medical device

The physical components from which a computer is constructed (electronic circuits and input/output devices).

XE3Q8 Computer processor component of medical device

Component that carries out the instructions of a computer program by performing the basic arithmetic, logic, controlling, and input/output operations specified by the instructions.

XE1JS Memory or storage component of medical device

Any component that can hold data in machine-readable format.

XE2YC Network interface component of medical device

Point of interconnection between a computer and other computer that are linked each other.

XE8UU Computer software component of medical device

A collection of data or computer instructions that tell the computer how to work.

XE59Z Computer software driver component of medical device

A computer interface designed to control the interaction between a CPU and a peripheral device.

XE2JQ Software interface component of medical device

Languages, codes and messages that programs use to communicate with each other and to the hardware.

XE8V6 User interface component of medical device

A computer program that controls the interaction between a user and a system.

XE7P0 Cooling module component of medical device

A component designed to lower the temperature of a device or system.

XE8UV Device programmer component of medical device

A piece of hardware for transferring data onto programmable integrated circuits.

XE033 Device reader component of medical device

A piece of hardware used to read the memory and the properties of a device.

XE6UE Discrete electrical component of medical device

An electrical component which is just one circuit, either passive or active, that is not an integrated circuit.

XE845 Electrical capacitor component of medical device

An electrical component designed to store an electric charge.

XE38E Electrical fuse component of medical device

An electrical component designed to stop the flow of current when an overload condition exists.

XE1UQ Electrical inductor component of medical device

A component designed to introduce electromotive force to a circuit, usually a coil surrounding a wire.

XE2AJ Electrical resistor component of medical device

An electronic component that opposes the flow of current.

XE4VJ Electrical solenoid component of medical device

An electronic component consisting of a coil surrounding a movable iron core that is designed to act as a switch or relay.

XE018 Electrical transducer component of medical device

An electrical component that converts one form of energy into another.

XE27R Electrical semiconductor component of medical device

A type of electronic component, including transistors and diodes, that make use of the variable conductivity of certain materials.

XE9ZW Integrated circuit chip component of medical device

A microelectronic circuit that incorporates many interconnected transistors and other components.

XE8GY Display component of medical device

A component designed to present information visually.

Exclusions: Touchscreen component of medical device (XE9ZJ)

XE4YD Display indicator component of medical device

A component designed to show an operating condition of a system or to attract attention.

XE2JV Display screen component of medical device

A panel or area on an electronic device where images and data are displayed.

XE59E Electrical lead or wire component of medical device

A coated or uncoated wire used to connect two locations electronically. Not to be used for patient connection.

XE5U9 Electrode component of medical device

A small piece of metal or other conductive substance that is used to take an electric current to or from a source of power, a piece of equipment. Not to be used for patient connection.

XE561 Ground strap or wire component of medical device

A wire cable or strap designed to carry current safely away from an electronic device under fault condition

XE753 Wiring harness component of medical device

A collection of grouped wires or cables designed to connect to a specific device.

XE6S4 Electrical mixer component of medical device

An electronic component designed to blend signals.

XE0Y5 Electrical port component of medical device

An electronic circuit that acts as a connection to another device or component.

XE2PX Emitter component of medical device

The electron source electrode in a transistor or any source in a system.

XE5GC Headphone or headset component of medical device

A component that covers the ear through which you can listen without other people hearing. Some headphones come with a microphone which is used to communicate with other people or the device.

XE9TB Heater component of medical device

A piece of equipment used to raise the temperature of air, gas or water or an object.

XE713 Hub component of medical device

An electronic component designed as a central connection for other devices or components.

XE8JV Inverter component of medical device

An electrical component that converts direct current to alternating current.

XE4BN Magnet component of medical device

A component that attracts iron and produces a magnetic field.

XE7YS Oscillator component of medical device

An electronic component designed to produce a wave signal.

XE525 Patient lead component of medical device

An insulated electrical cable designed to connect to an electrical device to a patient.

XE7F1 Lead conductor component of medical device

A cable designed to conduct electricity from the device to the lead.

XE25C Patient electrode component of medical device

An electrical conductor that is designed to make contact with a patient including defibrillator paddles.

XE4XJ Power cord component of medical device

A flexible cable designed to connect an electrical device to a power outlet.

XE4Q4 Power supply component of medical device

Component designed to supply electrical power to devices.

XE7EJ Pressure transducer probe component of medical device

A probe component designed to convert a change in pressure into a varying electrical signal.

XE062 Printer component of medical device

An electronic component that is designed to transfer text or images to paper or other substrate.

XE2KA Receiver component of medical device

An electronic component designed to capture an incoming electromagnetic signal and convert it to an audible or visual signal.

XE6SG Receiver stimulator unit component of medical device

As part of a cochlear implant, an implanted component designed to receive signal from the external component and then decode the signal and transmit it to the brain.

XE4TH Scanner component of medical device

An electronic component that generates a digital representation of an image for data input to a computer; or a receiver designed to search for a signal within a specified frequency range.

XE0ST Speaker or sounder component of medical device

A component designed to convert electrical signals to sounds that can be heard.

XE5R5 Switch or relay component of medical device

A mechanical or electronic component designed to break or change the connections in a circuit (e.g. button).

XE1EF Power switch component of medical device

A switch designed to regulate the power to a device.

XE4QR Relay component of medical device

A electronic component designed to break or change the connections in a circuit.

XE884 Telemetry component of medical device

Component designed to transmit and receive data from a remote source using telecommunications methods.

XE30P Temperature compensator component of medical device

A component designed to compensate the temperature of one system in response to temperature changes in another system or the environment.

XE56F Thermostat component of medical device

A component designed to regulate temperature by controlling the starting and stopping of a heating/cooling system.

XE256 Transformer component of medical device

A component that either steps up or steps down an alternating electrical current to an output that is suitable for another electrical device or component.

XE579 Transmitter component of medical device

A component to propagate electromagnetic waves.

XE5A0 User input device component of medical device

A component that uses a movable handle to create two-axis input to a computer.

XE9TZ Joystick component of medical device

A control component that uses a movable handle to create two-axis input to a computer.

XE6CN Keyboard or keypad component of medical device

A component consisting of mechanical keys that are pressed to create input to a computer.

XE9FY Microphone component of medical device

A component designed to convert sound to an electrical signal.

XE9ZJ Touchscreen component of medical device

A control component that operates the device following pressing the display on the screen.

Measurement medical device component

Component capable of measuring something in order to obtain a result.

XE37A Analyzer component of medical device

Any component designed to perform an analysis.

XE0A7 Oxygen analyzer component of medical device

A component designed to measure the concentration of oxygen in a gas mixture.

XE6E8 Aperture component of medical device

An instrument designed to measure the size of an opening or one used to increase the diameter of an opening.

XE34X Calibrator component of medical device

A standard or reference material used to set the operating parameters of an instrument.

XE06B Clock component of medical device

A component designed to indicate the time of day.

XE9NB Counter component of medical device

A component designed to keep track of the number of times something happens.

XE20X Curvette component of medical device

A clear container designed to interface with an optical sensor in order to obtain an optical measurement of a contained substance.

XE00B Gauges or meters component of medical device

A component designed to give a visual indication of the condition of a system.

XE1WJ Flowmeter component of medical device

A component designed to measure the flow rate of a fluid.

XE6V2 Manometer component of medical device

A component designed to measure pressure.

XE019 Thermometer component of medical device

A component designed to measure temperature.

XE8RD Marker component of medical device

A visual indicator of position, place or route, including radiopaque markers.

XE7MS Pipette component of medical device

A measuring component, traditionally including a graduated tube, designed for the accurate transfer of liquid volumes.

XE5UB Pointer component of medical device

An indicator component designed to show a position on a scale.

XE2MH Scale component of medical device

A component designed for weighing or an indicator component with a graduated sequence of divisions.

XE8GP Sensor component of medical device

A component designed to respond to a stimulus by generating a signal that can be measured or interpreted.

XE5Q2 Bubble sensor component of medical device

A component designed to signal the presence of bubbles in a system.

XE5ZD Oxygen sensor component of medical device

A sensor designed to respond to the presence or level of oxygen in a space or environment.

XE9G5 Photodetector component of medical device

A component designed to detect light.

XE5WR Pressure sensor component of medical device

A sensor designed to respond to the level of pressure in a space or pressing on a surface.

XE7Q4 Sensor probe component of medical device

A component designed to reach into a location for sensing. Should be used when the problem involves the probe, not the sensor.

XE3W9 Temperature sensor component of medical device

A sensor designed to respond to the temperature of a space, surface, or environment.

XE3R3 Timer component of medical device

A component designed to measure a time interval.

Mechanical medical device component

Component of a device when it is working, often using power from an engine or from electricity.

XE3UX Access port component of medical device

A component designed for the introduction or removal of medical equipment or any substance.

XE0WZ Actuator component of medical device

A component which moves or controls a mechanism or system.

XE0SV Adaptor component of medical device

A component designed to make different pieces of apparatus compatible.

XE6D6 Air eliminator component of medical device

A component designed to remove air from a space or fluid.

XE4F2 Anchor component of medical device

A component designed to fix the device or a portion of the device in place.

XE94Y Applicator component of medical device

A component designed to transfer a substance to a surface.

XE968 Automatic injection system component of medical device

A system designed to pump a gas or liquid into a space or environment without outside intervention.

XE7E4 Bag component of medical device

A flexible container, often with a single opening.

XE0HN Ball component of medical device

Any component that is spherical in shape.

XE5AV Balloon component of medical device

A sac designed to be inflated and deflated.

XE1G8 Bearings component of medical device

A point of contact between moving parts designed for support or to reduce friction.

XE0Y2 Potting component of medical device

The resin, glue or other substance used to seal other components together.

XE46S Probe component of medical device

A component designed to reach into a location for manipulating or for measuring.

XE23M Processor component of medical device

A component designed for preparing or treating a material. Should not be used for computer processors.

Exclusions: Computer processor component of medical device (XE3Q8)

XE9DJ Pulley component of medical device

A component which changes the direction of a force (e.g. belt or chain).

XE0K1 Pump component of medical device

A component designed to facilitate the movement of a fluid.

XE8RF Pusher component of medical device

A component designed to advance something by pushing it.

XE76K Rachet component of medical device

A part that allows or forces another part's movement in a single direction.

XE4JZ Rail component of medical device

A bar designed for support, attachment, guidance, or protection from falling.

XE0KN Side rail component of medical device

A supportive or protective rail attached to the side of something.

XE6YN Regulator component of medical device

A component designed to control a process or condition.

XE65T Reservoir component of medical device

A vessel designed to store a fluid.

XE1XK Bellows component of medical device

A component that expands and contracts to draw in air through a valve or orifice and expels it through a tube.

XE7DG Ring component of medical device

A circular band-shaped component.

XE017 Rod or shaft component of medical device

A long cylindrical bar used to transmit motion or connect other components.

XE4BJ Seal component of medical device

A component designed to prevent passage of material through a joint or opening.

XE7N2 Shock absorber component of medical device

A mechanical component designed to dampen or attenuate a force.

XE7ZG Sleeve component of medical device

A cylindrical fitting that slides over another part of a device or other object.

XE6VJ Slide component of medical device

A flat rectangular piece of glass on which specimens can be mounted for microscopic study.

XE740 Socket component of medical device

A component designed as an opening into which something else fits.

XE4DU Spacer component of medical device

A component designed to position objects further apart.

XE7QZ Spring component of medical device

An elastic component designed to bend under a load and then return to its shape when unloaded.

XE4K0 Stand component of medical device

A support component designed to hold an object.

XE9CF Belt component of medical device

A component consisting of a narrow band of material moving over shafts or pulleys.

XE82E Steering wire component of medical device

A wire designed to enable a device to be maneuvered.

XE7UE Stent component of medical device

Tubular support placed inside a blood vessel, canal, or duct to aid healing or relieve an obstruction.

XE8M4 Stopcock component of medical device

A rotating component designed to act like a tap for regulating the flow of a fluid, and to completely stop the flow when closed fully.

XE00C Stopper component of medical device

Component designed to close an opening.

XE4E4 Strain relief component of medical device

A structure designed to function with a connector to prevent damage to a hose or cable from excess flexing.

XE3GN Stylet component of medical device

A thin metal wire designed to be passed through a needle, catheter, or cannula to stiffen it or clear it of debris.

XE05P Syringe component of medical device

A component designed as a rigid cylinder with a plunger at one end and a delivery opening at the other.

XE3ED Table component of medical device

A component having a smooth flat surface that is usually supported by one or more vertical legs.

XE06W Tip component of medical device

Pointed or rounded end of an object.

XE6GE Tool component of medical device

A component that is delivered with a device to support its assembly or operation, and is not part of the device. Use only in the case there are no other terms to describe the component.

XE7G4 Bottle component of medical device

A rigid or semi-rigid container used to store liquid.

XE0UG Translational motion component of medical device

A rotating part which is intended to transfer rotational movement or motion to another type of movement (e.g. excenters).

XE2FM Trap component of medical device

A component designed to capture or remove bubbles or fluid.

XE4M3 Trocar component of medical device

A sharp, pointed rod designed to pierce the wall of a body cavity to withdraw fluid or allow placement of a catheter or other device.

XE8TY Tube component of medical device

A long hollow cylinder, either rigid or flexible, for holding or transporting liquids or gasses.

XE2PZ Capillary tube component of medical device

A narrow tube in which a liquid flows up against gravity.

XE01P Valve component of medical device

A mechanical component designed to control the flow of a fluid or gas.

XE3YJ Control valve component of medical device

A valve designed to regulate the flow of a fluid or gas.

XE229 Luer valve component of medical device

A valve that incorporates a Luer fitting.

XE2LS One-way valve component of medical device

A valve designed to allow flow in only one direction.

XE6MT Vaporiser component of medical device

A component for gasifying liquids such as drugs.

XE0FP Vibrator component of medical device

A mechanical component designed to create a vibratory motion.

XE83A Washer component of medical device

A flattened disk used as a mechanical seal between objects.

XE1PW Weld component of medical device

Any joining connection that is the result of welding 2 or more parts.

XE6HA Wheel component of medical device

A mechanical component consisting of a spoked, circular rim or solid disk designed to rotate on an axle or shaft.

XE0C3 Breathing circuit component of medical device

In an anesthesia machine, the pathway by which a gaseous anesthetic agent and oxygen are delivered to the patient and carbon dioxide is removed. The circuit can be open or closed.

XE99Z Window component of medical device

A transparent panel in a device designed for visual inspection or to let light pass.

XE2Q3 Shutter component of medical device

Aperture that controls or blocks light or radiation passing through.

XE5YT Brush component of medical device

A component consisting of hairs or bristles set into a handle or holder.

XE0AX Brushing component of medical device

A cylindrical metal sleeve designed to reduce the friction of a rotating shaft.

XE4NU Cable, mechanical structural component of medical device

A long, thin, multistranded rope or metallic wire to hold the subject.

XE2UB Cannula component of medical device

A rigid or semi-rigid tube inserted into the body.

XE9FK Cannula hub component of medical device

A metal or plastic component that connects to the cannula.

XE44H Cap component of medical device

A component designed to close an opening of a container or device.

XE00E Carrier component of medical device

A component designed to facilitate the support, movement, or transport of another device or object.

XE3K0 Caster component of medical device

A pivoting roller or wheel designed to attach to an object to make it movable.

XE088 Catheter component of medical device

A flexible tube inserted into the body designed to permit injection or withdrawal of fluids or to keep passage open.

XE8NS Catheter hub component of medical device

A small metal or plastic component that connects to the catheter.

XE1TF Cell component of medical device

A component that is designed as a container to collect and/or transfer materials, reagents or specimens.

XE65A Chain component of medical device

Assembly of interconnected links, typically made of metal used for connecting other components.

XE6N0 Chamber component of medical device

A component designed as a reservoir/storage.

XE4BK Chassis or frame component of medical device

A supporting frame designed to hold other components or devices such as the internal frame of an electronic device.

XE5CL Clutch component of medical device

A component that engages and disengages power transmission.

XE3C8 Coating material component of medical device

A layer of material covering the surface of a device.

XE1S0 Coil component of medical device

A structure consisting of something wrapped in a continuous series of loops.

XE8AQ Helifix coil component of medical device

A coil designed to allow a Helifix pacing electrode to be placed in the endocardium.

XE0YX Collimator component of medical device

A diaphragm or system of diaphragms made of an absorbing material, designed to define and restrict the dimensions and direction of a beam of radiation.

XE7YF Concentrator component of medical device

A component designed to increase the weight per unit volume of a substance.

XE5TK Cone component of medical device

A three-dimensional part that tapers smoothly from a flat circular shape at one end to a point at the other end.

XE7EE Connector or coupler component of medical device

A component designed to serve as a link between parts allowing easy disconnection and reconnection when necessary.

XE4T6 Connector pin component of medical device

A projecting part of a device that allows it to be secured through an opening.

XE83L Controller component of medical device

A component designed to control or regulate the operation of another device.

XE46J Compressor component of medical device

A component that increases the pressure of air or gas.

XE1S2 Cover component of medical device

An object designed to conceal, enclose, or protect something.

XE8LZ Cuff component of medical device

A bandlike structure that encircles a body part or another component or device.

XE8YR Cup component of medical device

Part or design of a device with a concave hemispherical shape.

XE8T8 Cusp and leaflet component of medical device

A thin blade-like component, typically used as part of a one-way valve.

XE3LB Cutter or blade component of medical device

A component designed for slicing or cutting.

XE9WL Cylinder component of medical device

A three-dimensional part with flat circular ends and long straight sides.

XE3CX Device collapser component of medical device

A component designed to fold or collapse something.

XE8J5 Device deployer component of medical device

A component designed to install something or distribute something in a systematic way.

XE1KD Diaphragm component of medical device

A component consisting of a flexible sheet or partition.

XE85G Dome component of medical device

Part or design of a device with a convex hemispherical shape.

XE5K4 Ejector component of medical device

A mechanism that pushes a device or component out.

XE1VC Equipment pole component of medical device

A structural component designed to hang medical equipment.

XE8ZU Extender component of medical device

A component designed to lengthen a structure.

XE026 Fabric component of medical device

Cloth produced from textile fibers.

XE8VD Fan or blower component of medical device

A component designed to create an air current through the rotation of a planar surface.

XE5DL Fastner component of medical device

A component designed to hold items in place.

XE1A5 Adhesive fastner component of medical device

Any substance that affixes 2 or more surfaces together. This may be supplied separately, or attached to another item such as tape.

XE4V8 Bolt fastner component of medical device

A cylindrical connector element which may have a thread/nut connection to form a fastener.

XE4PG Clamp fastner component of medical device

A component designed to mechanically hold items firmly together.

XE3VN Clip fastner component of medical device

A small component designed to hold and attach items together.

XE9KR Fixation wire fastner component of medical device

A metal strand designed for structural or other purpose.

XE6R2 Latch fastner component of medical device

A fastening component for a mobile part usually consisting of a bar that is retained in a slot.

XE7GP Nail fastner component of medical device

A pin-shaped fastener with a sharp point at one end and usually flat on the other end.

XE0F0 Nut fastner component of medical device

A threaded fastener designed to engage a bolt.

XE6A2 Pin fastner component of medical device

A small, slender separate component which is designed to secure another object.

XE059 Prong fastner component of medical device

A projecting pointed part of a device, usually one designed to attach a device to something else.

XE33C Retainer fastner component of medical device

A physical component designed to hold items in place.

XE9MM Rivet fastner component of medical device

A fastening component resembling a heavy pin, having a head on one end and designed to have the other end flattened after passing through the parts to be connected.

XE3NX Screw fastner component of medical device

A fastening component with a tapered threaded shaft and a head designed to engage with a driving tool.

XE2HY Staple fastner component of medical device

A fastening component consisting of a bent wire designed to pierce and hold two or more surfaces together.

XE0NL Suture thread fastner component of medical device

A monofilament or multifilament material used surgically to close a wound, join tissues, or fasten components of a device (e.g. fabric to wire stent frame).

XE8MX Tape for fixation component of medical device

A long, thin, flat, flexible material often used for binding or fastening.

XE15J Fiber component of medical device

Any component made from a long, slender material.

XE65M Filter component of medical device

A component designed to remove something from whatever passes through it.

XE10F Flange component of medical device

A protruding edge designed to strengthen or stabilize a device or facilitate its attachment to a surface.

XE4PC Foil component of medical device

A thin, flexible sheet of metal.

XE3HQ Gas exchanger component of medical device

Component that is used to transfer gasses between two or more locations.

XE3QZ Gasket component of medical device

A preformed material designed to form a seal between connecting surfaces.

XE5M6 Gears component of medical device

A toothed wheel designed to mesh with another toothed object and transmit motion.

XE0RK Generator component of medical device

A component designed to produce electricity, vapor or gas.

XE1ND Guide component of medical device

A component designed to help direct the passage of another object.

XE64H Guidewire component of medical device

A flexible wire designed to help position medical devices within the body.

XE11W Handpiece component of medical device

A part of a device designed to be used while held in the hand.

XE37B Header component of medical device

The connection point between the leads and the generator.

XE2AL Sewing ring component of medical device

A ring of supportive material designed to provide a stable surface for attachment to surrounding tissues.

XE12Q Heat exchanger component of medical device

A component designed to transfer heat between fluids and/or gases across a barrier or to the environment.

XE5ZS Hinge component of medical device

A component designed to join two objects and allow them to swing relative to one another.

XE4FZ Holder component of medical device

A component designed to hold another object.

XE3A4 Hose component of medical device

A flexible tube designed to carry a fluid or gas.

XE5S9 Housing component of medical device

A rigid casing that encloses and protects a piece of equipment.

XE0YE Humidifier component of medical device

A component used to increase moisture in a gas.

XE1TK Hydraulic system component of medical device

A system designed to use fluid pressure to bring about movement.

XE4NN Impeller component of medical device

The rotating component of a centrifugal pump, compressor, or other machine designed to move a fluid by rotation.

XE3WA Inserter component of medical device

A component whose function is to facilitate the insertion of a particular device.

XE1Y2 Insulation component of medical device

A material designed to reduce the transmission of heat, sound, or electricity.

XE7JF Isolator component of medical device

Any material or structure designed to limit the interaction between two components.

XE7N3 Jaw component of medical device

A component designed to use opposing parts to close on and hold an object.

XE7GQ Joint component of medical device

A component designed as the junction between objects; it may be flexible or rigid.

XE3AW Knob component of medical device

A rounded lump or ball used for adjusting or controlling.

XE6R7 Label component of medical device

Any written, printed, or graphic matter upon a device to identify its nature, ownership, or other characteristics of the device.

XE1VQ Leaflet component of medical device

A device consisting of two thin blades hinged in the center; typically designed to control flow of fluids.

XE5XR Lever component of medical device

A rigid bar that rotates around a fixed point.

XE08E Foot pedal component of medical device

A lever designed to be operated with the foot.

XE80W Liner component of medical device

A component placed inside the walls of a cavity or container for protection or insulation.

XE17E Magazine or cassette component of medical device

A compartment in a device designed to house a consumable material for feeding into a mechanism.

XE87E Manifold component of medical device

A compartment in a device designed to house a consumable material for feeding into a mechanism.

XE26U Mask component of medical device

A flexible, form-shaped component designed to be placed over the nose and/or mouth.

XE74K Mechanical mixer component of medical device

A mechanical component designed to blend materials.

XE9VQ Membrane component of medical device

A component that is made from or resembles a thin flexible sheet of material acting as a boundary or separating two chambers.

XE8R6 Mesh component of medical device

Component made of overlapping strands forming a fine net-like structure.

XE0R5 Motor component of medical device

A machine that converts any form of energy to produce or impart motion (kinetic energy).

XE8X1 Mount component of medical device

A structural component designed to facilitate the attachment of one object to another.

XE4BH Needle component of medical device

A component with a long, slender, pointed shape.

XE78G Nozzle component of medical device

A component designed to regulate and direct the flow of a fluid or gas.

XE7C4 Packaging component of medical device

The outer wrapping around a device which serves to contain, identify, and protect it prior to use.

XE5AR Pad component of medical device

Typically a soft, cushion-like material used to prevent injury or damage to a person or device. Can also be made of an absorbent material to absorb liquid.

XE080 Panel component of medical device

A rigid sheet that forms a surface of a device or component.

XE965 Plate component of medical device

A thin, flat sheet or strip used to join, strengthen or to form parts of another structure.

XE09R Plug component of medical device

A component designed to seat into an opening in a device or other object.

XE9R2 Plunger component of medical device

A component of a machine, tool or device that pushes or thrusts another object, liquid or gas.

XE25A Post component of medical device

An upright piece that is fixed firmly that supports, place or aligns other parts.

Optical medical device component

Component which involves or relates to vision, light, or images.

XE120 Camera component of medical device

An apparatus for taking photographs, generally consisting of a lightproof enclosure having an aperture with a shuttered lens through which the image of an object is focused and recorded on a photosensitive film or plate.

XE5CR Film component of medical device

A photographic material designed to capture an image upon exposure to electromagnetic radiation.

XE7NH Imager component of medical device

A component designed to create or record a visual representation.

XE6GJ Laser component of medical device

A component designed to emit a monochromatic beam of coherent light.

XE6QH Light emitting diode component of medical device

A type of diode designed to emit light when a current passes through it.

XE616 Lenses component of medical device

An electric or optical component designed to focus (concentrate) or disperse electromagnetic radiation.

XE5LN Light source component of medical device

A component that produces visible light.

XE5G9 Bulb component of medical device

A component designed to produce light or heat.

XE9EM Mirror component of medical device

A component consisting of a polished surface designed to reflect light.

XE7A6 Optical fiber component of medical device

A component made with thin glass fibers as a conduit for transmission of light.

Safety medical device component

Safety related component

XE28G Alarm component of medical device

A component designed to signal the occurrence of a particular event.

XE5DW Alarm component of medical device, audible

A component designed to signal the occurrence of a particular event by making a sound.

XE3WT Alarm component of medical device, visual

A component designed to signal the occurrence of a particular event in a way that can be seen.

XE2N6 Emergency button or switch component of medical device

A button and circuits designed to force the shutdown of a machine or device.

XE37H Fail-safe system component of medical device

A component designed to prevent malfunction, unsafe, or unauthorized operation of a device or system.

XE51V Locking mechanism component of medical device

A fastening component designed to hold, close, or secure.

XE8RN Protector or shield component of medical device

A component designed to prevent harm or protect against damage to other components.

XE0ZU Safety interlock component of medical device

A mechanical or electronic component designed to prevent undesired actions due to the changing state of a device, typically to prevent harm to an operator or damage to the device itself.

XE4HV Needle stick prevention mechanism

A mechanism integrated into a device to prevent needle stick injuries.

XE58K Safety valve component of medical device

A valve designed to automatically open in order to maintain the pressure in a system below a specified pressure.

Other component of medical device

Terms not yet classified. If these terms get moved to other categories, this category can be deleted. (Previously the device category.)

XE27U Part, component or sub-assembly term not applicable

The device does not have distinct parts, components, or sub-assemblies, or it would not be appropriate to link the reported incident to a single part, component, or sub-assembly. Use this term if the problem involves or affects the overall device rather than a specific component.

XE8NG Appropriate term or code not available for medical device component

The parts, components, or sub-assemblies are not adequately described by any other term. Note: this code must not be used unless there is no other feasible code. The preferred term should be documented when submitting an adverse event report. This information will be used to determine if a new term should be added to the code table.

Consciousness

Glasgow Coma Scale Eye opening score

XC3W One or both eyes are open spontaneously

XC5L One or both eyes open to verbal stimulation

XC3H One or both eyes open to painful or noxious stimulation

XC87 No eye opening even with painful or noxious stimulation

Glasgow Coma Scale Motor score

XC4L Obeys commands

XC6J Localizes response to painful or noxious stimulation

XC8Q Withdrawal response to painful or noxious stimulation

XC8W Abnormal flexion response to painful or noxious stimulation

XC8H Extension response to painful or noxious stimulation

XC34 No motion even with painful or noxious stimulation

Glasgow Coma Scale Verbal score

XC2X Oriented, normal speech

XC4Y Confused, disoriented speech

XC4A Language utterances

XC7U Non-language utterances (incomprehensible sounds) to painful or noxious stimulation

XC8U No verbal output even with painful or noxious stimulation

Pupil reaction score

XC5Y Neither pupil reacts

XC16 One pupil reacts

XC5K Both pupils react

XC85 Data not available

Substances

Coded Elsewhere: Allergens

Medicaments

Agents primarily affecting the gastrointestinal system

XM1349 Antacids

Coded Elsewhere: Magnesium oxide (XM7G33)

XM7GM7 Magnesium compounds

Coded Elsewhere: Magnesium peroxide (XM3CD3)

XM39M3 Magnesium hydroxide

XM35X7 Aluminium, aluminium magnesium silicate

XM3JP8 Aluminium compounds

XM9N47 Algeldrate

XM2VU8 Aluminium, aluminium phosphate

XM4NY5 Aloglutamol

XM7DC3 Aluminium, aluminium glycinate

XM9PG0 Dihydroxyaluminum sodium carbonate

XM38T8 Aluminum hydroxide (gel)

XM0SA0 Calcium compounds

XM9003 Calcium carbonate

XM8EF6 Calcium silicate

XM0D52 Combinations and complexes of aluminium, calcium and magnesium compounds

XM5R16 Magaldrate

XM8J56 Almagate

XM3EB6 Hydrotalcite

XM9Y49 Almasilate

Gastric acid secretion suppressants

Histamine H2-receptor antagonists

XM9YL4 Cimetidine

XM6441 Famotidine

XM9ZP3 Nizatidine

XM6WY8 Ranitidine

XM0SH0 Roxatidine

XM08A8 Niperotidine

XM1ZT1 Ranitidine bismuth citrate

XM0Q37 Lafutidine

XM2WX5 Proton pump inhibitors

XM8X45 Omeprazole

XM86M3 Pantoprazole

XM39X4 Lansoprazole

XM3M01 Rabeprazole

XM8YE1 Esomeprazole

XM5RA0 Dexlansoprazole

XM1J18 Dexrabeprazole

XM3MK2 Tegoprazan

XM4ML1 Prostaglandins

XM28N9 Misoprostol

XM4GD1 Enprostil

XM1CF2 Alprostadil

XM3Q43 Dinoprost

XM5VF9 Dinoprostone

XM2L11 Gemeprost

XM8XM0 Carboprost

XM9BJ7 Sulprostone

Other drugs for peptic ulcer and gastro-oesophageal reflux disease

XM2H82 Carbenoxolone

XM0044 Sucralfate

XM6690 Pirenzepine

XM6WX3 Proglumide

XM0HB8 Gefarnate

XM2689 Sulglicotide

XM4H50 Alginic acid

XM2891 Rebamipide

XM1F15 Methiosulfonium chloride

XM1BG6 Bismuth subcitrate

XM1LT9 Acetoxolone

XM9SW3 Zolimidine

XM1Y11 Troxipide

XM84X1 Bismuthyl subnitrate

XM1364 Fixed Combinations for Helicobacter pylori eradication

Drugs for functional gastrointestinal disorders

XM4S40 Serotonin receptor antagonists

Coded Elsewhere: Dronabinol (XM1W83)

Nabilone (XM3UF9)

XM7423 Ondansetron

XM8123 Granisetron

XM3X37 Cilansetron

XM2493 Diisopromine

XM30Q8 Chlorbenzoxamine

XM2GC8 Pinaverium

XM3CZ9 Fenoverine

XM5RS2 Alverine

XM27M9 Isometheptene

XM6UH6 Migalstat

XM49K4 Fenpiprane

XM7F16 Idanpramine

XM8N97 Proxazole

XM2SK3 Trepibutone

XM3R36 Caroverine

XM66E5 Phloroglucinol

XM7ZC5 Trimethyldiphenylpropylamine

XM9K48 Valethamate bromide

Antidiarrhoeal drugs

XM6Q06 Aluminium, aluminium tannate

XM62S7 Amylopectin

XM8A95 Antidiarrhoeal drug absorbent

XM6V74 Attapulgite

XM4SG9 Bacillus subtilis

XM98L3 Bismuth salts subcarbonate

XM5U61 Bismuth salts

XM3962 Carbo medicinalis

XM0S42 Charcoal

XM46T5 Charcoal activated

XM2269 Charcoal medicinal (activated)

XM8D61 Charcoal medicinal antidiarrhoeal

XM8ET0 Difenoxin

XM15K3 Fetoxilate

XM3ZU0 Intestinal motility control drug

XM7CN8 Kaolin

XM2GB1 Kaolin light

XM1N12 Lactobacillus acidophilus compound

XM0EB5 Lactobacillus acidophilus

XM0QG1 Lactobacillus bifidus, lyophilized

XM1TF2 Lactobacillus bulgaricus

XM4KH7 Lactobacillus sporogenes

XM48X2 Lignin hemicellulose

XM8683 Lomotil

XM2UP7 Miyari bacteria

XM2HR7 Pectin

XM4X08 Saccharomyces boulardii

Digestants

XM2663 Anise oil

XM8A26 Antiflatulent

XM0090 Betaine

XM0TD5 Bile salts

XM5TC9 Carminative

XM5QD3 Cholagogues

XM6RN6 Choleretic

XM5CH0 Cytochrome C

XM00U8 Dehydrocholic acid

XM0365 Dill

XM4RK4 Elastase

XM5H83 Enzyme intestinal

XM2Q01 Florantyrone

XM5BH7 Gastric enzymes

XM63F8 Gentian

XM1TN8 Ginger

XM0994 Glutamic acid

XM15D5 Hydrochloric acid medicinal (digestant)

XM2702 Ox bile extract

XM6HM1 Pancreatin

XM9Z07 Pancrelipase

XM6DW4 Papain

XM72V4 Papain digestant

XM1XP0 Peppermint (oil)

XM17U7 Pepsin digestant

XM7L34 Phenylpropanol

XM4U70 Tilactase

Antinauseants, antiemetics and emetics

Coded Elsewhere: Serotonin receptor antagonists (XM4S40)

XM4H25 Cerium oxalate

XM3ME7 Copper emetic

XM9FG8 Copper sulfate medicinal emetic

XM2WE8 Mustard black

XM5SW7 Chlorobutanol

XM8SN3 Trimethobenzamide

XM46N1 Metopimazine

XM1DC1 Aprepitant

XM2633 Casopitant

XM41Y6 Rolapitant

XM2170 Pipamazine

XM9FU8 Pyrathiazine

Other agents primarily affecting gastrointestinal system

XM3KJ5 Ammonium sulfonate resin

XM4KK2 Bacillus lactobacillus

XM4663 Carrageenan

XM8NM7 Charcoal medicinal poison control

XM4GA5 Charcoal medicinal specified use other than for diarrhoea

XM7ER1 Dimethyl polysiloxane

XM30A7 Gastrointestinal drug biological

XM0KJ8 Gastrointestinal drug specified

XM7L13 Glucurolactone

XM9Q94 Hepatic secretion stimulant

XM7EV4 Intestinal motility control drug biological

XM9S11 Ion exchange resin anion

XM1AX0 Ion exchange resin intestinal

XM0UP4 Liquorice extract

XM8UW6 Mesalazine

XM0TN5 Olsalazine

XM73P5 Pancreatic digestive secretion stimulant

XM0EK0 Polysilane

XM2K96 Sodium alginate

XM7M46 Sodium amylosulfate

XM7AL9 Sulfated amylopectin

Other antacids and anti-gastric-secretion drugs

Coded Elsewhere: Sodium bicarbonate (XM4XZ4)

XM6347 Alexitol sodium

XM8YP0 Aluminium, aluminium carbonate (gel, basic)

XM3Q55 Aluminium, aluminium chlorhydroxide-complex

XM9DS4 Aluminium, aluminium hydroxide-magnesium carb. gel

XM8FL6 Aluminium, aluminium silicate

XM0BM4 Aluminium, aluminium sodium silicate

XM37S3 Antacid

XM5XT4 Anti-gastric-secretion drug

XM9KD3 Benexate

XM1F19 Bismuth salts aluminate

XM5R07 Burimamide

XM7Y04 Cetraxate

XM1WQ5 Chalk, precipitated

XM1622 Dihydroxyaluminum aminoacetate

XM9BS9 Dimethicone

XM6YR9 Magnesia magma

XM7V20 Magnesium carbonate

XM8L43 Magnesium trisilicate

XM1EN3 Methylpolysiloxane

XM9414 Metiamide

XM7SH2 Milk of magnesia

XM01K0 Ornoprostil

XM7K87 Pepstatin

XM7W08 Potassium glucaldrate

XM7Z18 Rolaids

XM87Z0 Rosaprostol

XM64X9 Simaldrate

XM38C5 Simethicone

XM0QL9 Soda bicarb

XM43U8 Sodium glucaldrate

XM7M59 Sodium polyhydroxyaluminium monocarbonate

XM38H3 Triple carbonate

XM5QM5 Vitamin ulceroprotectant

Other laxatives

XM8K92 Agar

XM5FL6 Arachis oil cathartic

XM5993 Atonia drug, intestinal

XM9281 Bran (wheat)

XM21B3 Bulk filler cathartic

XM0ML8 Calcium dioctyl sulfosuccinate

XM0HS3 Carboxymethyl-cellulose

XM3EV1 Carmellose

XM99E9 Cathartic bulk

XM4DA2 Cathartic emollient

XM2Y48 Cathartic mucilage

XM3000 Cellulose cathartic

XM22V5 Cellulose hydroxyethyl

XM6ZN5 Dioctyl sulfosuccinate (calcium) (sodium)

XM2UB3 Ethylhydroxycellulose

XM6CL0 Fecal softener

XM1RJ7 Fiber, dietary

XM4A22 Ispagula husk

XM1J98 Karaya (gum)

XM5CR2 Konsyl

XM2J55 Metamucil

XM0X73 Methylcellulose laxative

XM5VW0 Mucilage, plant

XM1VV2 Olive oil (medicinal)

XM3CM0 Peach kernel oil (emulsion)

XM85Z3 Peanut oil (emulsion)

XM4PD5 Phosphate laxative

XM95P7 Poloxamer

XM9PF1 Polycarbophil

XM4YU2 Psyllium hydrophilic mucilloid

XM0ZU4 Soap enema

XM6J59 Sodium dioctyl sulfosuccinate

XM3DH4 Tartrate, laxative

Saline and osmotic laxatives

XM69K0 Cathartic saline

XM40M7 Epsom salt

XM4WX6 Laxative osmotic

XM5NK8 Laxative saline

XM06D3 Potassium bisulfate

Drugs for constipation

Laxatives

XM9P20 Aloes

XM6UQ2 Aloin

XM9N98 Bryonia

XM9YN3 Carter's Little Pills

XM2632 Cathartic anthacene derivative

XM3W96 Cathartic contact

XM53Q7 Cathartic irritant

XM6LH5 Cathartic vegetable

XM0JN3 Colocynth

XM4217 Croton (oil)

XM4C29 Dianthone

XM8PF5 Dihydroxyanthraquinone

XM77A6 Dulcolax

XM9KZ8 Elaterium

XM6CR4 Ex-Lax (phenolphthalein)

XM7XD6 Frangula

XM6L10 Frangula extract

XM1L58 Gamboge

XM1RP5 Hinkle's pills

XM6XG3 Jalap

XM9DZ3 Mineral oil emulsion

XM4CS7 Phenisatin

XM5042 Potassium sulfate

XM14Q1 Rhubarb dry extract

XM40D1 Rhubarb tincture, compound

XM38T6 Scammony

XM91P4 Sennoside A+B

XM9ML9 Sodium phosphate dibasic

XM38A9 Sodium phosphate monobasic

XM7XV5 Squirting cucumber (cathartic)

XM8WQ0 Sulisatin

XM69R3 Yellow phenolphthalein

XM1NY1 Softeners or emollients

XM8UE2 Liquid paraffin

XM59Z2 Docusate sodium

XM5CM0 Contact laxatives

XM5E72 Oxyphenisatine

XM14G1 Bisacodyl

XM86Q2 Dantron

XM30Q0 Phenolphthalein

XM7G77 Castor oil

XM9LC4 Senna glycosides

XM8YN7 Sodium picosulfate

XM00W5 Bisoxatin

XM8N88 Cascara

XM42M0 Bulk-forming laxatives

XM9JR8 Sterculia

XM3VP9 Linseed

XM5DN2 Methylcellulose

XM3JB5 Ispaghula

XM0LV6 Ethulose

XM4SJ2 Triticum (wheat fibre)

XM5BR4 Polycarbophil calcium

XM2806 Osmotically acting laxatives

Coded Elsewhere: Mannitol (XM5BJ8)

XM7G33 Magnesium oxide

XM6EC7 Magnesium sulfate

XM3CD3 Magnesium peroxide

XM7W31 Lactulose

XM6AX9 Sodium sulfate

XM6FQ8 Macrogol

XM9YJ1 Sorbitol

XM4RE1 Lactitol

XM7RN6 Pentaerithrityl

XM5348 Glycerol

XM7DT2 Carbon dioxide producing drugs

XM4U05 Lubiprostone

XM3086 Linaclotide

XM2396 Prucalopride

XM2SC1 Tegaserod

XM78V7 Plecanatide

XM6DL1 Oil

Propulsives

XM3XX3 Metoclopramide

XM3346 Cisapride

XM3GF5 Domperidone

XM2Q19 Bromopride

XM6AH6 Alizapride

XM4GL7 Clebopride

XM2KJ6 Itopride

XM1W04 Cinitapride

XM6ZM7 Mosapride

Antipropulsives

XM8136 Eluxadoline

Agents primarily affecting blood constituents and immune system

Coded Elsewhere: Estrogens and progestogens (XM9N33-XM0SU9)

Gonadotropin releasing hormones and analogues (XM32E8-XM3S25)

Antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified (XM6W81-XM5XB7)

Antineoplastic agents

XM09D9 Alkylating agents

XM06G0 Nitrogen mustard analogues

XM7SY9 Cyclophosphamide

XM5TX7 Chlorambucil

XM2VC7 Melphalan

XM9W18 Chlormethine

XM7FY4 Ifosfamide

XM4EP0 Trofosfamide

XM4NR8 Prednimustine

XM45K9 Bendamustine

XM0DA1 Melphalan flufenamide

XM3WS2 Alkyl sulfonates

XM7WX6 Busulfan

XM9CR4 Treosulfan

XM4TU0 Mannosulfan

XM66A3 Ethylene imines

XM8QS9 Thiotepa

XM2RU1 Triaziquone

XM8A50 Carboquone

XM9708 Nitrosoureas

XM82H4 Carmustine

XM2G49 Lomustine

XM0VS7 Semustine

XM5GB0 Streptozocin

XM1KF0 Nimustine

XM9KU3 Uramustine

XM5RH5 Fotemustine

XM64P5 Ranimustine

XM4KL3 Etoglucid

XM31W0 Mitobronitol

XM0MB5 Pipobroman

XM3VF4 Temozolomide

XM32Y8 Dacarbazine

XM7Y28 Bis(chloromethyl) ether

Antineoplastic antimetabolites

XM4DQ8 Folic acid analogues

XM7KT0 Methotrexate

XM1SK9 Mercaptopurine

XM3FP5 Tioguanine

XM5NF9 Raltitrexed

XM16W8 Pemetrexed

XM06R0 Pralatrexate

XM71S1 Purine analogues

XM3ZN1 Cytarabine

XM55V5 Fluorouracil

XM10L4 Tegafur

XM6CQ5 Carmofur

XM92X1 Azacitidine

XM1055 Cladribine

XM9RH9 Fludarabine

XM2YA3 Clofarabine

XM6079 Nelarabine

XM9584 Pyrimidine analogues

Coded Elsewhere: Floxuridine (XM8NR1)

XM0YN9 Trifluridine, combinations

XM8GX9 Gemcitabine

XM40Y4 Capecitabine

XM1458 Decitabine

XM7GE5 Aminopterin sodium

XM3264 Antibiotic anticancer

XM8T13 Antimetabolite

XM9D05 Antineoplastic antibiotics

XM4TR6 Azaribine

XM3HR8 Broxuridine

XM3A97 Chloropurine

XM1BL2 Doxifluridine

XM5ZK1 Enocitabine

XM2SL0 Folic acid antagonist

XM0KZ3 Mopidamol

XM2FK2 Pyrimidine antagonist

Antineoplastic natural products and derivatives

XM6137 Vinca alkaloids and analogues

XM0BG8 Vinblastine

XM82R6 Vincristine

XM59U2 Vindesine

XM1Y07 Vinorelbine

XM9QY3 Vinflunine

XM9DS3 Vintafolide

XM3SH7 Podophyllotoxin derivatives

XM9VL7 Etoposide

XM4565 Teniposide

XM05L1 Taxanes

XM5TC8 Paclitaxel

XM5U86 Docetaxel

XM9NR6 Paclitaxel poliglumex

XM50E3 Cabazitaxel

XM6F82 Actinomycin C

XM7K70 Demecolcine

XM3F90 Trabectedin

XM4DQ7 Cytotoxic antibiotics and related substances

XM5GC9 Anthracyclines and related substances

XM7JU8 Doxorubicin

XM0031 Daunorubicin

XM6LT8 Epirubicin

XM1VB7 Aclarubicin

XM9R95 Zorubicin

XM3PF9 Idarubicin

XM26H0 Mitoxantrone

XM4AY9 Pirarubicin

XM9CA4 Valrubicin

XM3J03 Amrubicin

XM8ZP9 Pixantrone

XM0VU1 Bleomycin

XM3JL4 Plicamycin

XM21Z8 Mitomycin

XM65P2 Ixabepilone

XM4RQ4 Fibroblast growth factor receptor tyrosine kinase inhibitors

Monoclonal antibodies

XM52L2 Edrecolomab

XM3AY3 Rituximab

XM2FU8 Trastuzumab

XM1WL2 Gemtuzumab ozogamicin

XM3VL3 Cetuximab

XM5ST9 Bevacizumab

XM1GA2 Panitumumab

XM9P40 Catumaxomab

XM2KB4 Ofatumumab

XM5JH7 Ipilimumab

XM5VT7 Brentuximab vedotin

XM6618 Pertuzumab

XM6H29 Trastuzumab emtansine

XM6ES5 Obinutuzumab

XM74W8 Dinutuximab

XM6M26 Nivolumab

XM8UG5 Pembrolizumab

XM9BU9 Blinatumomab

XM6Y05 Ramucirumab

XM5WX4 Necitumumab

XM10Z6 Elotuzumab

XM4ES5 Daratumumab

XM3JP4 Mogamulizumab

XM8648 Inotuzumab ozogamicin

XM3DU2 Olaratumab

XM7NY5 Durvalumab

XM6PT2 Ermekumab

XM2065 Avelumab

XM8SU2 Atezolizumab

XM9Z80 Cemiplimab

XM5WX2 Alemtuzumab

XM8LF5 Erenumab

XM4XM4 Galcanezumab

XM47L7 Fremanezumab

XM46X2 Ubrogepant

XM1D23 Eptinezumab

XM8C95 Rimegepant

XM4W34 Atogepant

XM3T47 Sensitizers used in photodynamic or radiation therapy

XM8EW4 Porfimer sodium

XM5GF8 Methyl aminolevulinate

XM40J3 Aminolevulinic acid

XM04X3 Temoporfin

XM2BE2 Efaproxiral

XM1ER6 Padeliporfin

Other antineoplastic drugs

Coded Elsewhere: Celecoxib (XM63D2)

XM40B7 Platinum compounds

XM05M0 Cisplatin

XM6Z30 Carboplatin

XM2LX1 Oxaliplatin

XM86Z5 Satraplatin

XM0FB2 Polyplatillen

XM1MP7 Procarbazine

XM8307 Amsacrine

XM4LJ7 Asparaginase

XM9YD3 Altretamine

XM7SD2 Hydroxycarbamide

XM3R45 Lonidamine

XM9JX7 Estramustine

XM9DB5 Tretinoin

XM9T72 Pentostatin

XM2Q11 Mitoguazone

XM7PT2 Venetoclax

XM1NF7 Vosaroxin

XM1DL2 Niraparib

XM2G84 Rucaparib

XM0569 Etirinotecan pegol

XM8UF4 Plitidepsin

XM8QL8 Epacadostat

XM8NP2 Enasidenib

XM5QR0 Talazoparib

XM44N1 Copanlisib

XM10P3 Mitotane

XM56L5 Ivosidenib

XM6038 Glasdegib

XM7FX3 Entinostat

XM3BC1 Alpelisib

XM1840 Selinexor

XM4MB0 Tagraxofusp

XM7RN1 Belotecan

XM5A01 Holmium-166

Holmium-166 (166Ho) is an isotope for the internal radiation therapy of hepatic malignancies.

XM2HS5 Arsenic trioxide

XM3ST0 Alkylating drug antimyeloproliferative

XM9DP5 Alkylating drug lymphatic

XM6AB6 Alkylating drug

XM0JA8 Hexalen

XM07W3 Antramycin

XM9F82 Anticancer agents

XM3MH4 Antimitotic agent

XM6Q44 Antineoplastic without further specification

XM0V25 Antineoplastic alkaloidal

XM4DV2 Antineoplastic combination

XM1Q78 Azaserine

XM0TE5 Azatepa

XM7WD3 Benzcarbimine

XM3WB5 Cactinomycin

XM7RS5 Cancer chemotherapy drug regimen

XM6Z55 Chlorhexamide

XM3ZJ5 Chromic phosphate 32P

XM5VY1 Chromomycin A3

XM6ZM0 Corynebacterium parvum

XM8C02 Cycloleucin

XM7L47 Dactinomycin

XM0HK3 Elliptinium acetate

XM32L4 FAC (fluorouracil + doxorubicin + cyclophosphamide)

XM8NR1 Floxuridine

XM9FT7 Hormone cancer therapy

XM5UH8 Imidazole-4-carboxamide

XM2D46 Inproquone

XM5DL7 Iproplatin

XM8C52 M-vac

XM8XQ7 Mannomustine

XM33V8 Matulane

XM1NW0 Metoprine

XM6VK8 Mitolactol

XM3A89 Mitopodozide

XM3L39 MOPP (mechloreth-amine + vincristine + prednisone + procarbazine)

XM4582 Mustard (emetic)

XM6MP1 Myelobromal

XM5C25 Myleran

XM5MX5 Olivomycin

XM9TL3 Oncovin

XM7TK6 Paroxypropione

XM7040 Peplomycin

XM7NL0 Phenyl hydrazine antineoplastic

XM03S1 Phenylalanine mustard

XM7S82 Porfiromycin

XM6QJ7 Pteroyltriglutamate

XM2CG3 Razoxane

XM9TR7 Rufocromomycin

XM4ZA6 Sarcolysin

XM1TG4 Sarkomycin

XM5FB8 Tauromustine

XM0L32 TEPA

XM3SV7 Trichlormethine

XM5FH3 Trichlorotriethylamine

XM7TR9 Triethanomelamine

XM9T22 Triethylenemelamine

XM6NM1 Triethylenephosphoramide

XM5GV6 Triethylenethiophosphoramide

XM4J62 Trimustine

XM6A19 Uracil mustard

XM9AV3 Urethane

XM1DU5 Zinostatin

XM4KU8 Masoprocol

XM7ST9 Topotecan

XM3ZR1 Tiazofurine

XM0992 Irinotecan

XM8200 Alitretinoin

XM6AL6 Pegaspargase

XM3NJ7 Bexarotene

XM6027 Denileukin diftitox

XM5Z86 Bortezomib

XM2PZ5 Anagrelide

XM1NQ8 Oblimersen

XM3VC2 Sitimagene ceradenovec

XM7R04 Vorinostat

XM91S2 Romidepsin

XM3RX2 Omacetaxine mepesuccinate

XM3BC3 Eribulin

XM96L9 Panobinostat

XM0N96 Vismodegib

XM4XD1 Aflibercept

XM0A07 Carfilzomib

XM7202 Olaparib

XM8F40 Idelalisib

XM9E27 Sonidegib

XM0Y26 Belinostat

XM3753 Ixazomib

XM1BM0 Talimogene laherparepvec

XM1CT6 Protein kinase inhibitors

XM5W30 Imatinib

XM3A37 Gefitinib

XM3420 Erlotinib

XM1982 Sunitinib

XM4A57 Sorafenib

XM50U1 Dasatinib

XM1FM4 Lapatinib

XM6BP0 Nilotinib

XM93U4 Temsirolimus

XM69S5 Everolimus

XM4FT3 Pazopanib

XM3W52 Vandetanib

XM7917 Afatinib

XM60L5 Bosutinib

XM55B8 Vemurafenib

XM2U80 Crizotinib

XM6JL9 Axitinib

XM0853 Ruxolitinib

XM0SL6 Ridaforolimus

XM0601 Regorafenib

XM0JZ7 Masitinib

XM1HB8 Dabrafenib

XM70G2 Ponatinib

XM7VJ9 Trametinib

XM4TL0 Cabozantinib

XM0C70 Ibrutinib

XM14D3 Ceritinib

XM7ZH9 Lenvatinib

XM4EA3 Nintedanib

XM2QS0 Cediranib

XM4K70 Palbociclib

XM8B31 Tivozanib

XM8YD2 Osimertinib

XM4JL2 Alectinib

XM21J7 Rociletinib

XM6K99 Cobimetinib

XM5Y46 Midostaurin

XM0J75 Olmutinib

XM3YP5 Binimetinib

XM2RL4 Ribociclib

XM2DD8 Brigatinib

XM59V9 Lorlatinib

XM5MT6 Neratinib

XM5RQ2 Encorafenib

XM15D6 Dacomitinib

XM9L11 Icotinib

XM8E34 Abemaciclib

XM09W7 Acalabrutinib

XM1L31 Quizartinib

XM2LF4 Larotrectinib

XM4BT2 Gilteritinib

XM16Z9 Entrectinib

XM28Z0 Fedratinib

XM7168 Asciminib

XM7380 Pacritinib

XM9U75 Infigratinib

XM9XE8 Futibatinib

XM74A3 Selpercatinib

XM1UG8 Pralsetinib

XM1JG6 Monoclonal antibodies and antibody drug conjugates

XM6TQ6 Clusters of differentiation 20 inhibitors

XM0NB9 Clusters of differentiation 22 inhibitors

XM4F67 Clusters of differentiation 38 inhibitors

XM6DT1 Human epidermal growth factor receptor 2 inhibitors

XM3ZP2 Epidermal growth factor receptor inhibitors

XM9KZ5 Trastuzumab duocarmazine

XM9ND9 Programmed cell death protein 1/death ligand 1 inhibitors

XM3Q80 Tislelizumab

XM2KA7 Retifanlimab

XM0AN7 Oportuzumab monatox

XM5Q93 Sacituzumab govitecan

XM0550 Amivantamab

XM1GS6 Vascular endothelial growth factor inhibitors

XM4ZA4 Other monoclonal antibodies and antibody drug conjugates

XM0PX7 Pamiparib

XM4WB3 Tazemetostat

XM78S9 Sotorasib

XM7SW9 Belzutifan

Immunostimulants

XM9VN3 Colony stimulating factors

XM93Q2 Filgrastim

XM2M96 Molgramostim

XM38N5 Sargramostim

XM7UB4 Lenograstim

XM17W1 Ancestim

XM4TX7 Pegfilgrastim

XM1G49 Lipegfilgrastim

XM7670 Balugrastim

XM9RV6 Empegfilgrastim

XM8VY9 Pegteograstim

XM1KX1 Interferon alfa-2a

XM58E0 Interferons

XM1GZ3 Interferon alfa

XM3CU5 Interferon beta

XM3KQ4 Interferon gamma

XM6QT3 Interferon alfa-2b

XM6D22 Interferon beta-1a

XM0CS1 Interferon beta-1b

XM0C05 Interferon alfacon-1

XM5L32 Peginterferon alfacon-2

XM70P0 Peginterferon alfa-2b

XM1RW9 Peginterferon alfa-2a

XM1HG5 Albinterferon alfa-2b

XM3XV8 Peginterferon beta-1a

XM41L0 Cepeginterferon alfa-2b

XM24N9 Ropeginterferon alfa-2b

XM2Q27 Interleukins

XM4MJ0 Interferon alfa-n1

XM0RF4 Aldesleukin

XM4PY0 Oprelvekin

XM3SM5 Netakimab

XM8615 Bimekizumab

XM4YW3 Spesolimab

XM7N26 Thymopentin

XM6GW5 Lentinan

XM48E5 Roquinimex

XM9D28 Pegademase

XM30D0 Pidotimod

XM1R32 Poly I:C

XM4J95 Poly ICLC

XM9D43 Immunocyanin

XM94J4 Tasonermin

XM99P5 Melanoma vaccine

XM4PM9 Glatiramer acetate

XM5KS2 Histamine dihydrochloride

XM97M6 Mifamurtide

XM19S3 Plerixafor

XM2ZJ6 Sipuleucel-T

XM4ZS8 Cridanimod

XM9BT1 Dasiprotimut-T

XM3R87 Elapegademase

Immunosuppressive agents

Coded Elsewhere: Methotrexate (XM7KT0)

XM5140 Selective immunosuppressants

XM9RY3 Muromonab-CD3

XM3TG8 Antilymphocyte immunoglobulin (horse)

XM2Q51 Antithymocyte immunoglobulin (rabbit)

XM57B1 Mycophenolic acid

XM76R4 Sirolimus

XM5M04 Leflunomide

XM1PY3 Alefacept

XM75G0 Gusperimus

XM8CX4 Efalizumab

XM4RN7 Abetimus

XM9YN4 Natalizumab

XM45M8 Abatacept

XM3KK5 Eculizumab

XM9M75 Belimumab

XM9K56 Fingolimod

XM4FP8 Belatacept

XM7U27 Tofacitinib

XM1835 Teriflunomide

XM9UD1 Apremilast

XM5MC2 Vedolizumab

XM7BS8 Begelomab

XM2B74 Ocrelizumab

XM1SM6 Baricitinib

XM0700 Ozanimod

XM3F23 Emapalumab

XM09N4 Imlifidase

XM6N55 Siponimod

XM31G3 Ravulizumab

XM0V48 Upadacitinib

XM6QJ6 Belumosudil

XM3RJ6 Peficitinib

XM69Y4 Ponesimod

XM1PC0 Anifrolumab

XM8AR9 Teprotumumab

XM8913 Pegcetacoplan

XM6PD2 Sutimlimab

XM93Q8 Deucravacitinib

XM9PG4 Tumour necrosis factor alpha inhibitors

XM0FU1 Etanercept

XM3MX3 Infliximab

XM31F7 Afelimomab

XM9DS9 Adalimumab

XM9QW1 Certolizumab pegol

XM97H7 Golimumab

XM0PE5 Opinercept

XM5ZL1 Interleukin inhibitors

XM3CD8 Daclizumab

XM6FT1 Basiliximab

XM3CP6 Anakinra

XM4YD0 Rilonacept

XM1BA7 Ustekinumab

XM2FV1 Tocilizumab

XM67R0 Canakinumab

XM5JM2 Briakinumab

XM0NF8 Secukinumab

XM9D29 Siltuximab

XM6601 Brodalumab

XM7AB4 Ixekizumab

XM45G5 Sarilumab

XM7N41 Sirukumab

XM2L20 Guselkumab

XM9VJ6 Tildrakizumab

XM70N9 Risankizumab

XM3CM4 Calcineurin inhibitors

XM28J8 Ciclosporin

XM1661 Tacrolimus

XM0Z09 Voclosporin

XM1079 Immunosuppressive drug

XM99R8 Azathioprine

XM6B78 Thalidomide

XM5Q10 Lenalidomide

XM7952 Pirfenidone

XM6S50 Pomalidomide

XM2EM8 Dimethyl fumarate

XM0LG0 Darvadstrocel

XM8X05 Mepolizumab

XM9UK4 Diroximel fumarate

Anticoagulants and antithrombotics

XM7S34 Vitamin K antagonists

XM8RN0 Dicoumarol

XM79U8 Phenindione

XM86W0 Warfarin

XM4E47 Phenprocoumon

XM6QR1 Acenocoumarol

XM5XY7 Ethyl biscoumacetate

XM2567 Diphenadione

XM6550 Tioclomarol

XM4GN9 Fluindione

XM3508 Clorindione

XM2YP8 Heparin and heparin derivatives

XM1MN3 Heparin

XM12N6 Antithrombin III

XM3DU0 Dalteparin

XM8ZP5 Enoxaparin

XM5727 Nadroparin

XM9V60 Parnaparin

XM9JC4 Reviparin

XM2YJ7 Danaparoid

XM3SS4 Tinzaparin

XM3E38 Sulodexide

XM7QG7 Bemiparin

Platelet aggregation inhibitors

Exclusions: Heparin and heparin derivatives (XM2YP8)

XM9J84 Dipyridamole

XM51R2 Epoprostenol

XM5G01 Indobufen

XM5A15 Ticlopidine

XM00R9 Iloprost

XM5PR9 Triflusal

XM5K56 Ditazole

XM8NM5 Cloricromen

XM09W2 Picotamide

XM7CM7 Clopidogrel

XM39C9 Abciximab

XM2924 Eptifibatide

XM0DS1 Tirofiban

XM8Y64 Beraprost

XM5057 Treprostinil

XM8LN2 Prasugrel

XM92L1 Cilostazol

XM1HH4 Ticagrelor

XM3126 Cangrelor

XM3835 Vorapaxar

XM5MZ5 Selexipag

XM17B1 Anticoagulant and antithrombotic enzymes

XM1AV3 Streptokinase

XM9A41 Alteplase

XM1P81 Anistreplase

XM1QH1 Urokinase

XM77L2 Brinase

XM3YU3 Ancrod

XM5PV9 Direct thrombin inhibitors

XM84G2 Desirudin

XM2HU1 Lepirudin

XM7Y21 Argatroban

XM1D58 Melagatran

XM2QF7 Ximelagatran

XM1WF7 Bivalirudin

XM16E4 Dabigatran etexilate

XM4SD9 Direct factor Xa inhibitors

XM48G2 Rivaroxaban

XM3Y33 Apixaban

XM2SN5 Edoxaban

XM1AM0 Other antithrombotic agents

XM2JQ1 Defibrotide

XM2XP4 Dermatan sulfate

XM31P2 Fondaparinux

Anticoagulants

XM02P8 Anisindione

XM54A7 Bromindione

XM9E78 Coumarin

XM0SY0 Coumetarol

XM0PM7 Drotrecogin alfa

XM9313 Enoxaparin sodium

XM7AL6 Ethylidene dicoumarol

XM4S57 Heparin sodium

XM5YT5 Heparin-fraction

XM5LC3 Heparinoid (systemic)

XM38V8 Indandione (derivatives)

XM4Z97 Indendione (derivatives)

XM5796 Panwarfin

XM04M3 Prothrombin synthesis inhibitor

XM8J87 Xigris

XM7EQ6 Zovant

Other fibrinolysis-affecting drugs

XM4Z15 Amino acids

Coded Elsewhere: Ornithine (XM1GT0)

XM0ES3 Arginine hydrochloride

XM2NR2 Alanyl glutamine

XM44Y2 Lysine

XM8KJ7 Tyrosine

XM4PP7 Phenylalanine

XM4H38 Leucine

XM2K61 Cysteine

XM6VX4 Alanine

XM4BG8 Aminocaproic acid

XM8GE2 Tranexamic acid

XM41G3 Aminomethylbenzoic acid

XM3QV9 Fibrinolysis inhibitor

XM6Y53 Aprotinin

XM0UH4 Antifibrinolytic drug

XM7XD3 Epsilon amino-caproic acid

XM8X82 Hemostatic drug, systemic

XM9PF3 Alfa1 antitrypsin

XM9QH4 Camostat

Anticoagulant antagonists, vitamin K and other coagulants

XM6DJ4 Vitamin K

XM1KN2 Menadione

XM1VC9 Etamsylate

XM0M37 Acetomenaphthone

XM5LG4 Anticoagulant Antagonist

XM0D26 Antihemophilic globulin concentrate

XM2KH0 Antihemophilic plasma, dried

XM0RA5 Antiheparin drug

XM4Z99 Coagulant

XM3RB9 Cotarnine

XM8MM4 Cytozyme

XM5WF6 Gelfoam

XM35E4 Heparin action reverser

XM9CA7 Hexadimethrine (bromide)

XM3AJ3 Menadiol

XM2JG9 Menadiol sodium sulfate

XM7MA9 Menadione sodium bisulfite

XM8912 Menaquinone

XM55W0 Menatetrenone

XM4U16 Protamine sulfate

XM0SY7 Prothrombin activator

XM8RT8 Russel's viper venin

XM6QQ2 Snake venom or bite hemocoagulase

XM0HF1 Thromboplastin

XM3W89 Vitamin K1

XM1YD0 Vitamin K2

XM5UU0 Carbazochrome

XM6RT1 Carbazochrome sodium sulfonate

XM7KW2 Batroxobin

XM96S9 Romiplostim

XM95R8 Eltrombopag

Natural blood and blood products

XM9766 Coagulation factor VIII

XM3GR1 Thrombin

XM04N3 Blood plasma

XM5WD4 Albumin bovine

XM1YW8 Albumin human serum salt-poor

XM7150 Albumin human serum

XM2NV9 Blood (derivatives) (natural) (plasma) (whole)

XM1GJ9 Blood dried

XM5GG5 Blood fraction

XM9TT2 EPO

XM6BM2 Epoetin alpha

XM79U3 Erythropoietin human

XM3TM8 Factor I (fibrinogen)

XM3ZZ2 Factor III (thromboplastin)

XM44Z6 Coagulation factor IX

XM9JK6 Fibrin

XM6HF0 Human albumin

XM0XT3 Natural blood (product)

XM3YQ9 Normal serum albumin, salt-poor (human)

XM8TU6 Whole blood (human)

XM1596 Blood substitutes and plasma protein fractions

XM84Y1 Other plasma protein fractions

XM0CQ3 Gelatin agents

XM4NU0 Gelatin (intravenous)

XM99H6 Polygeline

XM8BW6 Hemoglobin crosfumaril

XM4MK5 Hemoglobin raffimer

XM6W72 Hemoglobin glutamer

XM3CZ0 Dextran

XM1H99 Plasma protein fraction, human

XM6KC5 Albumin

XM8H48 Hydroxyethylstarch

XM6YJ2 Oxypolygelatin

XM8UH8 Polyvinylpyrrolidone

XM8K98 Hematin

XM3P96 Factor VIII inhibitor bypassing activity

XM58W5 Coagulation factor VII

XM1UV6 Coagulation factor XIII

XM0A85 Coagulation factor VIIa

XM25U1 Von Willebrand factor

XM4S88 Catridecacog

XM2RZ4 Coagulation factor X

XM6B13 Susoctocog alfa

XM7KC2 Thrombocytes

XM6GB5 Stem cells from umbilical cord blood

XM7JU3 Serum complement (inhibitor)

XM08V1 Serum hemolytic complement

XM8VX7 Epoetin beta

XM26D5 Red blood cells, packed

Iron and its compounds

Coded Elsewhere: Ferric citrate (XM8NS1)

XM8ZX9 Calcium ferrous citrate

XM6S51 Dextriferron

XM5DJ4 Ferric chloride

XM60G9 Ferric hydroxide colloidal

XM9W49 Ferric hydroxide polymaltose

XM2C90 Ferric pyrophosphate

XM55G4 Ferritin

XM8GJ1 Ferrocholinate

XM3SU9 Ferrodextrane

XM1018 Ferropolimaler

XM7EW8 Ferrous fumerate, gluconate, lactate, salt, sulfate (medicinal)

XM2LA7 Ferrous phosphate

XM8L47 Ferrous salt

XM8Z42 Iron (compounds) (medicinal)

XM6FS8 Iron ammonium

XM7PP8 Iron dextran injection

XM54R9 Iron salts

XM3EH2 Iron sorbitol citric acid complex

XM8KK0 Isomaltose, ferric complex

XM77C5 Jectofer

XM1Y67 Polyferose

XM5SE8 Sodium iron edetate

XM85E8 Saccharated iron oxide

XM5HE0 Sodium feredetate

XM7E86 Ferrous glycine sulfate

XM04C6 Ferrous fumarate

XM3N76 Ferrous gluconate

XM2865 Ferrous carbonate

XM6UB4 Ferrous chloride

XM8SK2 Ferrous succinate

XM3SQ1 Ferrous sulfate

XM0FD3 Ferrous tartrate

XM8638 Ferrous aspartate

XM0S20 Ferrous ascorbate

XM1BG1 Ferrous iodine

XM7FV2 Ferric sodium citrate

XM4HF0 Ferric hydroxide

XM5AW9 Ferric oxide polymaltose complexes

XM6CK7 Chondroitin sulfate-iron complex

XM5L86 Ferric acetyl transferrin

XM8NX7 Ferric proteinsuccinylate

XM4J31 Ferric maltol

XM0216 Ferrous amino acid complex

XM6435 Sodium dipantoyl ferrate

Vitamin B12, folic acid and other anti-megaloblastic-anaemia preparations

XM7CP9 Hydroxocobalamin

XM7R82 Folic acid

XM2AT9 Mecobalamin

XM2RU3 Cobalamine

XM9KD4 Cyanocobalamin

XM20E6 Hematinic preparation

XM16W1 Leucovorin (factor)

XM9130 Erythropoietin

XM09N3 Cyanocobalamin tannin complex

XM2NR4 Cobamamide

XM7M42 Darbepoetin alfa

XM66M0 Methoxy polyethylene glycol-epoetin beta

XM9D96 Peginesatide

XM27M4 Daprodustat

XM59J5 Vadadustat

Enzymes

XM6Y81 Alidase

XM0KX8 Alpha amylase

XM7NZ6 Chymotrypsin

XM8P48 Cocarboxylase

XM1819 Deoxyribonuclease

XM3HF5 Diffusin

XM3TF2 Enzyme fibrolytic

XM5GS9 Enzyme thrombolytic

XM0543 Hyaluronidase

XM2P48 Pancreatic dornase

XM9J86 Penicillinase

XM52N4 Pronase

XM94J1 Serrapeptase

XM93U7 Streptodornase

XM8183 Sutilains

XM40V6 Trypsin

XM6RN7 Reteplase

XM04S7 Saruplase

XM8K47 Drotrecogin alfa (activated)

XM5ZA2 Tenecteplase

XM35D2 Protein C

XM32Y3 Fibrinolysin and desoxyribonuclease

XM4XM2 Fibrinolysin

XM9PZ9 Tissue plasminogen activator

Drugs used in hereditary angioedema

XM9AX4 C1-inhibitor, plasma derived

XM7TQ2 Icatibant

XM9192 Ecallantide

XM7M63 Conestat alfa

XM2UN9 Berotralstat

Local hemostatics

XM3RF2 Absorbable gelatin sponge

XM6EK6 Oxidized cellulose

XM1MS7 Tetragalacturonic acid hydroxymethylester

XM6BS8 Adrenalone

XM1JS6 Calcium alginate

Other haematological agents

XM8F45 Voxelotor

Agents affecting genitourinary system, sex and anabolic hormones

Coded Elsewhere: Labour repressants

Drugs used in erectile dysfunction

Acidifiers

Oxytocic drugs (XM0Q45-XM6MR2)

Antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified (XM6W81-XM5XB7)

Other gynaecologicals

XM8R05 Atosiban

XM5EY9 Flibanserin

XM19G4 Agni casti fructus

XM6DH4 Cimicifugae rhizoma

Intrauterine and intravaginal contraceptives

XM92Y5 Plastic intrauterine contraceptive device

XM0B44 Plastic intrauterine contraceptive device with copper

XM7P32 Plastic intrauterine contraceptive device with progestogen

XM2AH3 Vaginal ring with progestogen and estrogen

Estrogens and progestogens

XM9N33 Progestogens and estrogens, fixed combinations

XM65V3 Levonorgestrel with ethinylestradiol

XM4BC7 Gestodene and ethinylestradiol

XM5PH2 Norgestimate and ethinylestradiol

XM01B4 Norelgestromin and ethinylestradiol

XM0QV1 Nomegestrol and estradiol

XM3727 Chlormadinone and ethinylestradiol

XM4AD5 Quingestanol and ethinylestradiol

XM9ZQ5 Lynestrenol and ethinylestradiol

XM3344 Megestrol and ethinylestradiol

XM7D82 Norethisterone with ethinylestradiol

XM6EU8 Medroxyprogesterone and ethinyloestradiol

XM6Y16 Desogestrel and ethinylestradiol

XM3L86 Drospirenone and ethinylestradiol

XM5KE9 Dienogest and ethinylestradiol

XM3WW4 Ethinylestradiol, ethinyloestradiol with levonorgestrel

XM7M76 Ethinylestradiol, ethinyloestradiol with norethisterone

XM8HJ8 Ethynodiol with mestranol diacetate

XM0ZZ0 Progestogens and estrogens, sequential preparations

XM70N0 Estrogens

XM51S9 Diethylstilbestrol

XM7YR1 Epimestrol

XM4EH0 Estriol

XM1058 Chlorotrianisene

XM8YK8 Estrone

XM56M0 Estrogen conjugated

XM6UC0 Dienoestrol

XM4T41 Methallenestril

XM3YX8 Polyestradiol phosphate

XM03K8 Fosfestrol

XM7FC3 Promestriene

XM7ST1 Moxestrol

XM70N6 Tibolone

XM1SV5 Ethinyloestradiol

XM7CP4 Estrogen

XM9HA7 Progestogens

XM2HB5 Medroxyprogesterone acetate (depot)

XM1KX5 Gestonorone caproate

XM6U53 Levonorgestrel

XM1DX1 Quingestanol

XM8Y77 Lynestrenol

XM7KS3 Megestrol

XM7LY6 Norethisterone

XM7ZG5 Desogestrel

XM7XY6 Drospirenone

XM0R79 Hydroxyprogesterone

XM3799 Progesterone

XM71X5 Dydrogesterone

XM4HQ9 Medrogestone

XM2LR3 Nomegestrol

XM6SD5 Demegestone

XM5FK8 Chlormadinone

XM71B5 Promegestone

XM0U58 Dienogest

XM77R9 Allylestrenol

XM0TH1 Ethisterone

XM6TX3 Ethynodiol

XM37T7 Methylestrenolone

XM94C4 Etonogestrel

XM31C0 Norgestrienone

XM6CL2 Anhydrohydroxy-progesterone

XM0W29 Antineoplastic combination estrogen

XM76F9 Conjugated estrogenic substances

XM4DR7 Delalutin

XM49U4 Dimestrol

XM5RK3 Dimethisterone

XM1P34 Epiestriol

XM39W0 Estradiol benzoate

XM2GR3 Estrogen with progesterone

XM6133 Estropipate

XM7JV9 Gonadal tissue extract female

XM8WE5 Hexestrol

XM4NZ9 Hydroxyestrone

XM5A00 Hydroxyprogesterone caproate

XM3AK8 Mestranol

XM1SH1 Noretynodrel

XM1B43 Normethandrone

XM3MJ7 Ovarian hormone

XM26R0 Ovarian stimulant

XM8AV0 Oxendolone

XM1K26 Pregnandiol

XM8FT3 Progestogen

XM9HS1 Quinestradol

XM3HH8 Quinestrol

XM0SU9 Steroid antineoplastic, hormone estrogen

Estrogen receptor modulators

XM74M2 Clomiphene

XM1ZT8 Ormeloxifene

XM7P20 Cyclofenil

XM2CF9 Raloxifene

XM8818 Bazedoxifene

XM4JW0 Lasofoxifene

XM8HF1 Ospemifene

Progesterone receptor modulators

XM4RW1 Mifepristone

XM04R5 Ulipristal

Androgens and anabolic congeners

XM8VE0 Stanozolol

XM24D1 Methandrostenolone

XM0E55 Mestanolone

XM1E21 Oxymesterone

XM7WQ1 Oxymetholone

XM8788 Quinbolone

XM5Q72 Prasterone

XM6327 Oxandrolone

XM5115 Norethandrolone

XM29P0 Fluoxymesterone

XM4TC8 Methyltestosterone

XM3HM6 Testosterone

XM3QK3 Mesterolone

XM3478 Androstalone

XM3BT9 Anabolic steroid

XM65R6 Androgen

XM5CT6 Androgen-estrogen mixture

XM89R1 Androsterone

XM7LM1 Antineoplastic steroid

XM0T50 Calusterone

XM1SV6 Congener, anabolic

XM1RM3 Dromostanolone

XM81H5 Durabolin

XM76Q0 Epitiostanol

XM3UJ6 Estradiol with testosterone

XM7X01 Gonadal tissue extract male

XM6R95 Macrolide anabolic drug

XM21D8 Mepitiostane

XM2GQ1 Metenolone

XM6966 Methandriol

XM8HC6 Methyl androstanolone

XM8NZ0 Nandrolone

XM3KV3 Steroid androgenic

XM1KA5 Steroid antineoplastic, hormone

XM5T49 Testolactone

XM50S2 Zeranol

XM54A1 Ethylestrenol

XM6RN8 Oxabolone cipionate

XM11B1 Drugs for urinary frequency and incontinence

Other urologicals

Coded Elsewhere: Magnesium hydroxide (XM39M3)

XM1TG5 Phenyl salicylate

XM5549 Acetohydroxamic acid

XM2VJ5 Phenazopyridine

XM1JS5 Dimethyl sulfoxide

XM8GM2 Pentosan polysulfate sodium

XM2D76 Tiopronin

XM6VX1 Succinimide

XM8BX6 Dapoxetine

Drugs used in benign prostatic hypertrophy

Coded Elsewhere: Alfuzosin (XM1C94)

Tamsulosin (XM3F82)

Terazosin (XM9LH2)

Mepartricin (XM40Q3)

Finasteride (XM8P68)

Dutasteride (XM01Y3)

Silodosin (XM1FQ5)

XM3WK8 Prunus africanae cortex

XM5B91 Sabalis serrulatae fructus

XM2Y08 Fexapotide

Hormones and their synthetic substitutes and antagonists, not elsewhere classified

Coded Elsewhere: Mineralocorticoids (XM44R0-XM9X54)

Anterior pituitary [adenohypophyseal] hormones and analogues

XM5Y80 Adrenocorticotrophic hormone

XM7XJ1 Corticotropin

XM4B77 Tetracosactide

XM7309 Anterior pituitary hormone

XM1EM4 Cosyntropin

XM4MB2 Follicle-stimulating hormone, human

XM1027 FSH

XM1NX7 Human growth hormone (HGH)

XM86N5 Luteinizing hormone

XM92R5 Menotropins

XM4QA7 Pergonal

XM0Y82 Pituitary extracts anterior

XM77Q1 Prolactin

XM9NW5 Seractide

XM3LZ6 Somatotropin

XM52T6 Tetracosactrin

XM4WS0 Thyrotrophin

XM7J71 Thyrotropic hormone

XM8HC4 Urofollitropin

XM03E8 Somatropin and somatropin agonists

XM96L8 Somatrem

XM30J6 Sermorelin

XM3038 Mecasermin

XM5CS4 Pegvisomant

XM9BW0 Mecasermin rinfabate

XM9109 Tesamorelin

XM9WW0 Somatrogon

XM49L1 Chorionic gonadotrophin

XM2J59 Human menopausal gonadotrophin

XM5ZL8 Serum gonadotrophin

XM4K30 Follitropin alfa

XM6EZ5 Follitropin beta

XM8TP5 Lutropin alfa

XM6HX4 Choriogonadotropin alfa

XM5M71 Corifollitropin alfa

XM0RZ5 Follitropin delta

XM26R5 Thyrotropin alfa

Posterior pituitary hormones and analogues

XM9EQ9 Enterogastrone

XM3MT8 Felypressin

XM6X07 Gonadal tissue extract

XM10K7 Gonadotropin

XM3GP5 Leuprolide

XM7399 Melanocyte-stimulating hormone

XM00P3 Pituitary extracts (posterior)

XM0J12 Placental hormone

XM5714 Posterior pituitary hormone

XM7LM2 Thymus extract

XM1Y33 Vasopressor drugs

XM25M7 Vasopressin and analogues

XM6A76 Vasopressin

XM77T2 Desmopressin

XM3GU1 Lypressin

XM4E12 Terlipressin

XM3LP5 Ornipressin

XM1DB3 Oxytocin and analogues

XM9SN0 Oxytocin

XM41G8 Demoxytocin

XM4ZX0 Carbetocin

Hypothalamic hormones and analogues

Gonadotropin releasing hormones and analogues

XM32E8 Buserelin

XM8CG4 Goserelin

XM2TU9 Gonadorelin

XM4VT6 Nafarelin

XM78X7 Histrelin

XM3S25 Leuprorelin

XM9XC3 Somatostatin and analogues

XM5L29 Somatostatin

XM01Z4 Octreotide

XM7GZ3 Lanreotide

XM28Z2 Vapreotide

XM3AN9 Pasireotide

Prolactin inhibitors

Coded Elsewhere: Bromocriptine (XM5QR9)

XM4S44 Cabergoline

XM7828 Metergoline

XM96P1 Quinagolide

XM3MG0 Terguride

Glucocorticoids and synthetic analogues

XM51K6 Adrenal (extract, cortex or medulla) (glucocorticoids) (hormones) (mineralocorticoids)

XM6SU0 Betamethasone

XM0XB5 Clocortolone

XM4AF4 Cloprednol

XM3R56 Compound E (cortisone)

XM4HH6 Compound F (hydrocortisone)

XM6FJ6 Cortate

XM6TY3 Corticosteroid

XM5AE3 Cortisone

XM17S1 Cortivazol

XM25L1 Cortone

XM5CF7 Deflazacort

XM72R5 Dexamethasone

XM48E4 Fluorinated corticosteroids

XM2GK4 Fluprednisolone

XM4Z52 Glucocorticoids

XM0XY8 Hormone adrenal cortical steroids

XM2UL5 Kenacort

XM5V41 Meprednisone

XM4RH1 Paramethasone

XM5AM2 Percorten

XM6JJ4 Prednisolone

XM39W4 Prednisone

XM3YJ1 Prednylidene

XM8JY6 Steroid

XM5FR6 Fluocortolone

XM4J30 Triamcinolone

XM21H0 Hydrocortisone

XM3UP9 Budesonide

XM9VX0 Flunisolide

XM8PN0 Mometasone

XM5PW9 Fluticasone

XM3FX7 Methylprednisolone

XM3SM4 Rimexolone

XM3293 Beclometasone

XM4TY1 Ciclesonide

XM1XF3 Fluticasone furoate

Anticorticosteroids

XM7DQ5 Trilostane

XM8676 Osilodrostat

Antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified

XM6W81 Gonadotrophin-releasing hormone antagonists

XM5JS1 Ganirelix

XM8Z22 Cetrorelix

XM5064 Elagolix

XM5ZS9 Abarelix

XM8292 Degarelix

XM3NR0 Linzagolix

XM10A6 Antiestrogen

XM2UX2 Tamoxifen

XM1312 Toremifene

XM2ZV3 Fulvestrant

XM7JF4 Antiandrogen

XM3G31 Flutamide

XM9AL0 Nilutamide

XM5FE9 Bicalutamide

XM7BF6 Enzalutamide

XM6Q81 Apalutamide

XM3FZ0 Darolutamide

XM9X91 Aromatase inhibitors

XM7D25 Aminoglutethimide

XM14P8 Formestane

XM4Z64 Anastrozole

XM2J37 Letrozole

XM6976 Vorozole

XM2VT0 Exemestane

XM8MB2 Antigonadotrophin

XM3C58 Cyproterone

XM0FW7 Danazol

XM9QT3 Nafoxidine

XM0P47 Taleranol

XM40Q3 Mepartricin

XM3028 Testosterone-5-alpha reductase inhibitors

XM8P68 Finasteride

XM01Y3 Dutasteride

XM7E94 Gestrinone

XM1517 Abiraterone

XM5XB7 Relugolix

Thyroid hormones and substitutes

XM68B8 Detrothyronine

XM2YU4 Dextrothyroxine

XM27J7 Dextrothyroxine sodium

XM5M40 Euthroid

XM93X7 Hormone thyroid

XM10Z7 Levoid

XM5G81 Levothyroxine

XM2WC1 Levothyroxine sodium

XM2XB6 Liothyronine

XM0P56 Liotrix

XM9RU3 Proloid

XM65J7 Sodium L-triiodothyronine

XM66B8 Thyroglobulin

XM5685 Thyroxine

XM4H64 Tiratricol

XM5590 Titroid

XM47Z3 Liothyronine sodium

XM8CX3 Thyroid gland preparations

Antithyroid drugs

XM1H03 Benzylthiouracil

XM35K1 Carbimazole

XM6Y24 Diiodotyrosine

XM8492 Iodine 131 therapeutic

XM6VL9 Iodine for thyroid conditions (antithyroid)

XM7TM9 Iothiouracil

XM38T7 Methimazole

XM54P6 Methylthiouracil

XM6V39 Potassium perchlorate antithyroid

XM9LL4 Potassium perchlorate medicinal

XM5DE7 Propylthiouracil

XM8X98 Thiouracil (benzyl) (methyl) (propyl)

XM3G29 Thiourea

XM2MJ8 Dibromotyrosine

Iodine therapy

XM8AS5 Sodium iodide

XM9N95 Glucagon

Parathyroid hormones and analogues

XM7GD6 Parathyroid gland extract

XM59Z3 Teriparatide

XM4RN4 Parathyroid hormone

Antiparathyroid agents

XM0S16 Calcitonin preparations

XM74V3 Calcitonin, salmon synthetic

XM28Z6 Calcitonin, pork natural

XM32U7 Calcitonin, human synthetic

XM6US3 Elcatonin

XM40P9 Cinacalcet

XM9LS5 Paricalcitol

XM48A9 Doxercalciferol

XM0NY4 Etelcalcetide

Insulin and antidiabetic drugs

XM21C9 Insulin human

XM8S35 Antidiabetic

XM9AX5 Antidiabetic biguanide and sulfonyl combined

XM5DC4 Biguanides

XM4K79 Phenformin

XM0JN5 Metformin

XM6EJ2 Buformin

XM0S91 Proguanil

XM0EG5 Cycloguanil embonate

XM5SK7 Antidiabetic combined

XM11C9 Sulfonylureas

XM8S18 Chlorpropamide

XM1RV6 Tolbutamide

XM8E97 Glibornuride

XM8YD0 Tolazamide

XM8ZU0 Carbutamide

XM3TQ4 Glipizide

XM8597 Gliquidone

XM2G21 Gliclazide

XM65J8 Glisoxepide

XM60R0 Acetohexamide

XM5N48 Metahexamide

XM5N74 Glimepiride

XM6932 Biguanide derivatives, oral

XM06A4 Glimidine

XM2584 Glisolamide

XM4SE3 Globin zinc insulin

XM6JN8 Glyburide

XM0K09 Glyclopyramide

XM6861 Glycyclamide

XM88E8 Glymidine sodium

XM4M26 Hormone antidiabetic agents

XM5MV9 Iletin

XM4C63 Insular tissue extract

XM2JC7 Insulin (amorphous) (globin) (isophane) (Lente) (NPH) (Semilente) (Ultralente)

XM3RW5 Insulin defalan

XM16M5 Biphasic insulin injection

XM1DZ9 Insulin injection, soluble

XM9728 Insulin intermediate acting

XM54Q2 Insulin protamine zinc

XM0KT2 Insulin slow acting

XM7VD3 Protamine zinc insulin injection

XM0US2 Insulin zinc suspension (amorphous) (crystalline)

XM73L8 Isophane insulin

XM9AZ3 Lente iletin (insulin)

XM8502 Neutral insulin injection

XM8VX4 NPH iletin (insulin)

XM3J06 Protamine sulfate zinc insulin

XM8QQ1 PZI

XM73P6 Sulfonylurea derivatives, oral

XM99F8 Insulins and analogues

XM2WY1 Alpha glucosidase inhibitors

XM9JV9 Acarbose

XM9EX0 Miglitol

XM4QD6 Voglibose

Sulfonamides (heterocyclic)

XM19U1 Acedapsone

XM91Z9 Acesulfamethoxypyridazine

XM1RU4 Acetylsulfamethoxypyridazine

XM7WC8 Diaphenylsulfone

XM96M6 Disulfanilamide

XM3GA0 Neoprontosil

XM1RY1 Phthalylsulfathiazole

XM55D8 Prontosil

XM85A7 Succinylsulfathiazole

XM69G3 Sulfachlorpyridazine

XM5C46 Sulfacitine

XM57L7 Sulfadoxine

XM03X3 Sulfaethidole

XM0F36 Sulfaguanidine

XM6N26 Sulfaloxate

XM57M8 Sulfaloxic acid

XM8UP5 Sulfameter

XM5X85 Sulfamethylthiazole

XM6D90 Sulfamonomethoxine

XM2187 Sulfaphenylthiazole

XM8QW8 Sulfaproxyline

XM2XQ2 Sulfasalazine

XM9MJ3 Sulfasuxidine

XM2Y59 Sulfasymazine

XM6BM7 Sulfisomidine

XM7Z85 Trisulfapyrimidines

XM5EH1 Glymidine

XM4UA3 Thiazolidinediones

XM0NQ7 Troglitazone

XM27D8 Rosiglitazone

XM0TX6 Pioglitazone

XM9SM6 Dipeptidyl peptidase 4 inhibitors

XM4M71 Sitagliptin

XM9867 Vildagliptin

XM5QH2 Saxagliptin

XM1044 Alogliptin

XM9X94 Linagliptin

XM5T11 Gemigliptin

XM5SF9 Evogliptin

XM4MK4 Glucagon-like peptide-1 analogues

XM06C6 Exenatide

XM0EQ7 Liraglutide

XM3U71 Lixisenatide

XM2516 Albiglutide

XM1FT0 Dulaglutide

XM9KJ3 Semaglutide

XM0FD1 Meglitinide

XM9V31 Repaglinide

XM5Z74 Nateglinide

XM7967 Mitiglinide

XM9EK1 Other blood glucose lowering drugs

Coded Elsewhere: Benfluorex (XM9UB7)

XM62R6 Pramlintide

XM7VJ0 Teduglutide

XM0615 Sodium-glucose co-transporter 2 inhibitors

XM97T4 Dapagliflozin

XM1NP2 Canagliflozin

XM9RW3 Empagliflozin

XM66V1 Ertugliflozin

XM8Y84 Ipragliflozin

XM7947 Sotagliflozin

XM29C4 Insulin (beef)

XM8YE2 Insulin (pork)

XM6NY5 Insulin lispro

XM0HQ0 Insulin aspart

XM7WH3 Insulin glulisine

XM96W1 Insulin detemir

XM6R62 Insulin degludec

XM65E7 Tolrestat

XM93G5 Imeglimin

XM5374 Cholecystokinin

Agents affecting bones, joints and other connective tissue, not elsewhere classified

Bisphosphonates

XM7171 Clodronic acid

XM6UW3 Etidronic acid

XM55G3 Pamidronic acid

XM94M8 Alendronic acid

XM2M01 Tiludronic acid

XM93D5 Ibandronic acid

XM5CM8 Risedronic acid

XM5908 Zoledronic acid

Bone morphogenetic proteins

XM5GF1 Dibotermin alfa

XM8NB9 Eptotermin alfa

XM94X8 Collagen

Enzymes affecting bones, joints and other connective tissue, not elsewhere classified

XM2UE2 Chymopapain

XM6F64 Bromelains

XM0NQ8 Collagenase clostridium histolyticum

XM4GT8 Ipriflavone

XM5AP2 Aluminium chlorohydrate

XM6U91 Strontium ranelate

XM2P79 Denosumab

XM4MQ4 Burosumab

XM7AJ2 Romosozumab

XM6EQ0 Hyaluronic acid

XM2SL6 Chondrocytes, autologous

XM99J5 Vosoritide

Agents primarily affecting water and nutrition-balance and metabolism

Drugs affecting uric acid metabolism and other antigout preparations

Coded Elsewhere: Colchicine (XM3Q99)

XM2ZB4 Preparations inhibiting uric acid production

XM9589 Allopurinol

XM47Z2 Tisopurine

XM0K04 Febuxostat

XM7F05 Preparations increasing uric acid excretion

XM0WT0 Probenecid

XM7K05 Sulfinpyrazone

XM9DK8 Benzbromarone

XM3WF1 Isobromindione

XM95H8 Lesinurad

XM2D08 Atophan

XM3WA0 Cinchophen

XM0M93 Ethebenecid

XM5VG7 Neocinchophen

XM6FA5 Oxipurinol

XM3JP7 Phenoquin

XM9DH5 Spindle inactivator

XM56G7 Urate oxidase

XM95S3 Uric acid metabolism drug

XM6953 Uricosuric agent

XM9TL4 Pegloticase

Mineral salts and supplements, not elsewhere classified

Coded Elsewhere: Iron and its compounds (XM8ZX9-XM6435)

XM8KC2 Calcium

Coded Elsewhere: Calcium compounds (XM0SA0)

Calcium carbonate (XM9003)

Calcium chloride (XM9VN8)

XM1AY1 Calcium phosphate

XM7ND2 Calcium glubionate

XM3EU2 Calcium gluconate

XM46G3 Calcium lactate

XM0VY0 Calcium acetate

XM4N33 Calcium lactate gluconate

XM9WA2 Calcium glycerylphosphate

XM4X88 Calcium citrate lysine complex

XM08S9 Calcium glucoheptonate

XM7G46 Calcium pangamate

XM5TW4 Calcium acetate anhydrous

XM4S97 Calcium citrate

XM6AK3 Calcium laevulate

XM8AM9 Calcium bromolactobionate

XM9566 Calcium salts

XM8278 Potassium

Coded Elsewhere: Potassium chloride (XM0U09)

XM7D96 Potassium citrate

XM46S4 Potassium bitartrate

XM56J9 Potassium bicarbonate

XM2P49 Potassium gluconate

XM0H50 Potassium salts

XM1ZS4 Sodium

Coded Elsewhere: Sodium chloride (XM0X22)

XM0VG1 Sodium acid phosphate

XM6R29 Sodium biphosphate

XM8ZD6 Sodium cyclamate

XM9KZ3 Sodium hydrogen carbonate

XM7L15 Sodium magnesium citrate

XM3H90 Sodium salt

XM1U95 Zinc

XM3E63 Zinc chloride nonmedicinal

XM52P2 Zinc chromate

XM93K2 Zinc oxide nonmedicinal

XM6D77 Zinc phosphide

XM82L3 Zinc sulfate nonmedicinal

XM27E8 Zinc pesticide, not elsewhere classified

XM68Z2 Zinc sulfate

XM5WL8 Zinc gluconate

XM0418 Zinc protein complex

XM3R55 Zinc acetate

XM5TD2 Magnesium

Coded Elsewhere: Magnesium oxide (XM7G33)

Magnesium sulfate (XM6EC7)

XM7KF0 Magnesium citrate

XM1AU1 Magnesium gluconate

XM2U66 Magnesium aspartate

XM3U21 Magnesium lactate

XM8W21 Magnesium levulinate

XM9GU6 Magnesium pidolate

XM8P82 Magnesium orotate

XM5VT1 Magnesium silicofluoride

XM1VS5 Fluoride

XM1F39 Sodium fluoride

XM82S0 Sodium monofluorophosphate

XM47M7 Selenium

XM4HH9 Selenium fumes

XM5RR4 Sodium selenate

XM7809 Sodium selenite

XM6777 Acetic acid irrigating solution

XM7KG7 Aminoacetic acid (derivatives)

XM6DF0 Carbacrylamine (resin)

XM1619 Dialysis solution (intraperitoneal)

XM6YF0 Electrolytic agent

XM6598 Glucose with sodium chloride

XM02Y3 Glycerol intravenous

XM7NQ3 Glycine

XM8UU5 Lactated potassic saline

XM5FN3 Mineral salt

XM6P40 Polyaminostyrene resins

XM3UT8 Potassic saline injection (lactated)

XM11X8 Ringer solution (lactate)

XM6XG7 Sodium free salt

XM7JQ2 Travert

XM1DP8 Water balance drug

XM5N49 Water distilled

XM9V59 Water purified

XM8323 Cobalt medicinal (trace) (chloride)

XM5DN1 Copper medicinal (trace)

XM3046 Dietary supplements rich in vitamins and antioxidants

XM7113 Liver extract

XM9GC7 Liver fraction 1

XM25P4 Liver hydrolysate

XM09R3 Cod-liver oil

XM9FC4 Yeast

XM2W18 Yeast dried

XM40J4 Ready-to-use therapeutic food

Ready-to-use therapeutic food (RUTF) are energy dense, micronutrient enhanced, soft or crushable foods used in therapeutic feeding for children from the age of 6 months without adding water. Typically, RUTF consists of four food ingredients (milk powder, peanut paste, vegetable oil and sugar) and multiple micronutrients to provide a complete complement of vitamins and minerals.

Electrolytic, caloric and water-balance agents

Coded Elsewhere: Amino acids (XM4Z15)

XM0N15 Solutions producing osmotic diuresis

XM5BJ8 Mannitol

XM4HL5 Carbamide

XM62S0 Antikaluretic

XM51Y8 Caloric agent

XM7BR0 Dextrose

XM7UQ5 Electrolyte balance drug

XM9SL7 Electrolyte solutions

Coded Elsewhere: Magnesium sulfate (XM6EC7)

Hydrochloric acid (XM6F61)

XM0U09 Potassium chloride

XM4XZ4 Sodium bicarbonate

XM0X22 Sodium chloride

XM9VN8 Calcium chloride

XM1W37 Ammonium chloride

XM76C9 Sodium phosphate

XM7F36 Sodium acetate

XM6NV5 Magnesium phosphate

XM03Q8 Magnesium chloride

XM40H8 Zinc chloride

XM83Z9 Sodium glycerophosphate

XM3T43 Potassium lactate

XM99L3 Cardioplegia solutions

XM45S7 Potassium acetate

XM3US9 Compound solution of sodium lactate

XM7E16 Gluconic acid

XM2S34 Glycerophosphate

XM61E9 Sodium citrate

XM5Y58 Hartmann's solution

XM0KH7 Invert sugar

XM9XU2 Levulose

XM39B5 Oral rehydration salts

XM39C1 Peritoneal dialysis solution

XM03B7 Potassium-removing resin

XM5KE7 Potassium-retaining drug

XM3UA2 Replacement solution

XM4EK0 Sodium removing resins

XM9Y86 Sucrose

XM6JX1 Carnitine

XM5S14 Electrolytes

XM9QW3 Trometamol

XM7345 Ademethionine

XM1P36 Glutamine

XM85F8 Mercaptamine

XM0977 Carglumic acid

XM9GM1 Fat emulsions

XM4YU3 Carbohydrates

XM55C2 Protein hydrolysates

Diuretics

Coded Elsewhere: Carbonic-anhydrase inhibitors

Equisetum diuretic (XM0EC2)

XM5W29 Aminometradine

XM2E81 Amisometradine

XM8U06 Anhydron

XM8TM1 Benzothiadiazides

XM0JW3 Benzylhydrochlorothiazide

XM3ER5 Carbonic acid gas anhydrase inhibitor

XM80T6 Chlorazanil

XM6946 Chlormerodrin

XM4JM8 Diupres

XM4D06 Diuretic

XM68T7 Diuretic benzothiadiazine

XM8B36 Diuretic carbonic acid anhydrase inhibitors

XM1N83 Diuretic furfuryl

XM6VW0 Diuretic mercurial

XM43Q2 Diuretic saluretic

XM3558 Diuretic sulfonamide

XM58W3 Diuretic thiazide

XM04R3 Diurgin

XM5L31 Flumethiazide

XM8T28 Hydromox

XM8HM6 Meralluride

XM5R34 Merbaphen

XM1SB8 Mercaptomerin

XM3PF7 Mercumatilin

XM3L13 Mercurophylline

XM4B84 Osmotic diuretics

XM6BR0 Purine diuretics

XM7660 Regroton

XM01E9 Salicylate theobromine calcium

XM9409 Saluretic

XM7J43 Sodium mersalate

XM9VJ2 Thiomercaptomerin

XM1177 Thiomerin

XM0YS2 Tiamizide

XM3YV1 Tripamide

XM93H5 Xanthine diuretics

XM3K70 Low-ceiling diuretics

Coded Elsewhere: Theobromine (XM4L37)

Benzothiadiazine derivatives

XM5FV5 Altizide

XM64R7 Bendroflumethiazide

XM7Q17 Benzthiazide

XM83Q3 Butizide

XM3PJ4 Chlorothiazide

XM4SP9 Cyclopenthiazide

XM1PM4 Cyclothiazide

XM71N6 Disulfamide

XM8532 Epitizide

XM6910 Hydrochlorothiazide

XM2671 Hydroflumethiazide

XM3EW9 Mebutizide

XM9T97 Methyclothiazide

XM1DC4 Penflutizide

XM7NZ7 Polythiazide

XM26G2 Teclothiazide

XM1L59 Trichlormethiazide

XM4AF6 Mersalyl

XM0G11 Cicletanine

XM6U69 Low-ceiling diuretic sulfonamides

XM3WN8 Quinethazone

XM7A66 Clopamide

XM51L8 Chlortalidone

XM1DG9 Mefruside

XM0EZ6 Clofenamide

XM7G39 Metolazone

XM3GK5 Meticrane

XM4U11 Xipamide

XM49L3 Indapamide

XM8GT1 Clorexolone

XM6CD1 Fenquizone

XM3L93 Aldosterone antagonists and other potassium-sparing agents

Mineralocorticoids antagonists

XM94A6 Aldosterone

XM6QK1 Canrenoic acid

XM1ML2 Canrenone

XM0TH6 Eplerenone

XM0ET8 Potassium canrenoate

XM1JS8 Spironolactone

XM8ZW7 Finerenone

XM1SM2 Amiloride

XM5SJ5 Triamterene

Loop [high-ceiling] diuretics

XM8CG7 Diuretic loop (high-ceiling)

XM79L6 Ethacrynate sodium

XM2LW1 Etacrynic acid

XM1H00 Etozolin

XM06E2 Lasix

XM2C78 Lyovac Sodium Edecrin

XM9KF7 Tienilic acid

XM6M47 Muzolimine

XM2W24 Loop [high-ceiling] diuretic sulfonamides

XM8UE3 Furosemide

XM6MV2 Bumetanide

XM9ML2 Piretanide

XM4DR4 Torasemide

XM7VU2 Vasopressin antagonists

XM9LF5 Tolvaptan

XM25L2 Conivaptan

Mineralocorticoids

XM44R0 Antagonist Aldosterone

XM8CC8 Corticosteroid mineral

XM4HZ4 Salt-retaining mineralocorticoid

XM9SX2 Deoxycortone

XM6PJ9 Desoxycorticosteroid

XM9HZ6 Desoxycortone

XM6JQ6 Fludrocortisone

XM9X54 Mineralocorticosteroid

Vitamins and antioxidants

Coded Elsewhere: Menadione (XM1KN2)

XM5G71 Vitamin D

XM75Z5 Ergocalciferol

XM37C2 Dihydrotachysterol

XM3NT7 Alfacalcidol

XM85V3 Calcitriol

XM11C6 Cholecalciferol

XM8SM6 Calcifediol

XM4H09 B complex vitamins and derivates

Coded Elsewhere: Cyanocobalamin (XM9KD4)

Cyanocobalamin tannin complex (XM09N3)

Cobamamide (XM2NR4)

Mecobalamin (XM2AT9)

Folic acid (XM7R82)

XM5HF5 Benfotiamine

XM4PS9 Nicotinamide

XM8V93 Riboflavin

XM9RX3 Biotin

XM4GD2 Pyridoxal phosphate

XM41P5 Dexpanthenol

XM7398 Calcium pantothenate

XM50T4 Thiamine

XM42G9 sulbutiamine

XM2SV4 Vitamin B-complex, plain

XM0Y25 Potassium aminobenzoate

XM3UQ2 Acetiamine

XM3HE8 Bisbentiamine

XM5LG0 Bisbutiamine

XM8SY7 Cetotiamine

XM20C9 Fursultiamine

XM9609 Octotiamine

XM72U8 Panthenol

XM7D01 Prosultiamine

XM5MM0 Pyridoxine

XM7XY8 Ascorbic acid

XM1PU6 Tocopherol

XM5TU4 Vitamin E

XM9CG5 Thioctic acid

XM1SD9 Octyl gallate

XM88X6 Sodium metabisulfite

XM4BD4 Chlorophyll

XM31S0 Thioctamide

XM2EM5 Pangamic acid

XM7E89 Betacarotene

XM4BT6 Retinol

Enzymes and digestants

Coded Elsewhere: Tilactase (XM4U70)

XM7KX6 Chenodeoxycholic acid

XM8MG9 Ursodeoxycholic acid

XM37T5 Cholic acid

XM1F53 Diastase

XM5888 Multienzymes

XM2VN0 Protease

XM3UE5 Pepsin

XM6F61 Hydrochloric acid

XM6QZ3 Hydrochloric acid vapor

XM3RH9 Citric acid

XM96V4 Alglucerase

XM51F9 Obeticholic acid

XM3UT3 Glutamic acid hydrochloride

XM7Y97 Betaine hydrochloride

XM7EN2 Imiglucerase

XM3EW0 Agalsidase alfa

XM1CJ9 Agalsidase beta

XM4PC4 Laronidase

XM69V4 Sacrosidase

XM3EE9 Alglucosidase alfa

XM11U1 Galsulfase

XM3Z98 Idursulfase

XM8J61 Velaglucerase alfa

XM8HN5 Taliglucerase alfa

XM7QH6 Elosulfase alfa

XM5U98 Asfotase alfa

XM6UN5 Sebelipase alfa

XM5U91 Velmanase alfa

XM98F5 Idursulfase beta

XM9L40 Cerliponase alfa

XM3FP4 Vestronidase alfa

XM8F43 Pegvaliase

XM30U5 Pegunigalsidase alfa

XM56M4 Atidarsagene autotemcel

XM9F01 Avalglucosidase alfa

Agents in bile and liver therapy

XM4HD8 Arginine glutamate

XM5RS5 Silymarin

XM6T01 Epomediol

XM1GT0 Ornithine

XM1R31 Nicotinyl methylamide

XM03F0 Piprozolin

XM0HT0 Hymecromone

XM2EM9 Cyclobutyrol

XM0413 Citiolone

XM0F81 Tidiacic arginine

XM7600 Anethole trithione

XM8B34 Sodium dehydrocholate

XM56J1 Monooctanoin

XM44G8 Orazamide

XM3E24 Tidiacic

XM3VV1 Maralixibat chloride

XM30B2 Odevixibat

Antiobesity preparations

XM9UB7 Benfluorex

XM2AF4 Centrally acting antiobesity products

XM5VK3 Phentermine

XM5TZ8 Fenfluramine

XM84W9 Amfepramone

XM5WS4 Dexfenfluramine

XM25W6 Mazindol

XM8K95 Cathine

XM2NX7 Clobenzorex

XM3DL8 Mefenorex

XM7830 Etilamfetamine

XM13P5 Sibutramine

XM4NN9 Lorcaserin

XM54E8 Aminorex

XM4DD3 Benzphetamine

XM16Q1 Chlorphentermine

XM3AJ4 Cloforex

XM8H60 Clortermine

XM5FP0 Diethylpropion

XM1145 Fenproporex

XM4PR1 Phenbutrazate

XM6AJ3 Phendimetrazine

XM73T8 Phenmetrazine

XM5DN4 Setmelanotide

XM0NL0 Orlistat

XM7GX4 Rimonabant

XM2520 Amfetamine and amfetamine derivatives

XM48Z9 Amfetamine

XM2154 Fencamfamin

XM8N26 Fenetylline

XM4SD7 Lisdexamfetamine

XM0462 Solriamfetol

Drugs used to treat enzyme deficiencies and disorders of aminoacid, glycolipid and glycoprotein metabolism

XM5SC6 Sodium phenylbutyrate

XM1843 Nitisinone

XM19C6 Miglustat

XM6ZV0 Sapropterin

XM4F44 Glycerol phenylbutyrate

XM0K95 Eliglustat

XM2QP5 Sodium benzoate

XM6QN8 Migalastat

XM53N4 Choline chloride

XM3KK0 Choline dihydrogen citrate

XM7291 Inositol

XM9J35 Adenine

XM3CJ7 Flavine adenine dinucleotide

XM7ZH6 Fosdenopterin

XM4L78 Lonafarnib

Agents primarily affecting the cardiovascular system

Coded Elsewhere: Beta blocking agents

Agents acting on the renin-angiotensin system

XM4MG6 Imidapril

XM72L5 Angiotensin-converting-enzyme inhibitors

XM3FH7 Renin-inhibitors

XM9N15 Zofenopril

XM8091 Spirapril

XM2A48 Ramipril

XM3DU1 Quinapril

XM58G7 Perindopril

XM7TF8 Lisinopril

XM4Z53 Fosinopril

XM5609 Enalaprilat

XM6X56 Enalapril

XM1AZ4 Cilazapril

XM6P97 Captopril

XM0HG1 Benazepril

XM7169 Angiotensin II antagonists

XM7DY0 Losartan

XM2F90 Eprosartan

XM29M2 Valsartan

XM1935 Irbesartan

XM0T42 Tasosartan

XM4168 Candesartan

XM2P63 Telmisartan

XM1B39 Olmesartan medoxomil

XM5GC5 Azilsartan

XM2T51 Fimasartan

XM3YY8 Alacepril

XM3F15 Trandolapril

XM3DT0 Delapril

XM6DX1 Moexipril

XM25N5 Temocapril

Antihyperlipidemic and antiarteriosclerotic drugs

XM5SK2 HMG CoA reductase inhibitors

XM7AU9 Simvastatin

XM7SM7 Pravastatin

XM72M6 Lovastatin

XM5UF1 Fluvastatin

XM2WF6 Atorvastatin

XM0M94 Cerivastatin

XM6NK5 Rosuvastatin

XM8420 Pitavastatin

XM1KP1 Fibrates

XM19J9 Clofibrate

XM3F75 Bezafibrate

XM7929 Aluminium clofibrate

XM01S9 Gemfibrozil

XM73E0 Fenofibrate

XM6MW5 Simfibrate

XM39Z8 Ronifibrate

XM9HU7 Ciprofibrate

XM4390 Etofibrate

XM93U8 Clofibride

XM9554 Choline fenofibrate

XM1W44 Bile acid sequestrants

XM0HQ4 Colestyramine

XM0KK8 Colestipol

XM5RQ3 Colextran

XM6MC3 Colesevelam

XM0563 Nicotinic acid and derivatives

Coded Elsewhere: Nicotinyl alcohol (XM0274)

Nicofuranose (XM5TA2)

Niacin (XM3PK2)

XM5QD1 Inositol nicotinate

XM48Y3 Ciclonicate

XM6QT0 Acipimox

XM2KX4 Oxiniacic acid

XM3N68 Antiarteriosclerotic drug

XM2EA3 Anticholesterolemic drug

XM3108 Antihyperlipidemic drug

XM4FN5 Antilipemic drug

XM2GM2 b-benzalbutyramide

XM4KW6 b-sitosterol (s)

XM6BA8 Benzalbutyramide

XM4WS4 Benzyl nicotinate

XM43X4 Binifibrate

XM35X4 Cholesterol-lowering agents

XM8FB5 Cholestyramine (resin)

XM2LR7 Clinofibrate

XM6DX0 Clofibric acid

XM2R17 Cyamopsis tetragono-loba

XM8K49 Detaxtran

XM8FC2 Ethylparachlorophen-oxyisobutyrate

XM0TN1 Etiroxate

XM6B07 Etofylline clofibrate

XM6DW9 Guar gum (medicinal)

XM4E46 Halofenate

XM2WA3 Ion exchange resin cholestyramine

XM0H99 Linoleic acid

XM5VN6 Linolenic acid

XM0KD7 Mesoglycan

XM45F6 Oleic acid

XM68L2 Pirozadil

XM1Q10 Polidexide sulfate

XM4UK3 Probucol

XM2YX6 Safflower oil

XM5F26 Sitosterols

XM2LX5 Soysterol

XM3C43 Sunflower seed oil

XM95B1 Triparanol

XM3PL9 Unsaturated fatty acid

XM2KC4 Omega-3-triglycerides

XM2AL6 Tiadenol

XM44B6 Meglutol

XM10P8 Magnesium pyridoxal 5-phosphate glutamate

XM9HP8 Policosanol

XM5BK7 Ezetimibe

XM52K4 Alipogene tiparvovec

XM7049 Mipomersen

XM3RL5 Lomitapide

XM9F64 Evolocumab

XM1LB0 Alirocumab

XM2KT4 Evinacumab

XM4RG7 Volanesorsen

Calcium-channel blockers

XM8BT9 Selective calcium-channel blockers

XM3D74 Dihydropyridine derivatives

XM1BZ0 Felodipine

XM1SC0 Isradipine

XM3L32 Nicardipine

XM3N90 Nifedipine

XM5TX8 Nimodipine

XM5W45 Nisoldipine

XM17Z8 Nitrendipine

XM2QH8 Lacidipine

XM68M5 Amlodipine

XM6PC3 Nilvadipine

XM3GA2 Manidipine

XM84M5 Barnidipine

XM3MV9 Lercanidipine

XM3TF3 Cilnidipine

XM8EW6 Benidipine

XM5GS7 Clevidipine

XM91L4 Levamlodipine

XM2XU6 Phenylalkylamine derivatives - selective

XM5GX3 Verapamil

XM2WH6 Gallopamil

XM6GX5 Mibefradil

XM5K59 Diltiazem

XM1EL1 Tiapamil

XM3BC0 Oxodipine

XM2JS2 Non-selective calcium-channel blockers

XM6T88 Phenylalkylamine derivatives - non-selective

XM1LR8 Bepridil

XM5BR3 Fendiline

XM3NU8 Lidoflazine

XM0T83 Moxonidine hydrochloride

Cardiac stimulants

Coded Elsewhere: Alpha- and beta-adrenoreceptor agonists (XM36U7)

Strophanthin-k (XM9QZ9)

Strophanthus gratus plant (XM9834)

XM5JS3 Cardiac glycosides

XM2EL5 Digitalis glycosides

XM0QK0 Acetyldigitoxin

XM1640 Acetyldigoxin

XM2GT4 Digitalis leaves

XM8VJ6 Digoxin

XM13W9 Digitoxin

XM8036 Lanatoside C

XM8XH2 Deslanoside

XM37V6 Metildigoxin

XM2505 Gitoformate

XM71V6 Scilla glycosides

XM1EG1 Proscillaridin

XM6GX1 Strophanthus glycosides

XM30Z9 Cymarin

XM9YU9 g-Strophanthin

XM3WU3 Peruvoside

XM2PQ4 Phosphodiesterase inhibitors

XM0QD0 Amrinone

XM6JT4 Milrinone

XM2H68 Enoximone

XM4BC1 Bucladesine

XM1K71 Predominantly alpha-adrenoreceptor and dopamine receptor agonists

Coded Elsewhere: Dopamine agonists (XM5QR9-XM50V4)

XM9NM4 Dopamine

XM2A75 Norfenefrine

XM5HS9 Oxedrine

XM6L38 Metaraminol

XM2CG2 Methoxamine

XM4B54 Gepefrine

XM1641 Ibopamine

XM6LP2 Dimetofrine

XM4ZY2 Dopexamine

XM79K5 Midodrine

XM91X4 Fenoldopam

XM2BX9 Cafedrine

XM1CS6 Theodrenaline

XM9QY5 Dexmedetomidine

XM38P3 Amidefrine mesilate

XM7AV8 Fenoxazoline

XM0H59 Indanazoline

XM5J98 Metizoline

XM3Q12 Naphazoline

XM4KH5 Oxymetazoline

XM4435 Propylhexedrine

XM1RJ9 Tramazoline

XM8706 Tuaminoheptane

XM0240 Tymazoline

XM8US0 Xylometazoline

Predominantly beta-adrenoreceptor agonists

XM96M5 Agonist predominantly beta-adrenoreceptor

XM10L5 Angiotensin

XM3D85 Beclomethasone

XM4E14 Dobutamine

XM18Q9 Prenalterol

XM5HL3 Racepinephrine

XM1CS3 Ritodrine

XM1X48 Selective beta-2-adrenoceptor agonists

XM8MA0 Salbutamol

XM6NE3 Terbutaline

XM2HS2 Fenoterol

XM3NS3 Clenbuterol

XM7MM4 Reproterol

XM2YD0 Procaterol

XM15R7 Bitolterol

XM2U16 Bambuterol

XM51C1 Indacaterol

XM1QR3 Olodaterol

XM05Y4 Broxaterol

XM4ZB3 Carbuterol

XM22C3 Rimiterol

XM1GA5 Hexoprenaline

XM8ZC3 Isoetarine

XM1QR7 Pirbuterol

XM3GQ2 Tretoquinol

XM2YE0 Tulobuterol

XM6B34 Salmeterol

XM27W7 Clorprenaline

XM4YX5 Etafedrine

XM55D7 Ibuterol

XM6EU7 Levalbuterol

XM0QJ7 Formoterol

XM6KG3 Isoprenaline

XM6AG0 Orciprenaline

XM78W6 Methoxyphenamine

XM9TS0 Octopamine

XM17S3 Arbutamine

XM0FE9 Protokylol

XM7YK1 Alpha acetyldigoxin

XM0SY1 b-acetyldigoxin

XM91S1 Cardiotonic (glycoside)

XM1W74 Cerberin

XM5NG4 Ch'an su

XM11U7 Convallaria glycosides

XM4Q19 Crataegus extract

XM7RY5 Digitalin (e)

XM2SP4 Digitalis lanata

XM3Y64 Digitalis purpurea

XM0V98 Digitoxose

XM0DG3 Gitalin

XM8K74 Gitaloxin

XM7KP5 Lanatosides

XM2X57 Meproscillarin

XM6AA6 Oleandrin

XM0N63 Ouabain (e)

XM02F5 Pengitoxin

XM77L9 Squill

XM2AW9 Strophanthin

XM0EP6 Angiotensinamide

XM45U9 Xamoterol

XM88B5 Levosimendan

XM11H1 Angiotensin II

Antiarrhythmics

XM2FU1 Antiarrhythmics, class Ia

XM8AL5 Quinidine

XM4MK3 Procainamide

XM8B35 Disopyramide

XM9ZC0 Sparteine

XM5CS7 Ajmaline

XM18V8 Lorajmine

XM0D87 Hydroquinidine

XM6FW1 Prajmaline

XM7844 Antiarrhythmics, class Ib

XM2BR1 Lidocaine

XM93V0 Lidocaine regional

XM4RU4 Lidocaine spinal

XM3XK1 Mexiletine

XM1V81 Tocainide

XM37J0 Aprindine

XM0NC9 Antiarrhythmics, class Ic

XM9R82 Propafenone

XM1E38 Flecainide

XM04P2 Lorcainide

XM6TZ8 Encainide

XM23Q8 Ethacizine

XM1AP6 Antiarrhythmics, class III

XM3ZJ7 Amiodarone

XM3ZG2 Bretylium tosilate

XM56N7 Bunaftine

XM1143 Dofetilide

XM8AA1 Ibutilide

XM8QN8 Tedisamil

XM8K75 Dronedarone

XM5JW0 Other antiarrhythmics, class I and III

XM1SV2 Cibenzoline

XM6KX7 Moracizine

XM6602 Vernakalant

XM0KK7 Antidysrhythmic

XM9ZL3 Cardiac depressants

XM2W76 Cardiac rhythm regulator specified

XM88L7 Cardiac rhythm regulator

XM0Y13 Pilsicainide

XM64X0 Prajmalium bitartrate

XM1NG6 Quinaglute

XM7MH8 Tiracizine

Other antihypertensive drugs

XM4X84 Centrally acting antiadrenergic agents

XM67X4 Rauwolfia alkaloids

XM9SB3 Rescinnamine

XM7424 Deserpidine

XM0ND0 Methoserpidine

XM2764 Reserpine

XM39Z4 Rauwolfia alkaloids, whole root

XM64M5 Bietaserpine

XM9G49 Methyldopa

XM54Y3 Methyldopa, levorotatory

XM9ZV9 Methyldopa, racemic

XM2298 Imidazoline receptor agonists

XM6GV8 Clonidine

XM5KP4 Guanfacine

XM9SU8 Tolonidine

XM4NH5 Moxonidine

XM6AB8 Rilmenidine

XM7NT3 Ganglion-blocking antiadrenergic agents

Coded Elsewhere: Trimethaphan (XM4BZ9)

Mecamylamine (XM13Z0)

XM8SX7 Peripherally acting antiadrenergic agents

Coded Elsewhere: Alpha-adrenoreceptor antagonists (XM45W7-XM1FQ5)

XM3EN5 Guanidine derivatives

XM8LD0 Betanidine

XM3QD6 Guanethidine

XM3952 Guanoxan

XM4L51 Debrisoquine

XM4189 Guanoclor

XM4L63 Guanoxabenz

XM6N54 Guanazodine

XM9M92 Ripasudil

XM1AF9 Agents affecting arteriolar smooth muscle

Coded Elsewhere: Minoxidil (XM46T4)

Pinacidil (XM9PA9)

XM7XR3 Thiazide derivatives

XM8YG1 Diazoxide

XM9021 Hydrazinophthalazine derivatives

XM2FP9 Dihydralazine

XM8D89 Hydralazine

XM1KN9 Endralazine

XM33U1 Cadralazine

XM8V56 Antihypertensives for pulmonary arterial hypertension

XM4KA3 Bosentan

XM8HR5 Ambrisentan

XM7WR2 Sitaxentan

XM21T1 Macitentan

XM8BU0 Riociguat

XM4NN7 Alkavervir

XM28Y3 Alseroxylon

XM6T97 Amiquinsin

XM3WP0 Antagonist serotonin

XM2PT6 Antihypertensive drug

XM0CY8 Apresoline

XM4FW8 Benazepril hydrochloride

XM5E71 Budralazine

XM9W04 Cryptenamine (tannates)

XM1TT7 DHE 45

XM24X9 Dihydrazine

XM7NV2 Guanabenz

XM5ET8 Guanacline

XM5JL6 Guanadrel

XM7TE8 Guanoctine

XM1LN2 Harmonyl

XM4EP4 Hypotensive drug

XM7W35 Methyldopate

XM1F18 Metirosine

XM7HA8 Moderil

XM1U35 Pargyline

XM1GS9 Protoveratrine (s) (A) (B)

XM01D4 Raudixin

XM74W2 Rautina

XM5FH0 Rautotal

XM5PW7 Rauwoldin

XM00F2 Saralasin

XM6E07 Serpasil

XM2W66 Sodium nitroprusside

XM8AK5 Syrosingopine

XM3HS0 Teprotide

XM5T36 Todralazine

XM48R9 Veratrine

XM8BQ9 Veratrum

XM0YY0 Ketanserin

Vasodilators used in cardiac diseases

XM2856 Organic nitrates

XM8LK8 Glyceryl trinitrate

XM7KD0 Pentaerythrityl tetranitrate

XM0DY4 Propatylnitrate

XM3077 Isosorbide dinitrate

XM55H8 Trolnitrate

XM8SP5 Eritrityl tetranitrate

XM5KH9 Tenitramine

XM9UE1 Methylpropylpropanediol dinitrate

XM01Q8 Isosorbide

XM6801 Amikhelline

XM5QW3 Bendazol

XM3K91 Benziodarone

XM38C7 Carbocromen

XM38U6 Coronary vasodilator

XM0SG8 Cromonar

XM0MW9 Diisopropylamine

XM1E15 Dilazep

XM8Q26 Dimoxyline

XM5M47 Efloxate

XM3ZB0 Etafenone

XM3E93 Fenalcomine

XM6QE9 Fluorosol

XM8Y13 Heptaminol

XM4A49 Hexadiline

XM5MP5 Hexobendine

XM5B68 Isoamyl nitrite

XM5BS6 Itramin tosilate

XM9PV4 Khellin

XM39T6 Khelloside

XM30P9 Mannitol hexanitrate

XM5720 Molsidomine

XM7HW6 Nicorandil

XM5YX5 Nitrite, amyl (medicinal) (vapor)

XM4J35 Nitrous ether spirit

XM1VC4 Octyl nitrite

XM0A82 Organonitrate

XM5YA6 Oxyfedrine

XM2N57 Pentaerythritol

XM3VX9 Pentrinat

XM7F31 Perhexiline

XM7FE6 Piridoxilate

XM4K89 Prenylamine

XM2BJ0 Sweet niter spirit

XM24R2 Trapidil

XM5770 Triethanolamine trinitrate (biphosphate)

XM8YZ8 Trinitrine

XM23M8 Flosequinan

XM6V17 Imolamine

XM0UA6 Cinepazet

XM30L8 Cloridarol

XM5AY1 Linsidomine

XM2460 Nesiritide

XM1M18 Serelaxin

XM2VG8 Regadenoson

XM1HP8 Meldonium

Peripheral vasodilators

Coded Elsewhere: Nicotinic acid and derivatives (XM0563)

XM6G82 Tadalafil

XM9AZ1 Vardenafil

XM65A3 Sildenafil

XM7DC4 Aluminium nicotinate

XM1269 Azapetine

XM3GB4 Bencyclane

XM3FH5 Brovincamine

XM3B71 Buflomedil

XM6XW8 Butalamine

XM1UQ0 Cetiedil

XM7LH3 Cinepazide

XM16K3 Cyclandelate

XM9Q04 Dihydroergocornine

XM7K86 Dihydroergokryptine

XM3WW1 Dihydroergotoxine

XM9CH9 Etofylline

XM8317 Hepronicate

XM2LT4 Hydromethylpyridine

XM86J1 Ifenprodil

XM8MZ0 Kallidinogenase

XM5TC7 Kallikrein

XM6F75 Lipo-alprostadil

XM46T4 Minoxidil

XM8YE5 Moxisylyte

XM3J93 Naftidrofuryl

XM3PK2 Niacin

XM2GA2 Nicametate

XM5TA2 Nicofuranose

XM0274 Nicotinyl alcohol

XM6B85 Nylidrin

XM12T2 Phenoxybenzamine

XM67M9 Prostaglandin E1

XM1B47 Raubasine

XM9761 Suloctidil

XM07V4 Tetranicotinoyl fructose

XM4074 Thurfyl nicotinate

XM79S2 Thymoxamine

XM1UM9 Vasodilan

XM3LG1 Vinburnine

XM51E4 Viquidil

XM0122 Xanthinol nicotinate

XM0BT5 2-amino-1-phenylethanol derivatives

XM5RH0 Isoxsuprine

XM0HU4 Bamethan

XM0B82 Imidazoline derivatives

XM5NP2 Phentolamine

XM3BY1 Tolazoline

XM5NF4 Purine derivatives

XM5RL7 Pentifylline

XM91G7 Xantinol nicotinate

XM8BD1 Pentoxifylline

XM0JV4 Etofylline nicotinate

XM9PA9 Pinacidil

XM3VH9 Vincamine

XM68C7 Visnadine

XM0XY6 Ergot alkaloids

XM0U65 Ergoloid mesylates

XM5TD8 Nicergoline

XM0TP6 Dihydroergocristine (mesilate)

XM93Q7 Methylergometrine

XM3LX6 Ergometrine

XM5P25 Ergotamine

XM4G36 Methysergide

XM4E49 Lisuride

XM4CT2 fasudil

XM5021 Yohimbine

XM1WB2 Avanafil

XM4914 Udenafil

Other agents primarily affecting the cardiovascular system

Coded Elsewhere: Aconitine (XM2WR7)

Aconitum ferox plant (XM3VB6)

Aconitum plant (XM99Y1)

Prostaglandins (XM4ML1)

XM20Z9 Adrenochrome semicarbazone (mono)

XM7NH6 Adrenochrome derivative

XM8ZY5 Aurantiin

XM6YS0 Benzopyrone

XM3LU4 Calcium dobesilate

XM53V8 Chlorisondamine chloride

XM1H36 Escin

XM8AB2 Ethoxazorutoside

XM6BM1 Flavodic acid

XM0WZ5 Hesperidin

XM63M1 Leucocianidol

XM4U20 Metescufylline

XM6102 Phenopyrazone

XM6EY7 Pholedrine

XM62Q1 Adenosine

XM3PB7 Trimetazidine

XM5FW1 Camphora

XM7F77 Crataegus glycosides

XM6619 Creatinolfosfate

XM8R77 Fosfocreatine

XM2PV3 Fructose 1,6-diphosphate

XM4MP2 Ubidecarenone

XM2UJ1 Acadesine

XM09Q3 Ivabradine

XM9DF5 Ranolazine

XM2DH5 Tiazotic acid

Vasoprotectives

XM50P4 Capillary stabilising agents

XM41G5 Bioflavonoids

XM5734 Rutoside

XM6UE1 Diosmin

XM71U2 Troxerutin

XM7EF1 monoxerutin

XM2SA0 hidrosmin

XM6N03 Tribenoside

XM1PT0 Naftazone

XM0MJ2 Hippocastani semen

XM93T6 Esculin

Agents used in antivaricose therapy

XM0NL5 Antivaricose drug

XM57B0 Dextrose concentrated solution, intravenous

XM1ME2 Ethanolamine oleate

XM6C05 Phenol in oil injection

XM9854 Sclerosing agent

XM3846 Sodium morrhuate

XM52L8 Sodium psylliate

XM2N32 Sodium tetradecyl sulfate

XM1LV9 Varicose reduction drug

XM3FL1 Venous sclerosing drug

XM4J29 Zinc antivaricose

XM3WS8 Monoethanolamine

XM4DD8 Polidocanol

XM81W1 Sotradecol

Drugs primarily affecting the autonomic nervous system

Adrenergic agonists

Coded Elsewhere: Predominantly alpha-adrenoreceptor and dopamine receptor agonists (XM1K71)

Predominantly beta-adrenoreceptor agonists (XM96M5-XM0FE9)

XM36U7 Alpha- and beta-adrenoreceptor agonists

XM9187 Etilefrine

XM6RQ3 Mephentermine

XM3273 Epinephrine

XM10F0 Amezinium metilsulfate

XM5H72 Ephedrine

XM7B75 Droxidopa

XM9K94 Ethylnorepinephrine

XM1H52 Cinnamedrine

XM3LR7 Predominantly alpha-adrenoreceptor agonists

XM39Y4 Thenyldiamine

XM2V55 Phenyltoloxamine

XM7D21 Paredrine

XM81D8 Norepinephrine

XM7RF2 Moxastine

XM8TK4 Methaphenilene

XM4TB9 Levocabastine (hydrochloride)

XM2305 Homochlorcyclizine

XM59T1 Embramine

XM8ZH9 Dimenhydrinate

XM29D4 Difenidol

XM62B0 Dibenzheptropine

XM8Y26 Cyclopentamine

XM0Y33 Clemizole

XM4PH8 Chlorothen

XM66X7 Chlor-Trimeton

XM0AN5 Cetoxime

XM88Z7 Bisulepin (hydrochloride)

XM35M7 Benzquinamide

XM25T0 Apraclonidine (hydrochloride)

XM0W81 Antistine

XM6XN3 Phenylpropanolamine

XM6ZQ3 Phenylephrine

XM0CL2 Pseudoephedrine

Adrenergic antagonists

Alpha-adrenoreceptor antagonists

XM45W7 Prazosin

XM3L37 Indoramin

XM58X5 Doxazosin

XM30L7 Urapidil

XM2L44 Alpha adrenergic blocking drug

XM6MJ9 Bunazosin

XM4UW6 Dibenamine

XM70W7 Dibenzyline

XM3Y81 Hydergine

XM81R1 Priscol, Priscoline

XM3F82 Tamsulosin

XM9LH2 Terazosin

XM1C94 Alfuzosin

XM7D19 Trimazosin

XM1FQ5 Silodosin

Beta-adrenoreceptor antagonists

XM7R98 Beta-adrenoreceptor antagonists, non selective

XM2YK6 Alprenolol

XM0M15 Oxprenolol

XM2SH3 Pindolol

XM3HA9 Propranolol

XM1KQ9 Timolol

XM5BT4 Sotalol

XM69F3 Nadolol

XM89L8 Mepindolol

XM1AJ9 Carteolol

XM6489 Tertatolol

XM79L8 Bopindolol

XM9RX1 Bupranolol

XM17Y6 Penbutolol

XM2M62 Cloranolol

XM9MF0 Beta-adrenoreceptor antagonists, selective

XM9VG1 Practolol

XM8L21 Metoprolol

XM0M62 Atenolol

XM0V36 Acebutolol

XM7U87 Betaxolol

XM0HY3 Bevantolol

XM8QC9 Bisoprolol

XM54E1 Celiprolol

XM4AB1 Esmolol

XM1T80 Epanolol

XM7115 S-atenolol

XM0995 Nebivolol

XM3156 Talinolol

XM44F9 Landiolol

XM5S93 Beta adrenergic blocking agent, heart

XM8026 Bunitrolol

XM3N87 Carazolol

XM7V19 Indenolol

XM91L7 Pronetalol

XM77W2 Tolamolol

XM77E7 Alpha and beta blocking agents, antagonists

XM8ER3 Labetalol

XM80G6 Carvedilol

XM0TY3 Medroxalol

Parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics

XM9FY5 Agents predominantly used for gastrointestinal disorders

XM8921 Synthetic anticholinergics, esters with tertiary amino group

XM5D56 Oxyphencyclimine

XM5RM7 Camylofin

XM90R8 Mebeverine

XM0EL4 Trimebutine

XM7GS6 Rociverine

XM0CE0 Dicycloverine

XM24K8 Piperidolate

XM1LM4 Oxyphenonium

XM05C6 Propantheline

XM8YF7 Otilonium bromide

XM5WL4 Methantheline

XM6XN4 Isopropamide

XM1WN2 Hexocyclium

XM7EV5 Poldine

XM7W33 Mepenzolate

XM6FV2 Pipenzolate

XM63B0 Bevonium

XM4SN3 Dihexyverine

XM2043 Difemerine

XM26J4 Synthetic anticholinergics, quaternary ammonium compounds

XM2WF7 (2-benzhydryloxyethyl)diethyl-methylammonium iodide

XM2LU4 Tiemonium iodide

XM6X69 Prifinium bromide

XM51J2 Timepidium bromide

XM7XV6 Benzilone

XM4LY7 Tridihexethyl

XM0D83 Fenpiverinium

XM7W64 Synthetic antispasmodics, amides with tertiary amines

XM4VE1 Dimethylaminopropionylphenothiazine

XM5LN3 Nicofetamide

XM36J3 Tiropramide

XM7FH3 Papaverine and derivatives

XM8X70 Papaverine

XM13K8 Drotaverine

XM1V30 Moxaverine

XM6089 Belladonna alkaloids and derivatives

XM7Y01 Atropine

XM11J9 Hyoscyamine

XM4P67 Methylatropine

XM0PN2 Cimetropium bromide

XM1642 Homatropine methylbromide

XM1MW1 Scopolamine

XM0QS6 Butylscopolamine

XM3068 Methylscopolamine

XM08K5 Fentonium

XM1JA8 Agents predominantly used for urinary frequency and incontinence

Coded Elsewhere: Flavoxate (XM0CH2)

Emepronium (XM6190)

Meladrazine (XM0M49)

Oxybutynin (XM0LB8)

Terodiline (XM4DW3)

Propiverine (XM9FU4)

Tolterodine (XM82U8)

Solifenacin (XM2Z66)

Trospium (XM7V08)

Darifenacin (XM1N89)

Fesoterodine (XM4265)

Mirabegron (XM5L72)

Desfesoterodine (XM5QR7)

XM6WD2 Anticholinergics predominantly used for Parkinson disease

XM8U00 Tertiary amines

XM4RV4 Metixene

XM9W98 Trihexyphenidyl

XM65C9 Biperiden

XM9AG2 Procyclidine

XM8VR6 Profenamine

XM1H88 Dexetimide

XM64K1 Phenglutarimide

XM8T72 Bornaprine

XM4YL9 Tropatepine

XM3FW6 Mazaticol

XM0HT8 Diethazine

XM3B14 Ethers chemically close to antihistamines

XM7U62 Orphenadrine

XM8UB6 Etanautine

XM72C6 Ethers of tropine or tropine derivatives

XM8ZR2 Benzatropine

XM2789 Etybenzatropine

XM0CR7 Emepronium bromide

XM1Q67 Adiphenine

XM0DF0 Ambutonium bromide

XM0TL7 Aminopentamide

XM1Q22 Amprotropine

XM3HR2 Aniscoropine

XM0B31 Anticholinergic

XM5BE4 Antimuscarinic

XM66R0 Artane

XM7LZ6 Atropine derivative

XM5098 Belladonna alkaloids

XM6RQ9 Belladonna extract

XM2YW9 Belladonna herb

XM29D7 Benactyzine

XM3NJ0 Benaprizine

XM54W7 Benzilonium bromide

XM8NZ1 Benztropine anticholinergic

XM5ML2 Butropium bromide

XM1T59 Butyl scopolamine bromide

XM9633 Caramiphen

XM8JS6 Carpronium chloride

XM2619 Clidinium bromide

XM8KY2 Clorotepine

XM2HD0 Cogentin

XM0VC2 Cyclodrine

XM7VB2 Cyclopentolate

XM93T2 Cycrimine

XM4CZ8 Dibutoline sulfate

XM89R5 Diphemanil

XM1M52 Duboisine

XM3A08 Dyphylline

XM17M9 Ethaverine

XM62B7 Etomidoline

XM1VS4 Euphthalmine

XM6L51 Extrapyramidal antagonist

XM3L41 Flopropione

XM8WX2 Hexasonium iodide

XM7832 Homatropine

XM1EF8 Hyoscyamus

XM4FB2 Hyoscyamus dry extract

XM4QH8 Isopropamide iodide

XM5ED5 Levsin

XM0WK8 Mepenzolate bromide

XM1FH6 Mepiperphenidol

XM39X0 Methanthelinium bromide

XM0E13 Methscopolamine bromide

XM3KR9 Methylatropine nitrate

XM14X3 Methylbenactyzium bromide

XM5F96 Milverine

XM3YV6 Muscle affecting agents relaxants smooth

XM4U03 Octatropine methyl-bromide

XM5YT3 Oxapium iodide

XM3A77 Parasympatholytic

XM8U27 Penthienate

XM6MG0 Pipethanate

XM7711 Pramiverine

XM3CK8 Profenil

XM7VK4 Propantheline bromide

XM1JN1 Quaternary ammonium parasympatholytic

XM3UE6 Scopolia extract

XM31L2 Smooth muscle relaxant

XM7PY1 Spacoline

XM14Z1 Spasmolytic anticholinergics

XM6RA6 Spasmolytic autonomic

XM9NH9 Spasmolytic quaternary ammonium

XM0GS2 Thiphenamil

XM9WW9 Tiemonium

XM8346 Tigloidine

XM2595 Tiquizium bromide

XM8YD7 Toquizine

XM64P0 Triampyzine

XM2TJ3 Tricyclamol chloride

XM17K9 Tridihexethyl iodide

XM5S52 Trimeprazine (tartrate)

XM2M46 Triperiden

XM4YB7 Tritiozine

XM2973 Tropacine

XM4466 Tropicamide

XM8F25 Trospium chloride

XM1CE8 Anticholinergics predominantly used for obstructive airway diseases

XM54K2 Ipratropium bromide

XM55K5 Oxitropium bromide

XM42V2 Glycopyrronium bromide

XM6LS6 Stramonium

XM9HA8 Tiotropium bromide

XM2PE9 Aclidinium bromide

XM3MF8 Umeclidinium bromide

XM8BL4 Revefenacin

XM4DL3 Flutropium bromide

XM9FU4 Propiverine

XM82U8 Tolterodine

XM2Z66 Solifenacin

XM7V08 Trospium

XM1N89 Darifenacin

XM4265 Fesoterodine

XM5L72 Mirabegron

XM5QR7 Desfesoterodine

XM6190 Emepronium

XM0CH2 Flavoxate

XM0M49 Meladrazine

XM0LB8 Oxybutynin

XM4DW3 Terodiline

Parasympathomimetics [cholinergics]

XM4AJ3 Aceclidine

XM1EC3 Acetylcholine chloride

XM3GM3 Acetylcholine derivative

Anticholinesterase agents

XM4PZ3 Ambenonium

XM8KF3 Anticholinesterase

XM87V2 Anticholinesterase organophosphorus

XM9D92 Anticholinesterase reversible

XM4VC4 Cholinergic organophosphorus

XM1L81 DFP

XM1389 Diflos

XM86K6 Difluorophate

XM0UQ3 Diisopropylfluorophosphonate

XM5YK5 Distigmine bromide

XM6565 Edrophonium chloride

XM99M6 Galantamine

XM1NE7 Isoflurophate

XM40R6 Neomycin with neostigmine

XM3671 Neostigmine bromide

XM3YR0 Prostigmin

XM41N9 Pyridostigmine bromide

XM4LN1 Tacrine

XM62U1 Donepezil

XM0NP3 Rivastigmine

XM3B88 Ipidacrine

XM8C30 Neostigmine

XM4NE1 Pyridostigmine

XM7494 Arecoline

XM0000 Benzpyrinium bromide

XM0MZ4 Bethanechol chloride

XM4LE7 Cholinergic (drug)

XM4ZZ7 Cholinergic muscle tone enhancer

XM6VJ2 Cholinergic trimethyl ammonium propanediol

XM8JX6 Parasympathomimetic drug

XM0RX5 Pilocarpine

XM5EY0 Pilocarpus extract (jaborandi)

XM9223 Choline esters

XM4AT9 Carbachol

XM9XA2 Bethanechol

XM63Q0 Choline alfoscerate

XM31K4 Cevimeline

XM6PN9 Varenicline

XM7HS1 Cytisinicline

XM4C58 Amifampridine

Ganglionic blocking drugs

XM90S5 Hexamethonium bromide

XM13Z0 Mecamylamine

XM8JB8 Pempidine

XM68K9 Pentamethonium bromide

XM2A33 Pentolonium tartrate

XM3YS6 Quaternary ammonium ganglion blocking

XM6JW6 Tetraethylammonium chloride

XM9MS2 Tetrylammonium chloride

XM3YZ9 Trimetaphan camsilate

XM4BZ9 Trimethaphan

XM9BT3 Trimethidinium

Drugs used in addictive disorders

Coded Elsewhere: Naltrexone (XM2M16)

Methadone (XM7XP1)

Buprenorphine (XM9Z94)

Diamorphine (XM05B3)

Nalmefene (XM4PD9)

Varenicline (XM6PN9)

Cytisinicline (XM7HS1)

XM51D2 Disulfiram

XM2FC3 Calcium carbimide

XM6BN2 Nicotine

XM9T01 Acamprosate

Antivertigo and motion sickness preparations

Coded Elsewhere: Antinauseants, antiemetics and emetics (XM4H25-XM9FU8)

Antihistamines (XM4J58)

XM14C0 Betahistine

XM7CE7 Cinnarizine

XM52G4 Flunarizine

XM2U21 Acetylleucine

Agents primarily acting on smooth and skeletal muscles and the respiratory system

Coded Elsewhere: Labour repressants

Oxytocic drugs

Coded Elsewhere: Prostaglandins (XM4ML1)

Ergot alkaloids (XM0XY6)

XM0Q45 Ergot derivative

XM77J5 Ergot prepared

XM5NB5 Ergotocine

XM4534 Hormone oxytocic

XM8BU6 Muscle affecting agents oxytocic

XM5606 Prostaglandin F2 alpha

XM7F20 Tocosamine

XM6MR2 Vetrabutine

Muscle relaxants

XM8SY4 Muscle relaxants, peripherally acting

XM23H5 Alcuronium

XM7139 Tubocurarine

XM2RT6 Dimethyltubocurarine

XM0L61 Hexafluronium

XM87E3 Fazadinium bromide

XM2SB5 Mivacurium chloride

XM0FZ0 Atracurium

XM0Q59 Pipecuronium bromide

XM2811 Doxacurium chloride

XM4R62 Rocuronium bromide

XM0SQ7 Cisatracurium

XM9M51 Botulinum toxin

XM9YY8 Muscle relaxants, centrally acting

XM5AB5 Carbamic acid esters

XM8DV7 Phenprobamate

XM2DC7 Carisoprodol

XM7AC3 Methocarbamol

XM3KM3 Styramate

XM2339 Febarbamate

XM09D8 Oxazol, thiazine, and triazine derivatives

XM8MD5 Chlormezanone

XM7Q44 Chlorzoxazone

XM7ZQ9 Zoxazolamine

XM5PZ1 Metaxalone

XM09Y8 Suxamethonium

XM5CB4 Pancuronium

XM9416 Gallamine

XM7S28 Vecuronium

XM6X03 Orphenadrine citrate

XM5US2 Baclofen

XM1BK1 Tizanidine

XM26R3 Pridinol

XM4MA5 Tolperisone

XM1HD7 Mephenesin

XM2RH8 Tetrazepam

XM7LP5 Cyclobenzaprine

XM52Y2 Thiocolchicoside

XM9UU4 Eperisone

XM7995 Fenyramidol

XM0W80 Afloqualone

XM3V06 Aclatonium napadisilate

XM9RW1 Anesthesia muscle relaxation

XM5GC4 Atracurium besilate

XM8PU1 Carbolonium (bromide)

XM7DG2 Decamethonium bromide

XM6XS1 Dimethyltubocurarinium chloride

XM8A87 Flaxedil

XM9QC2 Hexafluorenium bromide

XM9WH2 Hexanuorenium

XM82Z5 Hexcarbacholine bromide

XM3676 Laudexium

XM3RJ7 Methocarbamol skeletal muscle relaxant

XM4W78 Muscle affecting agents relaxants skeletal

XM3SC6 Myoneural blocking agents

XM2UG5 Neuromuscular blocking drug

XM8QC2 Skeletal muscle relaxants

XM91M0 Spasmolytic skeletal muscle

XM7142 Suxethonium chloride

XM9502 Woorali

XM5ZN8 Dantrolene

Other drugs acting on muscles

XM82K6 Botox

XM0WW2 Bruceine

XM7E87 Hydrastine

XM7C89 Lututrin

XM20G5 Strychnine medicinal

XM8NV1 Duchenne muscular dystrophy therapy

XM1CL7 Ataluren

XM7H79 Drisapersen

XM0BM1 Eteplirsen

XM6TG6 Hydroquinine

XM0TQ8 Aceneuramic acid

XM90G7 Nusinersen

XM0U21 Viltolarsen

XM4VE2 Casimersen

XM9P78 Drugs for obstructive airway diseases

Coded Elsewhere: Glucocorticoids and synthetic analogues (XM51K6-XM1XF3)

Budesonide (XM3UP9)

Flunisolide (XM9VX0)

Betamethasone (XM6SU0)

Fluticasone (XM5PW9)

Triamcinolone (XM4J30)

Mometasone (XM8PN0)

Predominantly beta-adrenoreceptor agonists (XM96M5-XM0FE9)

Selective beta-2-adrenoceptor agonists (XM1X48)

Anticholinergics predominantly used for obstructive airway diseases (XM1CE8)

XM3R34 Cromoglicic acid

XM4TP3 Nedocromil

XM0B09 Antileukotrienes

XM9BZ0 Zafirlukast

XM1C43 Pranlukast

XM10P5 Montelukast

XM12R0 Ibudilast

XM4U85 Monoclonal antibodies used in airway diseases

Coded Elsewhere: Mepolizumab (XM8X05)

XM4LH9 Omalizumab

XM6VB5 Reslizumab

XM0KT0 Benralizumab

XM82N7 Amlexanox

Aminophylline, theophylline and other xanthines

XM5SD1 Acefylline piperazine

XM1719 Acepifylline

XM6493 Ambuphylline

XM5XJ1 Aminophylline

XM5Y44 Bamifylline

XM1QL3 Bufylline

XM31P6 Enprofylline

XM1W21 Etamiphylline

XM3ZP6 Levoproxyphylline

XM81W0 Oxtriphylline

XM5YJ3 Proxyphylline

XM4L37 Theobromine

XM1FP4 Theophylline

XM07L0 Theophylline aminobenzoic acid

XM07F4 Theophylline piperazine p-amino-benzoate

XM9608 Doxofylline

XM7X44 Mepyramine theophyllinacetate

XM42T9 Fenspiride

XM40T5 Eprozinol

XM8DS8 Seratrodast

XM53U2 Roflumilast

XM5Y33 Tranilast

XM2351 Bufrolin

XM9Y50 Tezepelumab

Expectorants and mucolytics

Coded Elsewhere: Acetylcysteine (XM7372)

Mesna (XM1JB5)

Mannitol (XM5BJ8)

Potassium iodide (XM1260)

XM6JV7 Ambroxol

XM4A47 Ammonium chloride expectorant

XM8CT0 Bromhexine

XM9FP2 Calcium iodide

XM3XU8 Carbocisteine

XM2NU9 Cough mixture (syrup)

XM1MJ1 Cough mixture expectorants

XM81Q9 Creosote

XM4C87 Creosote syrup

XM68U4 Deglycyrrhizinized extract of liquorice

XM1KM0 Domiodol

XM28N4 Dornase

XM71N5 Eprazinone

XM7QX2 Glyceryl guaiacolate

XM86G0 Glycyrrhiza extract

XM3CL2 Glycyrrhizic acid

XM8EW0 Glycyrrhizinate potassium

XM0G60 Guaiacol derivatives

XM48K1 Guaimesal

XM8GY5 Guaiphenesin

XM31Y1 Hydriodic acid

XM3E62 Iodide potassium (expectorant)

XM60L0 Iodinated glycerol

XM8BL3 Ipecacuanha

XM2K57 Letosteine

XM9Q09 Liquorice

XM6MB5 Mecysteine

XM4DQ1 Mucolytic drug

XM4KG8 Organidin

XM8A78 Quillaja extract

XM44A1 Respiratory drug expectorant

XM4Y94 S-Carboxymethyl-cysteine

XM1Y62 Senega

XM92P8 Sobrerol

XM06E7 Sodium dibunate

XM2BM5 Sputum viscosity-lowering drug

XM7BF1 Stepronin

XM1PU5 Sulfogaiacol

XM6JE5 Superinone

XM1CP3 Tenoglicin

XM0ES0 Terpin hydrate (cis)

XM1F74 Tyloxapol

XM1KG9 Antimony pentasulfide

XM61F4 Dornase alfa

XM48C4 Althaeae radix

XM8983 Guaiacolsulfonate

XM5QU8 Levoverbenone

XM48W4 Hederae helicis folium

XM7Q79 Cineole

XM66E3 Neltenexine

XM7Y66 Erdosteine

Antitussives

Coded Elsewhere: Codeine, codeine derivatives and other opioids used in cough suppression (XM4587)

XM6NJ7 Benproperine

XM8G23 Benzonatate

XM1U36 Bibenzonium bromide

XM8WM3 Butamirate

XM4D27 Clobutinol

XM9DL9 Chlophedianol

XM80M9 Cloperastine

XM9KL2 Dimethoxanate

XM6995 Dropropizine

XM61F3 Ethyl dibunate

XM0SA9 Fedrilate

XM5BB1 Fominoben

XM8300 Isoaminile

XM97D0 Levodropropizine

XM3WX2 Methorate

XM2ET3 Oxeladin

XM9FU3 Oxolamine

XM4331 Pentoxyverine

XM7G25 Picoperine

XM84C4 Pipazetate

XM0HR9 Piperidione

XM8JR1 Prenoxdiazine

XM9KN8 Zipeprol

XM6SJ0 Dibunate

XM1G75 Meprotixol

XM2W89 Morclofone

XM7UA5 Nepinalone

XM06F9 Butetamate

XM4SL3 Gefapixant

XM4J58 Antihistamines

XM2JE5 First-generation antihistamine

XM8MV2 Aminoalkyl ethers

XM1TL5 Bromazine

XM6KY0 Diphenhydramine

XM3DL4 Clemastine

XM4QD7 Chlorphenoxamine

XM7GV4 Diphenylpyraline

XM9KZ9 Carbinoxamine

XM77K6 Doxylamine

XM7180 Piprinhydrinate

XM3FN3 Rotoxamine

XM5YE8 Substituted alkylamines

XM5PK9 Brompheniramine

XM6CF9 Dexchlorpheniramine

XM74S1 Dimetindene

XM9VG3 Chlorpheniramine

XM4UU4 Pheniramine

XM1107 Dexbrompheniramine

XM4AA0 Talastine

XM9MB0 Substituted ethylene diamines

XM54R1 Pyrilamine

XM9CM1 Chloropyramine

XM0N55 Tripelennamine

XM7TD1 Methapyrilene

XM6NM2 Thonzylamine

XM4NS9 Histapyrrodine

XM52P9 Phenothiazine derivatives

XM1N75 Alimemazine

XM0605 Promethazine

XM9QY1 Thiethylperazine

XM5E89 Methdilazine

XM5EB9 Mequitazine

XM5DB5 Oxomemazine

XM4Z91 Isothipendyl

XM5QG6 Hydroxyethylpromethazine

XM29Q8 Thiazinam

XM9NA0 Piperazine derivatives of first-generation antihistaminic agents

XM8GH2 Buclizine

XM0S26 Cyclizine

XM9SK3 Chlorcyclizine

XM1A78 Meclozine

XM6AV1 Oxatomide

XM0QD9 Cetirizine

XM07V7 Piperazine

XM1VF1 Diethylcarbamazine

XM5AC9 Levocetirizine

XM4GX4 Bamipine

XM11C5 Cyproheptadine

XM9BD4 Phenindamine

XM5Q41 Antazolin

XM8RT2 Triprolidine

XM6Z93 Azatadine

XM4280 Mebhydrolin

XM7ZS2 Thenalidine

XM0404 Pipoxizine

XM5463 Setastine

XM3B95 Second-generation antihistamine

XM6G21 Piperazine derivatives of second-generation antihistaminic agents

XM7S59 Astemizole

XM2S36 Terfenadine

XM4PE5 Loratadine

XM4F63 Ketotifen

XM4GA2 Acrivastine

XM9VB8 Azelastine

XM9EU0 Ebastine

XM7J45 Mizolastine

XM1586 Fexofenadine

XM2656 Desloratadine

XM3E25 Rupatadine

XM1WZ8 Bilastine

XM3YG8 Quifenadine

XM57C9 Pyrrobutamine

XM8ZS4 Deptropine

XM0J21 Tritoqualine

XM70F3 Pimethixene

XM5BJ5 Epinastine

XM40P7 Sequifenadine

XM9L77 Doxantrazole

Respiratory stimulants

Coded Elsewhere: Picrotoxin (XM6KR6)

XM0AP5 Almitrine

XM9QA2 Amiphenazole

XM0WB3 Bemegride

XM5T65 Bicuculline

XM7BN2 Central nervous system stimulants analeptics

XM6938 Central nervous system stimulants opiate antagonists

XM3465 Crotethamide with cropropamide

XM0A24 Dimefline

XM2ZT4 Dimorpholamine

XM3FP9 Doxapram

XM6D72 Etamivan

XM6YR1 Leptazol

XM4CU0 Lobeline

XM0001 Nikethamide

XM0Q86 Pentetrazol

XM5VY2 Pimeclone

XM4901 Prethcamide

XM1D17 Mepixanox

XM04S2 Other respiratory system products

XM4HQ2 Nitric oxide

XM3CW0 Ivacaftor

XM15G5 Ivacaftor and lumacaftor

XM2QZ5 Ivacaftor and tezacaftor

Systemic antibiotics, anti-infectives and antiparasitics

Systemic antibiotics and antibacterials

Coded Elsewhere: Antifungal antibiotics (XM7S10)

XM0MG9 Amphenicols

XM2TE7 Chloramphenicol

XM40F4 Thiamphenicol

Penicillins

XM1JY8 Adicillin

XM1LV7 Ancillin

XM0JT4 Apalcillin

XM46K9 Bacampicillin

XM94E1 Benethamine penicillin

XM2SP1 Carfecillin

XM9MK4 Cephalosporins N (adicillin)

XM4YY1 Clemizole penicillin

XM2361 Ciclacillin

XM9VG2 Hydrabamine penicillin

XM7LA4 Imipenem

XM0V84 Isoxazolyl penicillin

XM00H2 Methoxybenzyl penicillin

XM9XB6 Penethamate

XM7Q57 Penicillin (any)

XM71L1 Phenbenicillin

XM3UP8 Xantocillin

XM3173 Penicillins with extended spectrum

XM5MY7 Ampicillin

XM7CR7 Pivampicillin

XM3D58 Carbenicillin

XM7CM1 Amoxicillin

XM7J83 Carindacillin

XM31J4 Epicillin

XM9LR3 Pivmecillinam

XM8820 Azlocillin

XM1Z93 Mezlocillin

XM5562 Mecillinam

XM3MP9 Piperacillin

XM4D90 Ticarcillin

XM1HX8 Metampicillin

XM3Z13 Talampicillin

XM3S35 Sulbenicillin

XM1QC3 Temocillin

XM9HP3 Hetacillin

XM70P4 Aspoxicillin

XM9FQ5 Beta-lactamase sensitive penicillins

XM83S8 Benzylpenicillin

XM9B11 Phenoxymethylpenicillin

XM5MN2 Propicillin

XM4EZ4 Azidocillin

XM9NF6 Pheneticillin

XM16L6 Penamecillin

XM5N44 Clometocillin

XM4E82 Benzathine benzylpenicillin

XM4HD6 Procaine benzylpenicillin

XM6MK0 Benzathine phenoxymethylpenicillin

XM9QY0 Beta-lactamase resistant penicillins

XM5SF7 Dicloxacillin

XM6L30 Cloxacillin

XM0PP7 Methicillin

XM2UY3 Oxacillin

XM6AV2 Flucloxacillin

XM8HL9 Nafcillin

XM6QQ6 Combinations of penicillins

XM0RU1 Sultamicillin

XM3DN8 Ampicillin and beta-lactamase inhibitor

XM7UP4 Amoxicillin and beta-lactamase inhibitor

XM1FZ0 Ticarcillin and beta-lactamase inhibitor

XM0LH3 Piperacillin and beta-lactamase inhibitor

XM9XT2 Beta-lactamase inhibitors

XM3Y87 Sulbactam

XM2D37 Tazobactam

Cephalosporins and other beta-lactam antibiotics

XM3WK4 Antibiotic b-lactam

XM7TD6 Antibiotic cephalosporin (group)

XM5J74 Cefaloglycin

XM8J52 Cefamycin antibiotic

XM01V2 Cefpimizole

XM45T3 Cefteram

XM0C25 Cefuzonam

XM4HC8 Cephalosporins

XM67G9 Cephalothin

XM2K88 Clavulanic acid

XM9BE0 First-generation cephalosporins

XM9Z22 Cefalexin

XM7GR3 Cefaloridine

XM0BY6 Cefazolin

XM11S1 Cefadroxil

XM1EQ8 Cefazedone

XM8UF3 Cefatrizine

XM6DE1 Cefapirin

XM8X72 Cefradine

XM7DR9 Cefacetrile

XM75P2 Cefroxadine

XM2L78 Ceftezole

XM4DG8 Second-generation cephalosporins

XM26N9 Cefoxitin

XM7VY3 Cefuroxime

XM8839 Cefamandole

XM1ZJ9 Cefaclor

XM5QJ0 Cefotetan

XM3M14 Cefonicid

XM3V37 Cefotiam

XM8S59 Cefmetazole

XM3QK7 Ceforanide

XM27Z3 Cefminox

XM14Q0 Cefbuperazone

XM83K2 Flomoxef

XM6KH0 Loracarbef

XM4CP3 Cefprozil

XM3FN8 Third-generation cephalosporins

XM7CZ4 Cefotaxime

XM94G4 Ceftazidime

XM9732 Cefsulodin

XM3P83 Ceftriaxone

XM6FL0 Cefmenoxime

XM0B94 Latamoxef

XM1064 Ceftizoxime

XM4Q77 Cefixime

XM8YC6 Cefetamet

XM9YD6 Cefpiramide

XM5425 Cefoperazone

XM12J5 Cefodizime

XM85Q0 Cefpodoxime

XM2D98 Ceftibuten

XM2141 Cefdinir

XM2SP6 Cefditoren

XM0H82 Cefcapene

XM9RH3 Cefotaxime and beta-lactamase inhibitor

XM8EN5 Ceftazidime and beta-lactamase inhibitor

XM4UZ8 Cefoperazone and beta-lactamase inhibitor

XM19K3 Ceftriaxone and beta-lactamase inhibitor

XM60V7 Fourth-generation cephalosporins

XM1HW5 Cefepime

XM0MR4 Cefpirome

XM1BL5 Cefozopran

XM3XC6 Monobactams

XM3DB8 Aztreonam

XM9FE9 Carumonam

XM1JU9 Carbapenems

XM82S6 Meropenem

XM50J4 Ertapenem

XM27D0 Doripenem

XM1Q21 Biapenem

XM12K6 Imipenem and cilastatin

XM02N8 Panipenem

XM1N97 Faropenem

XM5261 Betamipron

XM3QS2 Ceftobiprole medocaril

XM2LW5 Ceftaroline fosamil

XM7RT0 Ceftolozane and beta-lactamase inhibitor

XM8SY8 Sulfonamides and trimethoprim derivatives

XM3MG7 Trimethoprim derivatives

XM7NY9 Trimethoprim

XM8162 Short-acting sulfonamides

XM0XY9 Sulfamethizole

XM72R1 Sulfapyridine

XM3G53 Sulfathiazole

XM72K1 Sulfanilamide

XM9TQ5 Sulfisoxazole

XM06K1 Intermediate-acting sulfonamides

XM1AM5 Sulphamethoxazole

XM12D1 Sulfadiazine

XM43U3 Sulfamoxole

XM4J39 Long-acting sulfonamides

XM3ER6 Sulfadimethoxine

XM8LL9 Sulfalene

XM7XJ2 Sulfamethoxypyridazine

XM92E0 Sulfaperin

XM7R74 Sulfamerazine

XM1G41 Sulfaphenazole

XM0ZN8 Sulfamazone

XM95D0 Sulfametomidine

XM3EU7 Sulfonamides and trimethoprim derivatives, fixed combinations

XM22Y8 Trimethoprim with sulfamethoxazole

XM18A9 Sulfadiazine and trimethoprim

XM87N2 Sulfametrole and trimethoprim

XM4008 Sulfamoxole and trimethoprim

XM4WW1 Sulfadimidine and trimethoprim

XM1UR3 Sulfadiazine and tetroxoprim

XM3Y04 Sulfamerazine and trimethoprim

XM4YB5 Brodimoprim

XM98X3 Iclaprim

XM4L44 Sulfathiourea

Macrolides

XM1329 Azithromycin

XM36F7 Erythromycin

XM2YT6 Josamycin

XM06K0 Kitasamycin

XM80A1 Midecamycin

XM3CC3 Miocamycin

XM8HR9 Oleandomycin

XM8UC1 Rokitamycin

XM98M0 Roxithromycin

XM1K16 Spiramycin

XM2WF8 Troleandomycin

XM1VG4 Clarithromycin

XM0EH3 Dirithromycin

XM2J45 Flurithromycin

XM5TV4 Telithromycin

XM2LU0 Solithromycin

XM4094 Ansamycin

XM7E36 Lincosamides

XM8158 Clindamycin

XM53Q9 Lincomycin

XM69N7 Streptogramins

XM48W5 Pristinamycin

XM4NJ6 Quinupristin

XM2YS9 Dalfopristin

Aminoglycosides

XM3X89 Amikacin

XM4LV0 Antibiotic aminoglycoside

XM7WC2 Antitubercular antibiotics

XM4BG6 Astromicin

XM4PT0 Bekanamycin

XM45U4 Dibekacin

XM8KT1 Dihydrostreptomycin

XM0PH0 Framycetin

XM3YS5 Gentamicin

XM6YS3 Isepamicin

XM0C03 Kanamycin

XM9VS3 Micronomicin

XM2YC8 Neomycin (derivatives)

XM1W69 Netilmicin

XM1QQ2 Novobiocin

XM1696 Paromomycin

XM58T2 Ribostamycin

XM4GS3 Sisomicin

XM6T34 Streptomycin

XM32G0 Streptomycin derivative

XM7N64 Streptoduocin

XM4YK6 Streptonivicin

XM40X6 Streptovarycin

XM6G20 Tobramycin

XM79T7 Arbekacin

XM1KN3 Plazomicin

XM7YK9 Quinolones and derivatives

XM3HL2 Fluoroquinolones

XM8072 Ofloxacin

XM77G2 Ciprofloxacin

XM1Z91 Pefloxacin

XM7SH9 Enoxacin

XM85E7 Norfloxacin

XM2GR2 Fleroxacin

XM98Z1 Temafloxacin

XM3JX8 Lomefloxacin

XM6MR3 Sparfloxacin

XM7BN7 Rufloxacin

XM6RS6 Grepafloxacin

XM7KX7 Levofloxacin

XM6YH9 Trovafloxacin

XM8147 Moxifloxacin

XM5HN4 Gemifloxacin

XM17A4 Gatifloxacin

XM3NU2 Prulifloxacin

XM3Z59 Pazufloxacin

XM1QZ5 Garenoxacin

XM5MK4 Sitafloxacin

XM3S71 Tosufloxacin

XM9CC7 Delafloxacin

XM8SV4 Rosoxacin

XM82P4 Nalidixic acid

XM1298 Piromidic acid

XM61M8 Pipemidic acid

XM3GX9 Combinations of antibacterials

XM5CX9 Sulfonamides, combinations with other antibacterials

Exclusions: Trimethoprim (XM7NY9)

XM39C8 Penicillins, combinations with other antibacterials

XM9162 Cefuroxime and metronidazole

XM3E19 Spiramycin and metronidazole

XM8TH8 Levofloxacin and ornidazole

XM3DB6 Cefepime and amikacin

XM5QC3 Azithromycin, fluconazole and secnidazole

XM1CM9 Tetracycline and oleandomycin

XM2CJ8 Ofloxacin and ornidazole

XM9T47 Ciprofloxacin and metronidazole

XM36B5 Ciprofloxacin and tinidazole

XM51W6 Ciprofloxacin and ornidazole

XM31E8 Norfloxacin and tinidazole

XM8S33 Glycopeptides

XM9YD1 Vancomycin

XM2004 Teicoplanin

XM8WT1 Telavancin

XM4F99 Dalbavancin

XM9LJ3 Oritavancin

XM2CE2 Nitrofuran derivatives

XM09K7 Nitrofurantoin

XM1QV5 Nifurtoinol

XM9F49 Nifurtimox

XM8FX2 Furazidin

XM08Z2 Furazolidone

XM3DZ3 Polymyxins

XM6510 Colistin

XM0NQ2 Polymyxin B

XM8MH4 Polymyxin

Other antibacterials

XM5183 Aerosporin

XM5PV6 Albamycin

XM4E54 Amphomycin

XM2H40 Anti-infective antibiotics specified

XM41T2 Antibiotic intestinal

XM0MJ1 Antibiotic polypeptide

XM7SQ4 Antibiotic specified

XM2EH2 Betamicin

XM0D75 Carbomycin

XM74K5 Enviomycin

XM0HU8 Fosfomycin

XM5UL0 Fusafungine

XM6AH3 Fusidic acid

XM14K4 Neosporin

XM19A7 Ristocetin

XM0BX1 Sodium fusidate

XM4F54 Sulfomyxin

XM6HE3 Viomycin

XM2A60 Virginiamycin

XM71G5 Xibornol

XM2TG1 Spectinomycin

XM02L5 Methenamine (mandelate)

XM3HJ6 Mandelic acid

XM33S9 Nitroxoline

XM11V4 Clofoctol

XM9WV9 Linezolid

XM2NL4 Daptomycin

XM20R8 Bacitracin

XM9GT9 Tedizolid

XM9QK9 Lefamulin

Tetracyclines

XM8124 Antibiotic tetracycline (group)

XM7FD5 Chlormethylenecycline

XM1JT2 Chlortetracycline

XM0WY0 Clomocycline

XM9219 Demeclocycline

XM17F8 Demethylchlortetracycline

XM7KG3 Demethyltetracycline

XM7J58 Doxycycline

XM4492 Guamecycline

XM47D7 Lymecycline

XM9KD5 Meclocycline

XM4CA1 Metacycline

XM5TY0 Minocycline

XM8DQ8 Oxytetracycline

XM3D34 Penimepicycline

XM45X2 Rolitetracycline

XM0BP1 Tetracycline

XM74B7 Tigecycline

Antimycobacterials

XM8781 Aminosalicylic acid and derivatives

XM1X82 Aminosalicylic acid

XM6TY4 Sodium aminosalicylate

XM7FE7 Calcium aminosalicylate

XM3BE3 Thiocarbamide derivatives

XM1GT1 Protionamide

XM86N7 Ethionamide

XM8Q31 Drugs for treatment of lepra

XM3122 Clofazimine

XM73W4 Dapsone

XM34C6 Clascoterone

XM6QT5 Aminosalylum

XM4TV0 Anti-infective antimycobacterial

XM5K63 Antimycobacterial drug combination

XM6DX3 Antituberculars

XM18Y4 Benzoylpas calcium

XM3307 Bromosalicylhydroxamic acid

XM2754 Calcium benzamidosalicylate

XM7TM4 Chaulmosulfone

XM95S8 Cyanacetyl hydrazide

XM4N96 Ethambutol

XM64N2 Ethyl chaulmoograte

XM23G7 Fenamisal

XM4RF4 Glucosulfone sodium

XM7945 Glyconiazide

XM5FH2 Isoniazid

XM2ZK2 Isonicotinic acid hydrazide

XM3XE5 Methaniazide

XM8UX1 Morinamide

XM6LM1 Morphazinamide

XM2QH1 Pasiniazid

XM4Q32 Pentylsalicylamide

XM3UQ6 Potassium aminosalicylate

XM8DJ8 Promacetin

XM8CP2 Promin

XM4611 Pyrazinamide

XM4GU0 Rimifon

XM7SC9 Salinazid

XM3070 Acetosulfone sodium

XM06Z9 Solasulfone

XM3SD9 Sulfonazide

XM3SN8 Sulfones

XM72Q4 Aldesulfone sodium

XM9TD0 Terizidone

XM99P0 Thiambutosine

XM0AR8 Thioacetazone

XM5MQ5 Thioacetazone with isoniazid

XM62H2 Tiocarlide

XM60U0 Bedaquiline

XM1FD5 Delamanid

XM7AQ6 Antimycobacterial antibiotic

XM63V4 Cycloserine

XM0R30 Rifampicin

XM7HL1 Rifamycin

XM5QH8 Rifabutin

XM8MQ4 Rifapentine

XM0892 Capreomycin

XM2LE1 Rifaximin

XM38J6 Rifamide

Antifungal agents

XM2SD6 Imidazole derivatives

XM9UH0 Miconazole

XM9795 Ketoconazole

XM4GT1 Triazole and tetrazole derivatives

XM97S6 Fluconazole

XM5XD2 Itraconazole

XM70R4 Voriconazole

XM1VE3 Posaconazole

XM69J7 Oteseconazole

XM8YE6 Griseofulvin

XM32L5 Nystatin

XM2H01 Pimaricin

XM3BU7 Flucytosine

XM7HQ1 Terbinafine

XM0K47 Caspofungin

XM1F82 Micafungin

XM0HG4 Anidulafungin

XM7S10 Antifungal antibiotics

XM5TR4 Amphotericin B

XM9CM4 Hachimycin

Antiviral drugs

XM56B8 Nucleosides and nucleotides

XM3MC4 Aciclovir

XM30N1 Vidarabine

XM1M61 Ganciclovir

XM2GP5 Idoxuridine

XM3RL1 Famciclovir

XM4GK4 Valaciclovir

XM6HE0 Cidofovir

XM3AF7 Penciclovir

XM2RU2 Valganciclovir

XM5L76 Brivudine

XM1ES0 Remdesivir

XM4CD1 Brincidofovir

XM7QR0 Cyclic amines

XM2TS5 Rimantadine

XM7GR8 Tromantadine

XM90G3 Phosphonic acid derivatives

XM5XQ9 Foscarnet

XM8Z26 Fosfonet

XM8GK2 Protease inhibitors

XM7YP4 Saquinavir

XM1VT6 Indinavir

XM56L1 Ritonavir

XM6175 Nelfinavir

XM6WJ3 Amprenavir

XM2AR2 Fosamprenavir

XM2U50 Atazanavir

XM8QH1 Tipranavir

XM63Q8 Darunavir

XM3EZ0 Nucleoside and nucleotide reverse transcriptase inhibitors

XM9C07 Zidovudine

XM7XQ2 Zalcitabine

XM8Z78 Didanosine

XM7RM1 Stavudine

XM5471 Lamivudine

XM35P4 Abacavir

XM67N3 Tenofovir disoproxil

XM96H1 Adefovir

XM2L06 Emtricitabine

XM0Z52 Entecavir

XM2P85 Telbivudine

XM9K66 Clevudine

XM06Z6 Tenofovir alafenamide

XM5PT4 Non-nucleoside reverse transcriptase inhibitors

XM10T5 Nevirapine

XM0LC3 Delavirdine

XM1DX2 Efavirenz

XM7N44 Etravirine

XM1KD4 Rilpivirine

XM6DT0 Neuraminidase inhibitors

XM0JN4 Zanamivir

XM6823 Oseltamivir

XM0AQ6 Peramivir

XM6M67 Laninamivir

XM9DH8 Antivirals for treatment of hepatitis C infections

XM8YT1 Ribavirin

XM2WF9 Telaprevir

XM07W4 Boceprevir

XM1QK4 Faldaprevir

XM9FF9 Simeprevir

XM6LF8 Asunaprevir

XM41F6 Daclatasvir

XM0ZZ5 Sofosbuvir

XM34X5 Dasabuvir

XM5HK2 Elbasvir

XM9WK5 Grazoprevir

XM6ZX2 Coblopasvir

XM3SJ3 Antivirals for treatment of hepatitis C infections, combinations

XM5CA7 Sofosbuvir and Ledipasvir

XM4R75 Dasabuvir, Ombitasvir, Paritaprevir and Ritonavir

XM70P2 Ombitasvir, Paritaprevir and Ritonavir

XM7VS7 Elbasvir and Grazoprevir

XM3K33 Sofosbuvir and Velpatasvir

XM14S9 Sofosbuvir, Velpatasvir and Voxilaprevir

XM1NF4 Glecaprevir and Pibrentasvir

XM10G0 Daclatasvir, Asunaprevir and Beclabuvir

XM3U67 Antivirals for treatment of human immunodeficiency virus infections, combinations

XM5UM7 Zidovudine and Lamivudine

XM41D4 Lamivudine and Abacavir

XM75H2 Tenofovir disoproxil and Emtricitabine

XM2F89 Zidovudine, Lamivudine and Abacavir

XM0SL5 Zidovudine, Lamivudine and Nevirapine

XM7RZ6 Emtricitabine, Tenofovir disoproxil and Efavirenz

XM99U8 Stavudine, Lamivudine and Nevirapine

XM1KH0 Emtricitabine, Tenofovir disoproxil and Rilpivirine

XM99Q5 Emtricitabine, Tenofovir disoproxil, Elvitegravir and Cobicistat

XM3EH7 Lopinavir

XM9NL2 Lamivudine, Tenofovir disoproxil and Efavirenz

XM50Z0 Lamivudine and Tenofovir disoproxil

XM2UU9 Lamivudine, Abacavir and Dolutegravir

XM1FA4 Darunavir and Cobicistat

XM4KM0 Atazanavir and Cobicistat

XM0229 Lamivudine and Raltegravir

XM8RF0 Emtricitabine and Tenofovir alafenamide

XM4JT2 Emtricitabine, Tenofovir alafenamide, Elvitegravir and Cobicistat

XM08B7 Emtricitabine, Tenofovir alafenamide and Rilpivirine

XM0UN9 Emtricitabine, Tenofovir alafenamide and Bictegravir

XM4C60 Dolutegravir and Rilpivirine

XM7T33 Emtricitabine, Tenofovir alafenamide, Darunavir and Cobicistat

XM4TF3 Atazanavir and Ritonavir

XM5FB9 Lamivudine, Tenofovir disoproxil and Doravirine

XM9CE4 Lamivudine and Dolutegravir

XM8ZN1 Darunavir and Ritonavir

XM8QY9 Lamivudine, Tenofovir disoproxil and Dolutegravir

XM63K0 Anti-infective antiviral

XM7SG2 Dideoxyinosine

XM9VL0 Foscarnet sodium

XM6CJ2 Fosfonet sodium

XM1R42 Ibacitabine

XM6SP8 Metisazone

XM5GV1 Moroxydine

XM6WB2 Trifluridine

XM60K5 Lysozyme

XM8AQ1 Inosine pranobex

XM23V6 Pleconaril

XM1EQ6 Enfuvirtide

XM82D3 Raltegravir

XM3FG0 Maraviroc

XM7HJ6 Maribavir

XM7WY9 Elvitegravir

XM6K45 Dolutegravir

XM3S98 Umifenovir

XM8CN1 Enisamium iodide

XM01X3 Letermovir

XM1UC2 Tilorone

XM90X2 Pentanedioic acid imidazolyl ethanamide

XM2KW1 Ibalizumab

XM7FP8 Tecovirimat

XM9A16 Baloxavir marboxil

XM1QY5 Amenamevir

XM2L29 Favipiravir

XM1KL9 Cobicistat

XM85A9 Lenacapavir

Antivenin, antivenom (sera), Immunoglobulin

XM6MB2 AHLG

XM9CH0 Anti-human lymphocytic globulin

XM9L34 Antidiphtheria serum

XM9D37 Antiscorpion sera

XM5CP2 Antitoxin

XM81Z0 Antitoxin gas gangrene

XM5TW5 Antivenin, antivenom (sera)

XM2T48 Antivenin, antivenom crotaline

XM6D91 Antivenin, antivenom spider bite

XM4XP6 Black widow spider antivenin

XM7VG2 Gamimune

XM6Z81 Gamma globulin

XM7MC6 Gamulin

XM1AG2 Glandular extract (medicinal)

XM8MQ7 Globulin antilymphocytic

XM6UW5 Globulin antirhesus

XM3LT2 Globulin antivenin

XM9XP6 Globulin antiviral

XM5443 Homo-tet

XM3KZ0 Horse anti-human lymphocytic serum

XM7BR5 Human immune serum

XM42S1 Hypertussis

XM5DZ4 Pegademase, bovine

XM67L1 RhoGAM

XM77D4 Serum anti-Rh

XM3HE6 Serum antibotulinus

XM9V23 Serum anticytotoxic

XM7HP0 Serum antimeningococcus

XM5F14 Serum antitetanic

XM8MX1 Serum antitoxic

XM9QJ7 Serum convalescent

XM0SJ2 Serum protective

XM5CC6 Spider antivenin

XM2042 Tetanus toxoid or vaccine antitoxin

XM2GK5 Tetanus toxoid or vaccine immune globulin (human)

XM8Y67 Vaccine antineoplastic

XM6VF9 Immune sera

XM2MN8 Diphtheria antitoxin

XM18X1 Tetanus antitoxin

XM5083 Antirabies hyperimmune serum

XM18Y9 Snake venom antiserum

XM0AD6 Botulinum antitoxin

XM1FR6 Gas-gangrene sera

XM1RS8 Immunoglobulins

XM0AQ7 Immunoglobulins, normal human

XM26U5 Immunoglobulins, normal human, intravenous

XM3H32 Immunoglobulins, normal human, extravascular

XM5YM7 Specific immunoglobulins

XM4361 Anti-D (rh) immunoglobulin

XM8824 Tetanus immunoglobulin

XM6JK2 Hepatitis B immunoglobulin

XM5R25 Rabies immunoglobulin

XM8Q08 Vaccinia immunoglobulin

XM3FU2 Pertussis immunoglobulin

XM8Z30 Mumps immunoglobulin

XM7X82 Varicella zoster immunoglobulin

XM3ZS8 Rubella immunoglobulin

XM1V63 Staphylococcus immunoglobulin

XM7NM9 Cytomegalovirus immunoglobulin

XM4YT6 Diphtheria immunoglobulin

XM7LD1 Hepatitis A immunoglobulin

XM5NX5 Encephalitis, tick borne immunoglobulin

XM1GU6 Measles immunoglobulin

XM45N8 Palivizumab

XM0QB1 Motavizumab

XM0U74 Raxibacumab

XM8Y60 Anthrax immunoglobulin

XM6GD5 Bezlotoxumab

XM54X9 Obiltoxaximab

XM1BS2 Immunoglobulin not elsewhere classified

XM3NK9 Antiviral monoclonal antibodies

XM78P5 Tixagevimab

XM1CT9 Cilgavimab

Vaccines

XM3KV2 Bacterial vaccines

XM29K4 Cholera vaccines

XM3Z26 Cholera, inactivated, whole cell vaccines

XM72A0 Cholera, live attenuated vaccines

XM1FT6 Cholera, combinations with typhoid vaccine, inactivated, whole cell vaccines

XM11V3 Haemophilus influenzae B vaccines

Coded Elsewhere: Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9)

Hemophilus influenzae B and poliomyelitis vaccines (XM01H1)

Hemophilus influenzae B and hepatitis B vaccines (XM32L7)

Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3)

Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

XM6RG9 Hib, purified antigen conjugated vaccines

XM7F70 Hib, combinations with toxoids vaccines

XM81F7 Hib, combinations with pertussis and toxoids vaccines

XM0X86 Hib, combinations with meningococcus C, conjugated vaccines

XM2WV4 Meningococcal vaccines

XM92B2 Meningococcal monovalent purified polysaccharides antigen vaccines

XM5LC2 Meningococcal polyvalent purified polysaccharides antigen vaccines

XM3T39 Meningococcus A, C, bivalent purified polysaccharides antigen vaccines

Coded Elsewhere: Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

XM2AR0 Meningococcus A, C, Y, W-135, tetravalent purified polysaccharides antigen vaccines

XM2EH7 Meningococcus A, C, Y, W-135, tetravalent purified polysaccharides antigen conjugated vaccines

XM18Y8 Meningococcus C, purified polysaccharides antigen conjugated vaccines

XM2280 Meningococcus A, purified polysaccharides antigen conjugated vaccines

XM9GJ1 Meningococcus B, outer membrane vesicle vaccines

XM1X81 Meningococcus B, multicomponent vaccines

XM37L5 Meningococcus A, purified polysaccharides antigen vaccines

XM43M9 Pertussis vaccines

Coded Elsewhere: Tetanus, diphtheria, acellular pertussis vaccines (XM31Q8)

Diphtheria vaccines combination including pertussis (XM46V1)

Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7)

Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3)

Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9)

Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3)

Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9)

Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)

XM45L8 Pertussis, inactivated, whole cell vaccines

XM62J1 Pertussis, purified antigen vaccines

XM2TK2 Pertussis, inactivated, whole cell, combinations with toxoids vaccines

XM4082 Pertussis, purified antigen, combinations with toxoids vaccines

XM2CV8 Vaccines pertussis with diphtheria

XM9EM7 Pneumococcal vaccines

XM9G97 Pneumococcal conjugate (13-valent) vaccines

XM2249 Pneumococcal polysaccharide 23-valent vaccines

XM91D7 Pneumococcus, purified polysaccharides antigen vaccines

XM96S7 Pneumococcus, purified polysaccharides antigen conjugated vaccines

XM4R39 Pneumococcus purified polysaccharides antigen and Haemophilus influenzae, conjugated vaccines

XM5L44 Tetanus vaccines

Coded Elsewhere: Diphtheria, poliomyelitis, tetanus vaccines (XM8AW1)

Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7)

Diphtheria, rubella, tetanus vaccines (XM9744)

Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3)

Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9)

Diphtheria, hepatitis B, tetanus vaccines (XM3G68)

Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3)

Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9)

Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)

XM29H5 Tetanus toxoid vaccines

XM1G86 Tetanus toxoid, combinations with diphtheria toxoid vaccines

XM9AK2 Tetanus toxoid, combinations with tetanus immunoglobulin vaccines

XM31Q8 Tetanus, diphtheria, acellular pertussis vaccines

XM1PB8 Triple vaccines DPT

XM9ZL9 Pertussis vaccines (with diphtheria toxoid) (with tetanus toxoid)

XM9YH9 Diphtheria toxoid with tetanus toxoid with pertussis component vaccines

XM32Q5 Tetanus and diphtheria vaccines

XM4039 Vaccines diphtheria with tetanus

XM8XH5 Tetanus toxoid or vaccines toxoid with diphtheria toxoid

XM8BU8 Typhoid vaccines

Coded Elsewhere: Typhoid, hepatitis A vaccines (XM3JA6)

XM33K4 Typhoid, oral, live attenuated vaccines

XM89G3 Typhoid, inactivated, whole cell vaccines

XM3SF6 Typhoid, purified polysaccharide antigen vaccines

XM9UB1 Typhoid-paratyphoid vaccines

XM3VD2 Vaccines TAB

XM95H3 Paratyphoid vaccines

XM8ZX8 Plague vaccines

XM3796 Plague, inactivated, whole cell vaccines

XM9SW5 Vaccines bacterial with other bacterial component

XM91J8 Vaccines rickettsial

XM3JJ2 Typhus (exanthematicus) vaccines

XM2NU8 Typhus exanthematicus, inactivated, whole cell vaccines

XM4F19 Vaccines rickettsial with bacterial component

XM0E84 Rocky Mountain spotted fever vaccines

XM5926 Vaccines bacterial mixed, not elsewhere classified

XM8NU9 Anthrax vaccines

XM2C05 Anthrax antigen vaccines

XM7PB3 Brucellosis vaccines

XM7RX8 Brucella antigen vaccines

XM8AW3 Diphtheria vaccines

Coded Elsewhere: Tetanus, diphtheria, acellular pertussis vaccines (XM31Q8)

Tetanus and diphtheria vaccines (XM32Q5)

Vaccines pertussis with diphtheria (XM2CV8)

Diphtheria, poliomyelitis, tetanus vaccines (XM8AW1)

Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7)

Diphtheria, rubella, tetanus vaccines (XM9744)

Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3)

Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9)

Diphtheria, hepatitis B, tetanus vaccines (XM3G68)

Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3)

Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9)

Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)

XM86V7 Diphtheria toxoid vaccines

XM46V1 Diphtheria vaccines combination including pertussis

XM39K8 Diphtheria vaccines combination without pertussis

XM8YP9 Diphtheria vaccines combination

XM4639 Tuberculosis vaccines

XM8142 Tuberculosis, live attenuated vaccines

XM61M7 Viral vaccines

XM68M6 COVID-19 vaccines

These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.

XM1NL1 COVID-19 vaccines, inactivated virus

These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.

XM7HT3 CoronaVac®

Inactivated COVID-19 (VERO CELL) vaccine

XM8866 Covilo

Exclusions: Inactivated SARS-CoV-2 vaccine (XM1FB4)

XM9TQ1 KCONVAC

Exclusions: Inactivated SARS-CoV-2 vaccine (XM1FB4)

XM1G90 Covaxin

XM85P5 Covi-Vac

XM9FQ7 Hayat-Vax

XM97N6 QazVac

XM2YG8 COVIran Barekat

XM0K39 Covidful

XM0J98 FAKHRAVAC (MIVAC)

XM1FB4 Inactivated SARS-CoV-2 vaccine

XM86F7 Turkovac

XM42N8 VLA2001

XM5DF6 COVID-19 vaccines, live attenuated virus

These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents

XM9QW8 COVID-19 vaccines, non-replicating viral vector

These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.

XM4YL8 COVID-19 Vaccine AstraZeneca - Vaxzevria

Viral vector vaccine using as a vector the modified chimpanzee adenovirus ChAdOx1.

XM97T2 Covishield®

Viral vector vaccine using as a vector the modified chimpanzee adenovirus ChAdOx1.

XM6QV1 COVID-19 Vaccine Janssen

Viral vector vaccine based on a modified human adenovirus 26.

XM1AG7 Convidecia

XM5QM6 Sputnik-Light

XM4T09 Convidecia Air

XM2LP0 Convidecia Air XBB1.5.

XM6Z24 Gam-COVID-Vac (intranasal)

XM4PM4 Gam-COVID-Vac-M

XM5309 iNCOVACC

XM4N49 Jcovden

XM37C0 Sputnik-V

XM0CX4 COVID-19 vaccines, replicating viral vector

These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.

XM5BL0 DelNS1-2019-nCoV-RBD-OPT1

XM5JC5 COVID-19 vaccines, virus protein subunit

These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.

XM3CT4 Zifivax

XM8T18 Abdala

XM3PG0 Soberana-02

XM4EC8 MVC COVID-19

XM6SZ8 EpiVacCorona

XM0RV9 Soberana Plus

XM3SK8 Aurora-CoV

XM9P21 SpikoGen

XM9T65 NUVAXOVID

XM9N08 Razi COV PARS

XM6790 Bimervax

XM8R60 Bivalent Omicron

XM63N7 Corbevax

XM2NP9 Coviccine

XM0E93 Coviccine Trivalent (XBB.1.5+BA.5+Delta)

XM85Q5 Covovax

XM85Q8 EuCorVac-19

XM7E37 Indovac

XM7P85 Noora

XM2FM2 NUVAXOVID XBB1.5.

XM97Q5 PastoCovac

XM8BU1 PastoCovac Plus

XM9P29 Recombinant SARS-CoV-2 Vaccine (CHO Cell)

XM5YS2 SARS-COV-2 Bivalent

XM8ME2 SCB-2019

XM71X6 SCTV01C

XM62V8 SKYCovione

XM8267 Tetravalent SCTV01E

XM6WB0 V-01

XM9ZB6 Vidprevtyn Beta

XM1J92 COVID-19 vaccines, virus like particle

These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents

XM0BS6 Covifenz

XM6AT1 COVID-19 vaccines, DNA based

These codes have been assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.

XM52P3 ZyCov-D

XM0GQ8 COVID-19 vaccines, RNA based

These codes have assigned based on the landscape documents that have been prepared by the World Health Organization (WHO) for information purposes only concerning the 2019-2020 pandemic of the novel coronavirus. Inclusion of any particular product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, any approval or endorsement by WHO of such product or entity (or any of its businesses or activities). While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, WHO does not make any (and hereby disclaims all) representations and warranties regarding the accuracy, completeness, fitness for a particular purpose (including any of the aforementioned purposes), quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility whatsoever for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.

XM8NQ0 Comirnaty®

A nucleoside-modified messenger RNA (modified nucleosides or by synthetic nucleoside analogues).

XM3DT5 COVID-19 Vaccine Moderna - Spikevax

A nucleoside-modified messenger RNA (modified nucleosides or by synthetic nucleoside analogues).

XM5E97 AWcorna

XM1CQ8 Comirnaty Bivalent Original/Omicron BA.1

XM5U85 Comirnaty Bivalent Original/Omicron BA.4/BA.5

XM7U45 Comirnaty XBB.1.5.

XM6HM3 Daichirona

XM15E9 Duentai

XM2708 Duentai Bivalent (XBB.1.5+BQ.1)

XM3X29 Gemcovac-19

XM8FH6 Gemcovac-OM

XM6FF0 KOSTAIVE

XM0QH5 COVID-19 Vaccine Moderna - Spikevax Bivalent Original/Omicron BA.1

XM3984 COVID-19 Vaccine Moderna - Spikevax Bivalent Original/Omicron BA.4/BA.5

XM21B8 COVID-19 Vaccine Moderna - Spikevax XBB1.5.

XM38G7 Dengue vaccines

XM7P50 Ebola vaccines

XM0RC1 Encephalitis vaccines

XM8MP6 Encephalitis, tick borne, inactivated, whole virus

XM0LB5 Encephalitis, Japanese, inactivated, whole virus

XM47S0 Encephalitis, Japanese, live attenuated

XM1LR5 Influenza vaccines

XM8857 Influenza vaccines, inactivated, whole virus

XM5V64 Influenza vaccines, live attenuated

XM8MP2 Influenza vaccines, inactivated, split virus or surface antigen

XM9E16 Influenza vaccines, virus like particle

XM33X8 Influenza, purified antigen

XM6LL6 Hepatitis vaccines

Coded Elsewhere: Diphtheria, hepatitis B, pertussis, tetanus vaccines (XM41N3)

XM9V38 Hepatitis B, purified antigen

Coded Elsewhere: Diphtheria, hepatitis B, tetanus vaccines (XM3G68)

Hemophilus influenzae B and hepatitis B vaccines (XM32L7)

Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines (XM7JP3)

Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9)

Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines (XM5XP9)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

XM2A12 Hepatitis A, inactivated, whole virus

Coded Elsewhere: Typhoid, hepatitis A vaccines (XM3JA6)

XM03Y7 Combinations hepatitis vaccines

XM28X5 Measles vaccines

XM8L15 Measles, live attenuated

XM9439 Measles, combinations with mumps, live attenuated

XM8TF3 Measles, combinations with mumps and rubella, live attenuated

XM21H2 Measles, combinations with rubella, live attenuated

XM4AJ8 Measles, combinations with mumps, rubella and varicella, live attenuated

XM1131 Mumps vaccines

XM2340 Mumps, live attenuated

XM0N50 Poliomyelitis vaccines

Coded Elsewhere: Diphtheria, poliomyelitis, tetanus vaccines (XM8AW1)

Diphtheria, pertussis, poliomyelitis, tetanus vaccines (XM09Q7)

Hemophilus influenzae B and poliomyelitis vaccines (XM01H1)

Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines (XM1LX9)

Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines (XM0LT9)

Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM21E6)

Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines (XM84S1)

Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines (XM9JP8)

XM4KG4 Orimune

XM1Y59 Vaccine sabin oral

XM2KH7 Diplovax

XM0VX8 Poliomyelitis oral, monovalent live attenuated

XM0KZ1 Poliomyelitis oral, trivalent, live attenuated

XM79H3 Poliomyelitis oral, bivalent, live attenuated

XM5V19 Poliomyelitis, trivalent, inactivated, whole virus

XM1CE0 Rotavirus diarrhoea vaccines

XM4GV0 Rota virus, live attenuated

XM4VG1 Rota virus, pentavalent, live, reassorted

XM7PP1 Rubella vaccines

Coded Elsewhere: Diphtheria, rubella, tetanus vaccines (XM9744)

XM9PS9 Rubella, live attenuated

XM3B09 Rubella, combinations with mumps, live attenuated

XM8DG3 Varicella zoster vaccines

XM0NS8 Varicella, live attenuated

XM1SS1 Zoster, live attenuated

XM9QP0 Papillomavirus vaccines

XM1821 Papillomavirus (human types 6,11,16,18)

XM9BT4 Papillomavirus (human types 16,18)

XM5CE9 Papillomavirus (human types 6,11,16,18,31,33,45,52,58)

XM95R0 Smallpox vaccine

XM6T09 Rabies vaccines

XM7BE8 Rabies, inactivated, whole virus

XM02Y0 Respiratory syncytial virus vaccines

XM69P6 Synagis

XM0N24 Yellow fever vaccines

XM3418 Yellow fever, live attenuated

XM7C66 Bacterial and viral vaccines, combined

XM8AW1 Diphtheria, poliomyelitis, tetanus vaccines

XM09Q7 Diphtheria, pertussis, poliomyelitis, tetanus vaccines

XM9744 Diphtheria, rubella, tetanus vaccines

XM41N3 Diphtheria, hepatitis B, pertussis, tetanus vaccines

XM1LX9 Diphtheria, hemophilus influenzae B, pertussis, poliomyelitis, tetanus vaccines

XM3G68 Diphtheria, hepatitis B, tetanus vaccines

XM32L7 Hemophilus influenzae B and hepatitis B vaccines

XM3JA6 Typhoid, hepatitis A vaccines

XM7JP3 Diphtheria, hemophilus influenzae B, pertussis, tetanus, hepatitis B vaccines

XM0LT9 Diphtheria, pertussis, poliomyelitis, tetanus, hepatitis B vaccines

XM5XP9 Diphtheria, hemophilus influenzae B, pertussis, tetanus-hepatitis B, meningococcus A + C vaccines

XM21E6 Diphtheria tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines

XM84S1 Diphtheria, hepatitis B, tetanus, acellular pertussis, inactivated polio virus, haemophilus Influenzae type B vaccines

XM9JP8 Diphtheria, tetanus, acellular pertussis, inactivated polio virus vaccines

XM01H1 Hemophilus influenzae B and poliomyelitis vaccines

Other specified systemic anti-infectives and antiparasitics

Coded Elsewhere: Quinolones and derivatives (XM7YK9)

XM5YM6 Metronidazole

XM7Z72 Tinidazole

XM6BF7 Trimetrexate

XM3Y85 Acetarsol

XM0067 Pentamidine

XM11F5 Suramin sodium

XM9CB1 Atovaquone

XM71Y7 Miltefosine

Antiprotozoal drugs

Coded Elsewhere: Nitrofuran derivatives (XM2CE2)

XM21E9 Hydroxyquinoline derivatives

XM5MW6 Broxyquinoline

XM1V59 Clioquinol

XM56H5 Chlorquinaldol

XM1KS8 Tilbroquinol

XM0V89 Tiliquinol

Antimalarials and drugs acting on other blood protozoa

Coded Elsewhere: Biguanides (XM5DC4)

XM6M61 8-Aminoquinoline drugs

XM0NC8 Amopyroquin

XM37R2 Anti-infective antimalarial

XM0VE8 Anti-infective antiprotozoal blood

XM1914 Antimalarial

XM5WN6 Antimalarial prophylactic

XM5Q32 Antimalarial pyrimidine derivative

XM7LP3 Antiprotozoal drug blood

XM0KE4 Chlorproguanil

XM38E0 Cinchona

XM9V39 Cinchonine alkaloids

XM9511 Daraprim

XM23A5 Guanatol

XM3T26 Halofantrine

XM17W0 Isopentaquine

XM50J2 Mefloquine

XM08Q1 Pamaquine (naphthoate)

XM0346 Pentaquine

XM0XQ2 Pyrimethamine

XM90Z4 Pyrimethamine with sulfadoxine

XM10R3 Quinacrine

XM8RC3 Quinine

XM0RU7 Quinocide

XM9Z81 Schizontocide (blood) (tissue)

XM50C8 Aminoquinolines

XM6ZE6 Chloroquine

XM9YB2 Hydroxychloroquine

XM9F55 Primaquine

XM3GB3 Amodiaquine

XM5EL4 Tafenoquine

XM5SP0 Artemisinin and derivatives, plain

XM1ED1 Artemisinin

XM7D52 Artemether

XM7Q22 Artesunate

XM37K1 Artemotil

XM9ND1 Artenimol

XM3B54 Arterolane and Piperaquine

XM8H63 Naphthoquine

XM6TH1 Artemether and Lumefantrine

Artemisinin-based combination of artemether + lumefantrine used for the prophylaxis and treatment of uncomplicated falciparum malaria.

XM8MB3 Acterol

XM0FS7 Aminitrozole

XM4GE4 Anti-infective antiprotozoal

XM4W96 Antimony dimercaptosuccinate

XM9GG8 Antimony sodium dimercaptosuccinate

XM4393 Antiprotozoal drug

XM2HL1 Antitrichomonal drug

XM83L5 Bialamicol

XM8E05 Carbarsone

XM8DJ7 DHE

XM1RE2 Glaucarubin

XM1LB9 Hydroxystilbamidine

XM5NQ7 Melarsonyl potassium

XM4UC9 Melarsoprol

XM1HA1 Misonidazole

XM3WL0 Ornidazole

XM3E43 Oxophenarsine

XM45H6 Stibogluconate

XM0CL7 Stilbamidine isetionate

XM05U5 Teclozan

XM6XS3 Trichomonacides

XM5R30 Tryparsamide

XM7BM9 Nitroimidazole derivatives

XM4HZ1 Azanidazole

XM5LH9 Nimorazole

XM98K0 Secnidazole

XM0JG6 Benznidazole

XM61Z9 Propenidazole

XM5VX1 Fexinidazole

XM4RW6 Dichloroacetamide derivatives

XM7AM3 Diloxanide

XM9H76 Clefamide

XM3PL8 Etofamide

XM4787 Arsenic compounds

XM09B5 Arsthinol

XM0A09 Difetarsone

XM6V40 Glycobiarsol

XM64G7 Antimony compounds

XM2TP0 Meglumine antimonate

XM2284 Sodium stibogluconate

Other agents against amoebiasis and other protozoal diseases

XM3E78 Akritoin

XM8LB8 Anti-infective arsenical

XM44A9 Anti-infective heavy metals

XM8CX5 Antimony anti-infectives

XM69W3 Antimony potassium tartrate (sodium)

XM2AH2 Antimony tartrated

XM1Z32 Antiparasitic drug specified

XM0L93 Arsphenamine (silver)

XM12U8 Bismuth salts anti-infectives

XM7A39 Bismuth salts subsalicylate

XM8SJ3 Bithionol

XM7PV2 Chiniofon

XM6DH1 Cinoxacin

XM0402 Croconazole

XM1YN6 Dichlorhydroxyquinoline

XM59A1 Disinfectant intestinal

XM4923 Flumequine

XM7BY8 Flunidazole

XM4XE9 Fluorocytosine

XM6UT2 Hexetidine

XM74Y8 Iodobismitol

XM80M5 Iodoquinol

XM7T64 Lead anti-infectives

XM0FS9 Mapharsen

XM0RW4 Mercury, mercurial, mercuric, mercurous anti-infective systemic

XM08P3 Neoarsphenamine

XM0M05 Neosilversalvarsan

XM39N3 Nifuratel

XM70Q8 Oxolinic acid

XM10R8 Potassium antimony tartrate

XM8WV6 Quiniobine

XM8U22 Quinoline (derivatives)

XM3VB9 Salvarsan 606 (neosilver) (silver)

XM6260 Silver salvarsan

XM3DB2 Sodium cacodylate anti-infective

XM9L57 Stovarsal

XM80F6 Sulfarsphenamine

XM96Q1 Tartar emetic

XM6A32 Tartrated antimony (anti-infective)

XM9KU4 Thiobismol

XM9UP9 Thiocarbarsone

XM5VM3 Tin anti-infectives

XM2SB0 Urinary anti-infective

XM2HD6 Emetine

XM5GF4 Phanquinone

XM9VB9 Mepacrine

XM5RX3 Tenonitrozole

XM28N6 Dehydroemetine

XM5WJ8 Fumagillin

XM84S6 Nitazoxanide

XM9JL2 Eflornithine

Anthelminthics

XM2NT3 Alantolactone

XM1PP4 Amphotalide

XM8LU8 Anthiolimine

XM95R7 Anti-infective anthelmintic

XM43K9 Antifilarial drug

XM4EC0 Antihelmintics

XM9637 Antihookworm drug

XM16G5 Antinematode drug

XM2078 Antiplatyhelmintic drug

XM60W7 Antischistosomal drug

XM6500 Antitapeworm drug

XM5273 Antiwhipworm drug

XM7QL4 Ascaridole

XM9GK4 Aspidium (oleoresin)

XM3JR4 Benzimidazole derivatives

XM3GX0 Mebendazole

XM0CU8 Tiabendazole

XM79J1 Albendazole

XM8RG6 Flubendazole

XM5XC2 Fenbendazole

XM7982 Ciclobendazole

XM3667 Bephenium

XM6FY4 Bithionol anthelminthic

XM5L27 Bitoscanate

XM4WY5 Chenopodium

XM0ZD3 Dichlorophen

XM8C12 Dithiazanine iodide

XM2RX7 Filix mas

XM05F2 Ivermectin

XM5W42 Levamisole

XM9Z70 Lucanthone

XM4SZ4 Male fern extract

XM2034 Niclosamide

XM2WY0 Niridazole

XM7NR1 Nitrothiazol

XM5JZ6 Oxamniquine

XM9FH0 Pelletierine tannate

XM5ZH0 Perchloroethylene medicinal

XM3T27 Pinkroot

XM8205 Praziquantel

XM7SZ5 Pumpkin seed extract

XM5PX0 Pyrvinium

XM9KL1 Santonin

XM3FE9 Spigelia (root)

XM5VV1 Stibophen

XM4GA8 Teroxalene

XM7PN4 Tetrachloroethylene medicinal

XM93X2 Tetramisole

XM2621 Urea stibamine

XM5C18 Veroxil

XM3AT4 Viprynium

XM4555 Wormseed, American

XM6U56 Tetrahydropyrimidine derivatives

XM90N4 Pyrantel

XM05V2 Oxantel

XM9H59 Metrifonate

XM7VW8 Triclabendazole

XM7F99 Moxidectin

XM0399 Desaspidin

Neuroprotective agents, not elsewhere classified

XM9DZ4 Tetrabenazine

XM3BR4 Memantine

XM1CG4 Ginkgo folium

XM9VG8 Tirilazad

XM9Z74 Riluzole

XM4ER7 Xaliproden

XM5PS1 Fampridine

XM2AL2 Tafamidis

XM1LU9 Laquinimod

XM3QR7 Pitolisant

XM3FT2 Patisiran

XM1KZ8 Edaravone

XM7DT3 Inotersen

XM8MX8 Valbenazine

XM87M0 Aducanumab

XM5UK9 Deutetrabenazine

XM4F26 Arimoclomol

Analgesics, antipyretics and anti-inflammatory drugs

XM4KS4 Nonsteroidal anti-inflammatory and antirheumatic agents

XM7W23 Butylpyrazolidines

XM8HN0 Phenylbutazone

XM8P27 Mofebutazone

XM12M5 Oxyphenbutazone

XM8X86 Clofezone

XM4H41 Kebuzone

XM74U4 Acetic acid derivatives and related substances

XM7497 Indometacin

XM24W2 Sulindac

XM97N5 Tolmetin

XM92G8 Zomepirac

XM2AU1 Diclofenac

XM2186 Etodolac

XM8M52 Ketorolac

XM6KJ8 Bumadizone

XM12Q6 Lonazolac

XM2AX1 Fentiazac

XM3458 Acemetacin

XM7K80 Difenpiramide

XM7CA3 Oxametacin

XM2P51 Proglumetacin

XM5W40 Aceclofenac

XM7AB1 Bufexamac

XM9S89 Alclofenac

XM8G95 Ibufenac

XM0UL8 Oxicams

XM9MD6 Piroxicam

XM7WP9 Droxicam

XM3X14 Lornoxicam

XM1XY0 Meloxicam

XM83U4 Isoxicam

XM1867 Tenoxicam

XM2S54 Propionic acid derivatives

XM2RR6 Ibuprofen

XM1KL8 Naproxen

XM63J5 Ketoprofen

XM7BS7 Fenoprofen

XM2N63 Suprofen

XM8VP8 Flurbiprofen

XM0WQ1 Tiaprofenic acid

XM9694 Oxaprozin

XM1918 Ibuproxam

XM4W51 Fenbufen

XM7F06 Benoxaprofen

XM4KX7 Pirprofen

XM3G14 Indoprofen

XM32V2 Dexibuprofen

XM4FK3 Flunoxaprofen

XM1W06 Alminoprofen

XM1ZF2 Dexketoprofen

XM9ES5 Naproxcinod

XM8GM3 Carprofen

XM9DC7 Fenamates

XM6Q83 Mefenamic acid

XM31G8 Flufenamic acid

XM3W40 Meclofenamic acid

XM9WQ9 Tolfenamic acid

XM16D6 Coxibs

XM63D2 Celecoxib

XM70K9 Rofecoxib

XM4SK9 Valdecoxib

XM96Q4 Parecoxib

XM2W58 Etoricoxib

XM0BC7 Lumiracoxib

XM1N20 Polmacoxib

XM7AM9 Glafenine

XM3WB0 Floctafenine

XM8WS4 Nabumetone

XM6SW5 Azapropazone

XM6SR1 Glucosamine

XM73Q0 Benzydamine

XM8GX7 Proquazone

XM5C49 Nimesulide

XM37T1 Feprazone

XM4KV5 Niflumic acid

XM5Z51 Glucosaminoglycan polysulfate

XM9Z19 Orgotein

XM51H0 Diacerein

XM1019 Morniflumate

XM7Z95 Tenidap

XM4L54 Oxaceprol

XM9352 Chondroitin sulfate

XM0H27 Avocado and soyabean oil, unsaponifiables

XM9C36 Ethoxazene

XM85Z4 Fenflumizol

Specific antirheumatic agents

XM46B3 Analgesic antirheumatic

XM8DE1 Antiphlogistic

XM95N2 Antirheumatic

XM8526 Aurothioglycanide

XM4XH9 Farnesil

XM4DJ6 Sodium aurothiosulfate

XM3LE3 Gold preparations

XM9ZC2 Sodium aurothiomalate

XM5HT1 Auranofin

XM1MX1 Aurothioglucose

XM28Y9 Aurotioprol

XM8CF5 Sodium aurotiosulfate

XM0VQ7 Bucillamine

XM5L52 Oxycinchophen

XM1QA0 Penicillamine

Acetylsalicylic acid and other salicylates

XM4G06 Acetylsalicylic acid

XM0XT0 Carbaspirin

XM0GX7 Choline salicylate

XM72N6 Fiorinal

XM6PW4 Sodium salicylate

XM4WV7 Salicylamide

XM68K3 Salsalate

XM5UX6 Diflunisal

XM2JA1 Aloxiprin

XM3ZP5 Ethenzamide

XM49Y6 Morpholine salicylate

XM9TC0 Dipyrocetyl

XM1UA7 Benorilate

XM2CV1 Potassium salicylate

XM1DD2 Guacetisal

XM4TV1 Carbasalate calcium

XM5UF9 Imidazole salicylate

XM8F16 Calcium salicylate

XM5X48 Carbethyl salicylate

XM6M40 Magnesium salicylate

XM8FA6 Sodium thiosalicylate

Pyrazolone derivatives

XM7045 Aminophenazone

XM7840 Analgesic pyrazole

XM22E9 Antipyrine

XM60M2 Coal tar medicinal analgesics

XM4T98 Dipyrone

XM2FJ5 Isopropylaminophenazone

XM8762 Myochrysin (e)

XM4YB4 Nifenazone

XM53Q3 Noramidopyrine

XM6GV7 Propyphenazone

XM5H28 Pyrazole (derivatives)

XM5L33 Pyrazolone analgesic

XM0K68 Ramifenazone

XM1SG0 Sulfamidopyrine

XM9CV5 Suxibuzone

Paracetamol (acetaminophen) and 4-aminophenol derivatives

XM5DJ7 Acetaminophen

XM75Y5 Para-aminophenol derivatives

XM43A6 Phenacetin

XM7HP8 Bucetin

XM8QF6 Propacetamol

XM24R8 Acetaminosalol

XM45S5 Acetanilide

XM4T97 Bromo-seltzer

Other nonopioid analgesics and antipyretics, not elsewhere classified

XM2XD8 Acetylphenylhydrazine

XM3J63 Clonixin

XM1LX8 Cropropamide

XM0LT4 Crotethamide

XM0M53 Cyclopyrabital

XM3YJ4 Darvon

XM7K04 Diclonixin

XM2PY3 Doloxene

XM7SA1 Emorfazone

XM9455 Etomide

XM5YR6 Fluradoline

XM7983 Jamaica dogwood (bark)

XM6233 Lefetamine

XM03M0 Methopholine

XM4WT5 Nefopam

XM8QV3 Perisoxal

XM0D38 Phenicarbazide

XM2DH4 Phenyramidol

XM0X95 Piroxicam beta-cyclodextrin complex

XM63V3 Piscidia (bark) (erythrina)

XM49C9 Pyrabital

XM3WM4 Pyridium

XM4PW4 Rimazolium metilsulfate

XM3375 Tiaramide

XM9YA8 Tinoridine

XM0794 Zactane

XM3P63 Methoxyflurane

XM6Z00 Rimazolium

XM5WQ7 Flupirtine

XM5XN0 Ziconotide

XM70Q6 Tanezumab

XM6HK1 Antimigraine drugs

Coded Elsewhere: Ergot alkaloids (XM0XY6)

Monoclonal antibodies (XM52L2-XM4W34)

Clonidine (XM6GV8)

XM6FB9 Triptans

XM9AV2 Sumatriptan

XM8BC6 Naratriptan

XM06P8 Zolmitriptan

XM6W13 Rizatriptan

XM92S7 Almotriptan

XM7YU2 Eletriptan

XM4WN0 Frovatriptan

XM7P17 Lasmiditan

XM81Q8 Dimetotiazine

XM7N03 Oxetorone

XM4WH4 Pizotifen

XM2G27 Iprazochrome

Antiepileptics and antiparkinsonism drugs

XM63D6 Antiepileptics

Coded Elsewhere: Barbiturates and derivatives (XM4YG0)

Hydantoin derivatives

XM52B4 Albutoin

XM9QF8 Amino(diphenylhydantoin) valeric acid

XM55H4 Anticonvulsant hydantoin

XM08H9 Dilantin

XM45R0 Epanutin

XM8MV0 Ethotoin

XM4A36 Mephenytoin

XM02E9 Metetoin

XM0RY4 Phenytoin

XM4DR6 Oxazolidine derivatives

XM7N89 Paramethadione

XM31H5 Trimethadione

XM9993 Ethadione

XM1535 Aloxidone

XM4521 Fatty acid derivatives

XM29Q3 Valproic acid

XM71X1 Valpromide

XM5G31 Vigabatrin

XM2HC7 Progabide

XM5ZT1 Aminobutyric acid

XM8HQ0 Tiagabine

XM3C23 Succinimide derivatives

XM1K85 Ethosuximide

XM9E68 Phensuximide

XM2KZ3 Mesuximide

XM6421 Morsuximide

XM9GA9 Other antiepileptics

XM1RS9 Sultiame

XM7BQ9 Phenacemide

XM4RJ7 Pheneturide

XM6KR2 Beclamide

XM6FN4 Lamotrigine

XM15W2 Felbamate

XM2103 Topiramate

XM0J96 Gabapentin

XM9326 Levetiracetam

XM0SP9 Zonisamide

XM0AK1 Pregabalin

XM34S0 Stiripentol

XM30R8 Lacosamide

XM7PP9 Carisbamate

XM1P90 Retigabine

XM46J5 Perampanel

XM78C3 Brivaracetam

XM7QW2 Ganaxolone

XM70W8 Carboxamide derivatives

XM3D95 Carbamazepine

XM69D6 Oxcarbazepine

XM6BU4 Rufinamide

XM5HL7 Eslicarbazepine

XM2909 Clonazepam

XM9G63 Antiparkinson drugs

Coded Elsewhere: Anticholinergics predominantly used for Parkinson disease (XM6WD2)

Muscle relaxants, centrally acting (XM9YY8)

Lisuride (XM4E49)

XM5Y20 Dopaminergic agents

XM1Z60 Carbidopa

XM7SN1 Dopa and dopa derivatives

XM2WU7 Levodopa

XM7RF5 Difluoromethyldopa

XM3MW1 Levodopa with carbidopa

XM7ZB9 Levodopa and decarboxylase inhibitor

XM3PK3 Levodopa, Decarboxylase inhibitor and COMT inhibitor

XM1JZ7 Melevodopa

XM0D22 Melevodopa and Decarboxylase inhibitor

XM6R13 Etilevodopa and Decarboxylase inhibitor

Dopamine agonists

Coded Elsewhere: Cabergoline (XM4S44)

XM5QR9 Bromocriptine

XM1GL7 Pergolide

XM5PE4 Apomorphine

XM2QX7 Piribedil

XM5DT8 Dihydroergocryptine mesylate

XM9D35 Ropinirole

XM5YJ4 Pramipexole

XM7B98 Rotigotine

XM50V4 Mesulergine

XM9GG4 Monoamine oxidase B inhibitors

XM8FH5 Selegiline

XM6XW7 Rasagiline

XM8H59 Safinamide

XM2H09 Amantadine

XM0BA4 Tolcapone

XM07G6 Entacapone

XM0K96 Budipine

XM6TZ5 Opicapone

Antipsychotics [neuroleptics]

Phenothiazine antipsychotics and neuroleptics

antipsychotics and neuroleptics

XM7KE0 Carphenazine

XM83L8 Compazine

XM7WF8 Dioxopromethazine

XM5EP8 Ethyl aminophenothiazine

XM9C32 Isopromethazine

XM2WD3 Mellaril

XM2VU6 Mepazine

XM8ZW1 Methoxypromazine

XM4TX5 Metofenazate

XM52V9 Phenothiazine (psychotropic)

XM0F82 Piperacetazine

XM6GY2 Propylaminopheno-thiazine

XM2XX6 Sparine

XM5JH1 Stelazine

XM9Q32 Stemetil

XM5Z28 Sulforidazine

XM6YW4 Thiazinamium metilsulfate

XM87F3 Tindal

XM0EE9 Tranquilizer dimethylamine

XM9B27 Tranquilizer ethylamine

XM1QV8 Tranquilizer phenothiazine

XM7057 Tranquilizer piperazine

XM5KD3 Tranquilizer piperidine

XM3Z20 Tranquilizer propylamine

XM4SG0 Phenothiazines with aliphatic side-chain

XM4U75 Chlorpromazine

XM61Z1 Levomepromazine

XM3CL7 Promazine

XM8LW2 Acepromazine

XM1TZ3 Triflupromazine

XM3AU5 Cyamemazine

XM6WY7 Chlorproethazine

XM1YC7 Phenothiazines with piperazine structure

XM75P4 Dixyrazine

XM6Z10 Fluphenazine

XM5Z27 Perphenazine

XM84U4 Prochlorperazine

XM0PU2 Thiopropazate

XM18F5 Trifluoperazine

XM3EY1 Acetophenazine

XM1V98 Thioproperazine

XM5JD6 Butaperazine

XM0TU3 Perazine

XM9HH5 Phenothiazines with piperidine structure

XM5664 Periciazine

XM4DG6 Thioridazine

XM6447 Mesoridazine

XM0168 Pipotiazine

Butyrophenone derivatives

XM12B1 Benperidol

XM4QG3 Bromperidol

XM2HT3 Butyrophenone(-based tranquilizers)

XM6FV0 Droperidol

XM0FM0 Fluanisone

XM9580 Haloperidol

XM6E81 Lenperone

XM26W9 Melperone

XM7DW6 Moperone

XM5AB4 Pipamperone

XM1UG0 Spiperone

XM7RP6 Timiperone

XM5NL7 Tranquilizer butyrophenone

XM4U52 Trifluperidol

XM9NX2 Lumateperone

XM1QY7 Indole derivatives

XM84W2 Oxypertine

XM61G1 Molindone

XM69Z2 Sertindole

XM8YM0 Ziprasidone

XM9EW5 Lurasidone

XM8X87 Thioxanthene derivatives

XM4EY8 Flupentixol

XM87S1 Clopenthixol

XM2H35 Chlorprothixene

XM6B79 Tiotixene

XM3MW6 Zuclopenthixol

XM2NF9 Diphenylbutylpiperidine derivatives

XM0Q81 Fluspirilene

XM1FB1 Pimozide

XM5SZ6 Penfluridol

XM12F2 Diazepines, oxazepines, thiazepines and oxepines

XM8FG8 Loxapine

XM8UG6 Clozapine

XM6GK7 Olanzapine

XM4G70 Quetiapine

XM90C7 Asenapine

XM9DC4 Clotiapine

XM9Q20 Veralipride

XM0624 Levosulpiride

XM1W79 Benzamides

XM7Z05 Sulpiride

XM9G21 Sultopride

XM8KD4 Tiapride

XM3WA3 Remoxipride

XM1DG3 Amisulpride

Lithium

XM0W09 Lithium gluconate

XM5C35 Lithium salts (carbonate)

Other antipsychotics and neuroleptics

XM4GQ2 Amperozide

XM3JM5 Amphenidone

XM7AA5 Antipsychotic drug specified

XM23M7 Azacyclonol

XM56Y5 Benzperidine

XM9VY2 Benzperidol

XM3KB9 Enpiprazole

XM9097 Hydroxyphenamate

XM7EB1 Mebutamate

XM88L2 Mosapramine

XM7B44 Nemonapride

XM5F36 Oxanamide

XM9799 Phenaglycodol

XM3BH3 Prothipendyl

XM7L04 Raclopride

XM7KX5 Setoperone

XM6YS4 Spirilene

XM0ES8 Tranquilizer carbamate

XM7Z64 Tranquilizer hydroxyzine

XM3ES1 Tranquilizer specified

XM0GN3 Tranquilizer thioxanthene

XM06W2 Tybamate

XM4EU4 Zotepine

XM1Z15 Risperidone

XM67P4 Aripiprazole

XM7H28 Paliperidone

XM0FR9 Iloperidone

XM1SS2 Cariprazine

XM8504 Brexpiprazole

XM0715 Pimavanserin

Antidepressants

Monoamine oxidase-inhibitor, non-selective

XM3533 Amiflamine

XM8CW9 Antidepressant monoamine oxidase inhibitor

XM9VZ7 Clorgiline

XM2WY9 Iproclozide

XM6DW5 Iproniazid

XM4T23 Isocarboxazid

XM2K50 Mebanazine

XM2GX9 Monoamine oxidase inhibitor hydrazine

XM6944 Monoamine oxidase inhibitor

XM0158 Nialamide

XM3KZ3 Parnate

XM4S21 Phenelzine

XM4A50 Pheniprazine

XM96M0 Safrazine

XM1023 Tranylcypromine

Selective serotonin reuptake inhibitors

XM2NP3 Antidepressant selective serotonin reuptake inhibitor

XM6WT9 Citalopram

XM24M0 Femoxetine

XM7LE6 Fluoxetine

XM64L1 Fluvoxamine

XM5R26 Indalpine

XM3PJ6 Paroxetine

XM6WB9 Zimeldine

XM5TZ9 Sertraline

XM7ZN2 Alaproclate

XM4MF4 Etoperidone

XM7PX8 Escitalopram

XM0HR7 Cianopramine

Serotonin-norepinephrine reuptake inhibitors

XM0PE4 Antidepressant selective serotonin norepinephrine reuptake inhibitor

XM8D31 Antidepressant triazolopyridine

XM10Q5 Duloxetine

XM3KS5 Desvenlafaxine

XM6J21 Milnacipran

XM17Z4 Levomilnacipran

XM36V6 Venlafaxine

Other antidepressants

XM03J9 Bifemelane

XM03E6 Bupropion

XM7U12 Diclofensine

XM78C1 Other specified antidepressant

XM0T46 Mianserin

XM5QV7 Minaprine

XM6X89 Nomifensine

XM6AP8 Oxitriptan

XM4WM9 Prazitone

XM0ST5 Thiazesim

XM5DV5 Tianeptine

XM5L45 Viloxazine

XM62E7 Trazodone

XM0B23 Mirtazapine

XM54Q7 Tryptophan

XM85H1 Nefazodone

XM4ML8 Oxaflozane

XM80H8 Medifoxamine

XM4ZF1 Pivagabine

XM70H2 Reboxetine

XM5KP8 Gepirone

XM5F11 Agomelatine

XM7T91 Vilazodone

XM4230 Hyperici herba

XM0EP0 Vortioxetine

XM8FB6 Serotonin

XM0227 Metapramine

XM9KG1 Non-selective monoamine reuptake inhibitors

XM6FC9 Desipramine

XM6PZ9 Imipramine

XM76Z6 Clomipramine

XM37K4 Opipramol

XM9WZ5 Trimipramine

XM7T42 Lofepramine

XM6H22 Dibenzepin

XM7BL0 Amitriptyline

XM79G5 Nortriptyline

XM2WA4 Protriptyline

XM1LC7 Doxepin

XM24M7 Iprindole

XM1575 Melitracen

XM8QA6 Butriptyline

XM2T20 Dosulepin

XM8TQ9 Amoxapine

XM1190 Amineptine

XM41L8 Maprotiline

XM34S5 Quinupramine

XM4SZ9 Imipramine oxide

XM3MV6 Dimetacrine

XM5RG3 Oxaprotiline

XM7GY1 Noxiptiline

XM1UL5 Monoamine oxidase A inhibitors

XM14X9 Moclobemide

XM1TG1 Toloxatone

Cannabinoids & hallucinogens

XM2PL7 Cannabinoids

XM3UF9 Nabilone

XM4HM2 Tetrahydrocannabinol

XM5B55 Cannabidiol

XM1W83 Dronabinol

XM4SV9 Hallucinogens

XM5JH5 Psilocin

active constituent of the psilocybe genus of mushrooms

XM7642 Psilocybin

active constituent of the psilocybe genus of mushrooms

XM0T53 Mescaline

active constituent of peyote cactus (Lophophora williamsii)

XM78V1 Aeruginascin

an active constituent of the mushroom Inocybe aeruginascens.

XM9WX3 Bufotenine

XM9T61 N,N-Dimethyltryptamine

active constituent of the Amerindian brew Ayahuasca

XM9CL3 Lysergic acid amide

active constituent of morning glory and Hawaiian baby woodrose seeds

XM5M84 Phencyclidine

XM50E4 Muscimol

active constituent of Amanita muscaria

XM1PJ8 Ibotenic acid

active constituent of Amanita muscaria

XM5SB5 Salvinorin A

active constituent of Salvia divinorum, the sage of the diviners

Methylenedioxymethamphetamine

XM3C53 Amfetaminil

XM3E65 Benzedrine (amphetamine)

XM1NA8 Central nervous system stimulants amphetamines

XM1WW4 Dexedrine

XM6LD5 Dextroamphetamine

XM07Y4 Ecstasy

XM5B49 Methamphetamine

XM3WD9 Methedrine

XM3Q37 Methylamphetamine

XM9932 Psychostimulant caffeine

XM6RB6 Psychostimulant amphetamine

XM6V10 Tenamfetamine

XM12M9 Psychostimulants, ADHD and nootropic agents

XM7LR7 Centrally acting sympathomimetics

XM1NX2 Methylphenidate

XM52S5 Pemoline

XM75Z6 Modafinil

XM5921 Fenozolone

XM9DQ5 Atomoxetine

XM5288 Dexmethylphenidate

XM3ZW9 Armodafinil

XM9FY1 Etryptamine

XM3K58 Levopropylhexedrine

XM2XU4 Xanthine derivatives

XM0NG8 Caffeine

XM3Y68 Propentofylline

XM1SE2 Meclofenoxate

XM8QG2 Nizofenone

XM84X9 Prolintane

XM8EX0 Pipradrol

XM8029 Vinpocetine

XM37E2 Tipepidine

XM1LB1 Pyritinol

XM5207 Piracetam

XM3HZ4 Deanol

XM2AB6 Fipexide

XM5TT1 Citicoline

XM5N75 Oxiracetam

XM6EM2 Pirisudanol

XM1MZ1 Linopirdine

XM0Z60 Aniracetam

XM77H2 Acetylcarnitine

XM5CY6 Idebenone

XM59Z4 Pramiracetam

XM3WZ9 Adrafinil

XM94C0 Mebicar

XM3J14 Phenibut

XM45U3 Deanol aceglumate

Other psychodysleptics [hallucinogens]

XM9DQ3 Diethyltryptamine (DET)

XM6LV4 Dimethyl tryptamine

XM9438 Hawaiian Woodrose seeds

XM52J2 Heavenly Blue (morning glory)

XM79N5 Magic mushroom

XM0169 Mescal buttons

XM32H5 Morning glory seeds

XM4B51 Pearly Gates (morning glory seeds)

XM0QA2 Peyote

XM0075 Yohimbic acid

Synthetic cannabinoids

XM8E16 Cannabinol

Unspecified psychodysleptics [hallucinogens]

XM0XQ5 Central nervous system depressants hallucinogenics

XM31A7 Psychodysleptic drug

XM3Z58 Psychotomimetic agents

XM8X97 Hallucinogen

XM7DW4 Megahallucinogen

Opioids

Opioids or related analgesics and agents affecting opioid receptors

XM05B3 Diamorphine

XM69R4 Morphine, morphine derivatives and metabolites

XM39E2 14-hydroxydihydro-morphinone

XM5CY8 Acemorphan

XM0E25 Benzomorphan

XM8YM7 Benzyl morphine

XM0BB1 Blue velvet

XM45R8 Desomorphine

XM4T95 Dihydromorphine

XM3473 Hydromorphinol

XM8SD7 Hydromorphone

XM78E0 Metopon

XM7VL7 Morpholinylethylmorphine

XM7W06 Nicomorphine

XM9BE3 Normorphine

XM64M0 Oxymorphone

XM1KZ5 Morphine

XM0P98 Benzylmorphine

XM7ZJ1 Myrophine

XM4ES0 Opium

XM2T93 Opium alkaloids (total)

XM69X3 Opium alkaloids standardized powdered

XM91H1 Opium alkaloids tincture (camphorated)

XM1EE2 Laudanum

XM1YK2 Papaveretum

XM1LB8 Paregoric

XM4SL9 Oxycodone

XM79K2 Acetyldihydrocodeinone

XM7HX3 Eucodal

XM9UH3 Nalfurafine

XM4587 Codeine, codeine derivatives and other opioids used in cough suppression

XM3DS6 Acetyldihydrocodeine

XM05R0 Antitussive codeine mixture

XM3YP8 Cliradon

XM4046 Desocodeine

XM06K5 Dihydrocodeine

XM77C9 Dihydroisocodeine

XM9UN6 Hycodan

XM0YG5 Hydroxydihydrocodeinone

XM07U7 Percodan

XM5NP7 Piminodine

XM3WN9 Ethylmorphine

XM8E09 Hydrocodone

XM6RX7 Noscapine

XM4QV7 Pholcodine

XM9UV0 Dextromethorphan

XM2358 Thebacon

XM7V96 Dimemorfan

XM5PZ4 Normethadone

XM1ZY9 Methadone, methadone derivatives and other drugs used to treat opioid addictive disorders

XM7XP1 Methadone

XM9RG7 Levo-iso-methadone

XM4MV8 Opioid anaesthetics

Coded Elsewhere: Phenoperidine (XM0K66)

XM4G88 Alfentanil

XM1EF3 Sufentanil

XM7YQ6 Anileridine

XM0YQ0 Remifentanil

Opioid receptor antagonists

XM7TT0 Antagonist narcotic analgesic

XM0850 Cyclazocine

XM65J2 Levallorphan

XM4HP3 Morphine antagonist

XM14T9 Naloxone

XM2M16 Naltrexone

XM9BM4 Narcotic antagonist

XM5DJ2 Opiate antagonists

XM3TK0 Methylnaltrexone bromide

XM4GP3 Alvimopan

XM93Z3 Naloxegol

XM6KY8 Opioid antagonist

XM4S22 Other opioid analgesics, natural, synthetic and semi-synthetic

Coded Elsewhere: Dihydrocodeine (XM06K5)

Piminodine (XM5NP7)

Hydrocodone (XM8E09)

XM30T6 Prodine

XM9907 Antitussive opiate

XM6C31 Cough mixture containing opiates

XM8ZF5 Dextrorphan

XM1K75 Difencloxazine

XM1HE9 Dilaudid

XM9SW6 Dipipanone

XM81P5 Dromoran

XM4EW3 Eptazocine

XM6CK0 Ethoheptazine

XM35C1 Heptalgin

XM5F21 Levo-dromoran

XM4P40 Levopropoxyphene

XM1R71 Levorphanol

XM0GS3 Meperidine

XM8PP7 Narcotic synthetic

XM8MP5 Nisentil

XM7S23 Opioid

XM04Z5 Phenadoxone

XM2542 Phenazocine

XM9B34 Phenomorphan

XM72D5 Pipadone

XM39L3 Profadol

XM9AZ5 Promedol

XM3E08 Propoxyphene

XM6625 Racemoramide

XM8804 Thebaine

XM09H6 Tilidine

XM7KC0 Tramadol

XM5UK3 Viminol

XM9Y28 Diphenoxylate

XM86N4 Loperamide

XM9NL3 Phenylpiperidine derivatives

XM9HP7 Ketobemidone

XM76M8 Fentanyl

XM8286 Diphenylpropylamine derivatives

XM3246 Dextromoramide

XM55Z5 Piritramide

XM8GB8 Dextropropoxyphene

XM5GN5 Bezitramide

XM1QE0 Benzomorphan derivatives

XM9K14 Pentazocine

XM09R6 Morphinan derivatives

XM1682 Butorphanol

XM4P05 Nalbuphine

XM9Z94 Buprenorphine

XM02X7 Etorphine

XM3PK7 Acetorphine

XM0K66 Phenoperidine

XM40T9 Meptazinol

XM0GU8 Drotebanol

XM7VK6 Loperamide oxide

XM13Q9 Dezocine

XM25Z3 Tapentadol

XM1G85 Oliceridine

XM4PD9 Nalmefene

XM4M74 Difelikefalin

Psychostimulants

Coded Elsewhere: Cocaine (XM7UN8)

Opioid receptor antagonists (XM7TT0-XM6KY8)

Cathinone

Main active agent in Khat

XM0VG7 Catha (edulis) (tea)

XM0238 Khat

Other specified amphetamines

Unspecified psychostimulant drug

XM3GQ0 Central nervous system stimulants, not elsewhere classified

XM0854 Cerebral stimulants psychotherapeutic

XM93X4 Cerebral stimulants

XM7125 Stimulant central nervous system psychotherapeutic

Sedative hypnotic drugs and other central nervous system depressants

Anaesthetics and therapeutic gases

General anaesthetics

Coded Elsewhere: Phencyclidine (XM5M84)

XM8T75 Inhaled anaesthetics

XM4VX3 Ethers

XM3J00 Diethyl ether

XM7UB3 Vinyl ether

XM0TE1 Halogenated hydrocarbons

XM2FH0 Halothane

XM7MX5 Chloroform

XM1GP5 Chloroform vapor

XM35M6 Enflurane

XM1E91 Trichloroethylene anaesthetic gas

XM9HY9 Isoflurane

XM0ZA2 Anaesthesia endotracheal

XM05Z8 Anaesthetic gaseous

XM8V73 Anaesthetic halogenated hydrocarbon derivatives

XM5UK1 Central nervous system depressants anaesthetic gases

XM42D4 Chloroform anaesthetic

XM2DK4 Chloroform water, concentrated

XM9TE3 Divinyl ether

XM3EA4 Ethyl bromide anaesthetic

XM2D90 Ethyl chloride anaesthetic

XM6WF0 Ethylene anaesthetic

XM9K99 Fluroxene

XM73B5 Nitrous oxide

XM9NP2 Trifluoroethyl vinyl ether

XM7Q24 Vinesthene

XM1C44 Desflurane

XM07G7 Sevoflurane

XM8X62 Xenon

XM7D47 Intravenous anaesthetics

Coded Elsewhere: Barbiturates and derivatives (XM4YG0)

Opioid anaesthetics (XM4MV8)

XM14F2 Alphadolone

XM4PF7 Alfaxalone

XM59B1 Barbiturate anaesthetic, intravenous

XM9CB4 Brevital sodium

XM6LE6 Buthalitone sodium

XM5K69 Butyl thiobarbital sodium

XM9SR9 Central nervous system depressants anaesthetic, intravenous

XM5MB2 Etomidate

XM93E9 Evipal sodium

XM5ZF4 Sernyl

XM4XN0 Thialbarbital

XM66H8 Thiamylal

XM8UK0 Thiamylal sodium

XM4NL3 Thiobarbital sodium

XM1QW9 Thiobarbiturate anaesthetic

XM72F2 Thiobutabarbital sodium

XM7JR4 Methohexital

XM08U4 Hexobarbital

XM0EL8 Thiopental sodium

XM7C11 Ketamine

XM4BS0 Propanidid

XM1903 Propofol

XM2W08 Esketamine

XM7T11 Cyclopropane

XM9MS5 Gammahydroxybutyrate

XM5C03 Hexobarbital rectal

XM20X3 Minaxolone

XM2MR8 Tiletamine

XM8DR0 Tribromoethanol, rectal

XM7Y85 Local anaesthetics

Coded Elsewhere: Cocaine topical anesthetic (XM0BC6)

XM1FJ6 Amylocaine, regional

XM1H49 Amylocaine, regional infiltration

XM7CH6 Amylocaine, regional nerve block

XM37J6 Amylocaine, regional spinal

XM5JY6 Amylocaine, regional topical

XM5R82 Anaesthesia, caudal

XM8MY3 Anaesthesia, epidural

XM25C7 Anaesthesia, mucosal

XM0D14 Anesthesia rectal local

XM0FJ3 Anesthesia regional

XM0LM0 Anaesthetic infiltration

XM7EC3 Anaesthetic spinal

XM8E23 Anesthetic topical

XM3S41 Anaesthetic with local muscle relaxant

XM5ZK7 Aptocaine

XM52S4 Articaine

XM4YN0 Benzamine

XM8KD9 Benzocaine

XM1604 Betoxycaine

XM5YL1 Bupivacaine

XM7WQ7 Bupivacaine infiltration

XM4216 Bupivacaine nerve block

XM46M2 Bupivacaine spinal

XM3781 Butacaine

XM7MD5 Butamben

XM9VA7 Butanilicaine

XM0HA0 Butyl aminobenzoate

XM5NW5 Butyn

XM2YU2 Carbocaine infiltration

XM8C65 Carbocaine nerve block

XM2DT1 Carbocaine topical

XM6HZ0 Chloroprocaine

XM8XD3 Chloroprocaine infiltration

XM0GC2 Chloroprocaine nerve block

XM94U2 Chloroprocaine spinal

XM0L28 Cinchocaine

XM5Y10 Cinchocaine topical

XM7FD6 Cyclaine

XM41W7 Cyclomethycaine

XM3BB4 Dimethocaine

XM8UZ3 Diperodon

XM23R3 Dorsacaine

XM5601 Dyclone

XM3QB4 Dyclonine

XM20M0 Endocaine

XM0P92 EPAB

XM2H77 Ethocaine infiltration

XM6585 Ethocaine nerve block

XM7217 Ethocaine spinal

XM1WJ3 Ethyl aminobenzoate

XM87H9 Ethyl chloride local anaesthetic

XM8X57 Etidocaine

XM8013 Etidocaine infiltration

XM8RU6 Etidocaine nerve block

XM2F20 Eucaine

XM76M6 Hexylcaine

XM5863 Leucinocaine

XM1MK4 Mepivacaine

XM0EH7 Mepivacaine epidural

XM9DE9 Meprylcaine

XM7CG8 Metabutethamine

XM68T6 Nesacaine

XM6AA0 Nesacaine infiltration

XM4148 Nesacaine nerve block

XM38C9 Novocain infiltration

XM6R58 Novocain topical

XM6NN7 Nupercaine, spinal

XM8739 Nupercaine topical

XM0QU2 Orthocaine

XM5HP0 Oxetacaine

XM6V01 Oxethazine

XM6RN9 Oxybuprocaine

XM7H65 Percaine, spinal

XM7EK6 Percaine topical

XM6Z26 Phenacaine

XM2ZH3 Piperocaine

XM7UW6 Piperocaine infiltration

XM8J09 Piperocaine nerve block

XM40M8 Piperocaine topical

XM8AE6 Pitkin's solution

XM2X66 Prilocaine

XM9NH0 Prilocaine infiltration

XM85Q7 Prilocaine nerve block

XM4EE1 Prilocaine regional

XM5L66 Procaine

XM05Z5 Procaine nerve block

XM1CG3 Procaine regional

XM8KS3 Procaine spinal

XM97J9 Proparacaine

XM72A2 Propoxycaine

XM9BY7 Propoxycaine infiltration

XM2DT4 Propoxycaine nerve block

XM0BG4 Propoxycaine topical

XM87E0 Quotane

XM2MX6 Stovaine

XM79W4 Stovaine infiltration

XM08B5 Stovaine nerve block

XM9657 Stovaine spinal

XM3MW8 Stovaine topical

XM6392 Surfacaine

XM1HW1 Tetracaine

XM32E4 Tetracaine nerve block

XM9H96 Tetracaine regional

XM9CQ9 Tetracaine spinal

XM3QD1 Trimecaine

XM2FR2 Tronothane

XM7771 Xylocaine infiltration

XM18M2 Xylocaine nerve block

XM5K48 Xylocaine spinal

XM5G11 Xylocaine topical

Sedative-hypnotic and anxiolytic drugs

Benzodiazepines

XM1030 Alprazolam

XM4R58 Bentazepam

XM2GL0 Benzodiapin

XM9JC7 Bromazepam

XM2S43 Brotizolam

XM5133 Camazepam

XM9S41 Carpipramine

XM1J81 Central nervous system depressants benzodiazepines

XM5JC4 Chlordiazepoxide

XM43U0 Clobazam

XM3C29 Dipotassium clorazepate

XM0A75 Clotiazepam

XM5M11 Cloxazolam

XM0GD3 Delorazepam

XM8P99 Diazepam

XM9YX9 Estazolam

XM54N1 Ethyl loflazepate

XM9DN9 Etizolam

XM8NC2 Fludiazepam

XM9W71 Flunitrazepam

XM73H1 Flurazepam

XM68Z6 Flutazolam

XM81V7 Flutoprazepam

XM3FR2 Halazepam

XM86G3 Haloxazolam

XM5WE7 Ketazolam

XM6KW2 Loprazolam

XM85H7 Lorazepam

XM1EE3 Lormetazepam

XM9KN4 Medazepam

XM7QC1 Mexazolam

XM9PG6 Midazolam

XM8TH1 Nimetazepam

XM4TR7 Nitrazepam

XM4FQ9 Nordazepam

XM1A29 Oxazepam

XM62U2 Oxazolam

XM3LR9 Perlapine

XM0GW7 Pinazepam

XM4M86 Prazepam

XM42F4 Quazepam

XM3215 Temazepam

XM79N8 Tofisopam

XM9X46 Tranquilizer benzodiazepine

XM0G58 Tranxene

XM1VC3 Triazolam

XM1YU1 Valium

XM36R8 Potassium clorazepate

XM94Z2 Adinazolam

XM66N4 Doxefazepam

XM4BU2 Cinolazepam

XM8CM3 Diphenylmethane derivatives

XM8CV8 Hydroxyzine

XM70L1 Captodiame

XM96H3 Carbamates

XM3MX1 Meprobamate

XM8G67 Emylcamate

XM3XU7 Aldehydes and derivatives

XM8AH5 Chloral hydrate

XM8D85 Chloralodol

Paraldehyde

XM0ZC2 Paracetaldehyde

XM46J8 Acetylglycinamide chloral hydrate

XM9V32 Dichloralphenazone

XM0V58 Cinnamaldehyde

XM37U9 Hexyl cinnamal

XM5TZ2 Amyl cinnamal

XM9J50 Butylchloral hydrate

XM6R00 Piperidinedione derivatives

XM5S80 Glutethimide

XM2MN1 Methyprylon

XM2MC9 Pyrithyldione

XM4YG0 Barbiturates and derivatives

Coded Elsewhere: Methohexital (XM7JR4)

Hexobarbital (XM08U4)

Thiopental sodium (XM0EL8)

XM3Z73 Narcobarbital

XM01Z3 Pentobarbital

XM01F5 Amobarbital

XM8TB8 Butobarbital

XM2B90 Barbital

XM6QG0 Secobarbital

XM28V1 Talbutal

XM6NX3 Vinylbital

XM9VX7 Vinbarbital

XM89L9 Cyclobarbital

XM7ZK9 Heptabarbital

XM8FN0 Allobarbital

XM8C15 Proxibarbal

XM60H4 Methylphenobarbital

XM2605 Phenobarbital

XM5J41 Primidone

XM45T7 Barbexaclone

XM64T5 Metharbital

XM1ZM1 Reposal

XM1WN6 Etallobarbital

XM8YV1 Aprobarbital

XM50Q3 Brallobarbital

XM3UQ5 Butalbital

XM6XH1 Butallylonal

XM4C65 Difebarbamate

XM8DQ9 Methobarbital, methobarbitone

XM3YG4 Nealbarbital

XM6F85 Probarbital

XM37N4 Propallylonal

XM81J9 Secbutabarbital

XM4843 Z-drugs

XM8LM1 Zopiclone

XM8188 Zolpidem

XM0UU3 zaleplon

XM4DP1 Eszopiclone

XM0GA0 Melatonin receptor agonists

XM7R38 Melatonin

XM4Y11 Ramelteon

XM0DX1 Tasimelteon

Bromine compounds

XM93J2 Bromide salts

XM5V35 Acecarbromal

XM3260 Bromisoval

XM7XH5 Bromoform

XM68H5 Carbromal

Other sedatives, hypnotics and antianxiety drugs

Coded Elsewhere: Scopolamine (XM1MW1)

XM4JD8 Acetylpheneturide

XM0Y74 Allylisopropylacetylurea

XM2MT0 Allyltribromide

XM0FX2 Ammonium bromide

XM2P06 Anticonvulsant hypnotic

XM4LR0 Anticonvulsant pyrimidinedione

XM80V1 Anticonvulsant specified

XM2851 Apronal

XM8WF0 Avomine

XM34M8 Beta-Chlor

XM2S35 Bromal (hydrate)

XM16D8 Bromine compounds (medicinal)

XM0JD2 Bromine sedative

XM14P7 Bromisovalum

XM0L99 Bromural

XM7Q19 Calcium bromide

XM44G1 Bromides

XM6Z70 Central nervous system depressants chloral hydrate

XM4A26 Central nervous system depressants hypnotics specified

XM0MP0 Central nervous system depressants paraldehyde

XM2PX1 Chloral derivative

XM5HQ1 Chloralamide

XM1XU2 Chloretone

XM7N56 Chlorhexadol

XM7GE6 Clomethiazole

XM58S5 Croton chloral

XM1L51 Diethylsulfone-diethylmethane

XM5P16 Divalproex

XM2ML0 Doriden

XM0YS0 Dormison

XM76A5 Ectylurea

XM4SW2 Ethchlorvynol

XM8HM5 Ethinamate

XM0959 Etifoxine

XM5084 Hexapropymate

XM3GR8 Hypnotic drug specified

XM1H40 Lactuca (virosa) (extract)

XM7EA2 Lactucarium

XM2447 Lettuce opium

XM1SJ9 Levanil

XM9S20 Levoprome

XM3C52 Methaqualone

XM8UW8 Methyl sulfonal

XM79Y3 Methylpentynol

XM9L86 Niaprazine

XM67F2 Noludar

XM41Z4 Periclor

XM7865 Petrichloral

XM8U36 Phenergan

XM3YQ0 Potassium bromide

XM23J2 Propionaldehyde (medicinal)

XM5KU5 Quaalude

XM5YQ4 Sedative mixed

XM53R6 Sedormid

XM5BF2 Serenesil

XM8SU3 Sodium bromide

XM9F88 Sodium valproate

XM4ZG6 Somnos

XM1BT3 Sopor

XM2N03 Soporific drug specified type

XM81Z5 Sulfonal

XM9QV2 Sulfonethylmethane

XM4YF8 Sulfonmethane

XM8296 Tetronal

XM6WP4 Tranquilizer with hypnotic or sedative

XM9XF5 Tribromacetaldehyde

XM1DU6 Trichloroethanol

XM4236 Trichloroethyl phosphate

XM68E8 Triclofos

XM2334 Trional

XM16S3 Triple bromides

XM3PP3 Valerian root

XM0MV0 Valerian tincture

XM1WZ4 Valmid

XM2TP4 Valnoctamide

XM2AQ9 Welldorm

XM1ZF1 Buspirone

XM01J5 Mephenoxalone

XM9TL2 Propiomazine

XM15N4 Sodium oxybate

XM3EH5 Benzoctamine

XM9727 Gedocarnil

XM5928 Fabomotizole

XM4DF5 Lavandulae aetheroleum

XM8488 Valerianae radix

XM2HN6 Suvorexant

XM2AY7 Dipiperonylaminoethanol

XM9235 Lemborexant

XM1VL2 Hexethal (sodium)

XM7MG1 Mephebarbital

XM0217 Methitural

XM2XY6 4-Aminobutyric acid

Other and unspecified drugs, medicaments and biological substances

Antidotes

Coded Elsewhere: Ipecacuanha (XM8BL3)

Penicillamine (XM1QA0)

Naloxone (XM14T9)

Ethanol (XM8ZW3)

Potassium Permanganate medicinal (XM0XP0)

Physostigmine (XM4605)

Hydroxocobalamin (XM7CP9)

Phentolamine (XM5NP2)

XM3XY4 Alcohol deterrent

XM2XV6 Antabuse

XM1S43 Antidote

XM65Y8 Chelating agent

XM68U2 Cholinesterase reactivator

XM81B1 Cysteamine

XM9M46 Detoxifying agent

XM0ZM0 Disodium edetate

XM1V56 EDTA

XM0FL5 Phytic acid, nonasodium

XM7SW5 Glutathione

XM1YY3 Methylthioninium chloride

XM7Z31 Nitrefazole

XM7HV6 Obidoxime chloride

XM2ZD4 Pralidoxime

XM6TE9 Potassium ferric hexacyanoferrate (medicinal)

XM7K47 Pralidoxime iodide

XM6BZ5 Pralidoxime chloride

XM8P25 Prussian blue therapeutic

XM6DU2 Pyridine aldoxime methiodide

XM6043 Pyridine aldoxime methyl chloride

XM3810 Sodium nitrite

XM7LV6 Sodium phytate

XM6NW5 Thiosulfate

XM2KC9 Sodium versenate

XM99S5 Tetraethylthiuram disulfide

XM6GP9 Trientine

XM2U68 Trisodium hydrogen edetate

XM7KV3 Versenate

XM4UW9 Nalorphine

XM89R9 Dimercaprol

XM1260 Potassium iodide

XM7372 Acetylcysteine

XM5MC0 Methionine

XM28B1 Uridine triacetate

XM0588 Edetates

XM5VJ5 Prednisolone and Promethazine

XM8ET8 Obidoxime

XM2GR4 Protamine

XM4JM7 Copper sulfate

XM9AD6 Digitalis antitoxin

XM2UQ5 Flumazenil

XM2H17 4-dimethylaminophenol

XM8ZA0 Cholinesterase

XM62Q3 Prussian blue

XM7LQ9 Fomepizole

XM9NQ8 Sugammadex

XM0666 Idarucizumab

XM01C9 Andexanet alfa

Iron chelating agents

XM5A41 Deferoxamine

XM03A5 Deferiprone

XM12X8 Deferasirox

Drugs for treatment of hyperkalaemia, hypercalcaemia and hyperphosphataemia

Coded Elsewhere: Calcium acetate (XM0VY0)

XM3B07 Polystyrene sulfonate

XM8NS1 Ferric citrate

XM1AY3 Sodium phosphate cellulose

XM6Q80 Sevelamer

XM22K8 Lanthanum carbonate

XM4MP9 Calcium acetate and Magnesium carbonate

XM9188 Sucroferric oxyhydroxide

XM4C26 Colestilan

Detoxifying agents for antineoplastic treatment

XM1JB5 Mesna

XM7BJ9 Calcium folinate

XM45R5 Dexrazoxane

XM2852 Calcium levofolinate

XM5GF2 Amifostine

XM61A6 Sodium folinate

XM4NB1 Rasburicase

XM8J47 Palifermin

XM8L87 Glucarpidase

XM1EU2 Sodium levofolinate

XM0MC0 Arginine and Lysine

XM7PK0 Trilaciclib

Protectives against UV-radiation for systemic use

Coded Elsewhere: Betacarotene (XM7E89)

XM0LA6 Afamelanotide

XM8337 Canthaxanthin

Antipsoriatics for systemic use

XM3GF4 Retinoids

XM0Z07 Etretinate

XM2M63 Acitretin

XM4RP3 Trioxysalen

XM47G3 Methoxsalen

XM1G69 Bergapten

XM7WA3 Fumaric acid

Vitamin A derivative and other anti-acne preparations for systemic use

XM98J9 Isotretinoin

XM9FP6 Ichtasol

Agents used in diagnostic tests, not elsewhere classified

Coded Elsewhere: Gonadorelin (XM2TU9)

Carbon monoxide (XM1X11)

XM4CF3 Coccidioidin

XM1V31 Congo red

XM34X2 Evans blue

XM5618 Fluorescein

XM3Y60 Histoplasmin

XM2818 Indocyanine green

XM3WZ1 Lymphogranuloma venereum antigen

XM1VN8 Mumps skin test antigen

XM3Q40 Penicilloyl polylysine

XM36R6 Sodium metrizoate

XM1QL6 Sulfonphthalein, sulfonphthol

XM8478 Sulkowitch's reagent

XM4DA3 Toxin, diphtheria (Schick Test)

XM0EK6 Tuberculin, purified protein derivative (PPD)

XM6XX8 Glucose

Tests for bile duct patency

XM53M3 Sincalide

XM0D92 Ceruletide

Tests for pituitary function

XM5GR6 Metyrapone

XM7E13 Somatorelin

XM1UJ0 Corticorelin

XM5AM6 Macimorelin

XM60V4 Tests for liver functional capacity

XM9ZW8 Galactose

XM1XE0 Sulfobromophthalein

XM0N95 Methacetin (13C)

XM90L9 Iprofenin

XM3114 Lidofenin

XM2PX0 Rose bengal sodium (131i)

XM9H30 Tests for gastric secretion

Coded Elsewhere: Methylthioninium chloride (XM1YY3)

XM44K8 Cation exchange resin

XM1MP2 Betazole

XM1286 Histamine phosphate

XM9AU1 Pentagastrin

XM1Q27 Caffeine and Sodium benzoate

XM1F97 Azuresin

XM4E68 Tests for renal function and ureteral injuries

XM9RK1 Indigo carmine

XM3G67 Alsactide

XM27H8 Aminohippuric acid

XM87Y9 Sodium para-aminohippurate

XM2JZ2 Inulin and other polyfructosans

XM7M20 Phenolsulfonphthalein

XM0N07 Tests for thyroid function

XM7R30 Protirelin

XM76Z9 Tests for pancreatic function

XM3L99 Secretin

XM7A79 Bentiromide

XM6014 Pancreozymin-cholecystokinin

XM24K5 Selenomethionine (75Se)

XM8B05 Edrophonium

XM3YJ9 Methacholine

XM5K20 Fructose

XM9258 Vitamin A concentrates

XM7PF6 Tuberculin

XM9QZ5 13C-urea

XM0UW4 Hexaminolevulinate

XM02S2 Patent blue

XM9Y95 Bromophenol blue reagent

XM5PT0 Diacetyl monoxime

XM8M78 Guaiac reagent

XM3385 Oxalic acid ammonium salt

XM74W0 Phenaphthazine reagent

Medical gases

Coded Elsewhere: Helium (XM0JJ6)

XM4SZ3 Oxygen

XM6NZ1 Carbon dioxide medicinal

XM3K31 Nitrogen

XM7EZ9 Medical air

Contrast media

XM2S71 X-ray contrast media, iodinated

XM7YS2 Watersoluble, nephrotropic, high osmolar X-ray contrast media

XM7PH4 Metrizoic acid

XM6583 Iodamide

XM8XV8 Iotalamic acid

XM34M9 Ioxitalamic acid

XM50Y6 Acetrizoic acid

XM7ZV2 Iocarmic acid

XM2DC4 Diodone

XM8KK9 Diatrizoic acid

XM50U3 Ioglicic acid

XM9C52 Methiodal

XM4AG5 Watersoluble, nephrotropic, low osmolar X-ray contrast media

XM3WB6 Metrizamide

XM3R65 Iohexol

XM5EP5 Ioxaglic acid

XM8C50 Iopamidol

XM4UK7 Iopromide

XM8VT7 Iotrolan

XM5LW4 Iotroxic acid

XM6227 Iopentol

XM8NA7 Iodixanol

XM75B4 Iomeprol

XM79B6 Iobitridol

XM6VV1 Ioxilan

XM0KA6 Watersoluble, hepatotropic X-ray contrast media

XM2VE6 Iodoxamic acid

XM8411 Ioglycamic acid

XM7QU5 Adipiodone

XM1QH8 Iobenzamic acid

XM2NU7 Iopanoic acid

XM8PW2 Iocetamic acid

XM4ZU7 Sodium iopodate

XM8WD0 Tyropanoic acid

XM6TF5 Calcium iopodate

XM0LK3 Non-watersoluble X-ray contrast media

XM1AX3 Iopydol

XM1YV8 Propyliodone

XM1R87 Iofendylate

XM6SE3 Ethyl esters of iodised fatty acids

XM6XU2 Diatrizoate

XM8QZ2 Iodophthalein sodium

X-ray contrast media, non-iodinated

XM0L44 Amidotrizoate

XM80W7 Bunamiodyl

XM5NA9 Iodipamide

XM4E01 Iodohippuric acid

XM9402 Iophenoic acid

XM7S30 Iopodic acid

XM4R74 Iotroxate

XM44B9 Ioxaglate

XM5N73 Methiodal sodium

XM96Q8 Phenobutiodil

XM3E15 Thorium dioxide suspension

XM90A9 Tyropanoate

XM2MR0 Barium sulfate with suspending agents

XM1FW7 Barium sulfate without suspending agents

XM05Z9 Magnetic resonance imaging contrast media

XM2LS2 Paramagnetic contrast media

XM7CY5 Gadopentetic acid

XM4UX1 Gadoteric acid

XM1564 Gadodiamide

XM0FN2 Gadoteridol

XM73Z5 Mangafodipir

XM3BF7 Gadoversetamide

XM29E1 Ferric ammonium citrate

XM0XE4 Gadobenic acid

XM3VG2 Gadobutrol

XM7W85 Gadoxetic acid

XM6GF6 Gadofosveset

XM8966 Superparamagnetic contrast media

XM33C2 ferumoxsil

XM84N5 ferristene

XM2945 iron oxide, nanoparticles

XM2666 Perflubron

XM5TN4 Ultrasound contrast media

XM40N1 Microspheres of human albumin

XM3PF3 Microparticles of galactose

XM7S16 Perflenapent

XM4VR4 Microspheres of phospholipids

XM8169 Sulfur hexafluoride

XM8G80 Perflubutane polymer microspheres

XM9320 Diagnostic radiopharmaceuticals

Coded Elsewhere: Sodium fluoride (XM1F39)

Thallium (XM63C5)

Chromium (XM9YJ8)

Selenium (XM47M7)

XM8ZM1 Technetium (99mTc) compounds

XM5VK7 Sodium pertechnetate Tc99m

XM9YB1 Iodine (123I) compounds

XM2R88 sodium iodide (131i)

XM6941 Rubidium chloride Rb82

XM3GL6 Gallium citrate

XM8SB4 Gallium (67Ga) citrate

XM3WK3 Fludeoxyglucose (18F)

XM4ML0 Iodocholesterol (131I)

XM6Z69 Xenon (127Xe) gas

XM6EQ3 Xenon (133xe)

XM39A6 Sodium iodide (124I)

XM9F18 Maternal antibodies

XM3HU5 ferric (59Fe) citrate

XM1899 Sodium iodide (123I)

XM9063 Sodium iodohippurate (123I)

XM60X3 Iobenguane (131I)

XM1QL4 Iobenguane (123I)

XM6UT0 Fluoroethyl-L-tyrosine (18F)

XM80F7 Fluoroestradiol (18F)

XM5G08 Fluciclovine (18F)

XM3LK2 Fluorodopa (18F)

XM1N90 Fluoromethylcholine (18F)

XM5XR7 Fluoroethylcholine (18F)

XM5EC5 Gallium (68Ga) edotreotide

XM7VT3 Cobalt (57Co) cyanocobalamine

XM8YZ3 Cobalt (58Co) cyanocobalamine

XM5FA9 Tauroselcholic acid

XM42A5 Selenium (75Se) norcholesterol

XM2MJ2 Iodinated (131i) human serum albumin

XM2YP2 Iodine 125

XM8YZ7 Iodine 131

XM0RB0 Sodium iodohippurate (131I)

XM15W7 Sodium iothalamate (125I)

XM5674 Ammonia (13N)

XM05N6 Gallium (68Ga) gozetotide

XM45C8 Therapeutic radiopharmaceuticals

Coded Elsewhere: Iobenguane (131I) (XM60X3)

Phosphoric acid (XM0270)

Cyanogen chloride (XM1293)

Chromic phosphate 32P (XM3ZJ5)

Gold preparations (XM3LE3)

XM6RC9 Sodium iodide I-131 therapeutic

XM01S1 Isoaminile (citrate)

XM9XW5 Antimonic sulfide

XM8Z31 Yttrium (90Y) ferrihydroxide colloid

XM0JJ4 Samarium (153Sm) hydroxyapatite colloid

XM56F9 Dysprosium (165Dy) colloid

XM10B1 Yttrium (90Y) citrate colloid

XM3MD6 Erbium (169Er) citrate colloid

XM5ZE8 Amylene dichloride

XM1WG6 Ethiodized oil (131 i)

XM7MV3 Iodine (131I) omburtamab

Topical agents primarily affecting skin and mucous membrane and ophthalmological, otorhinolaryngological and dental drugs

Antipruritics

XM32B6 b-eucaine

XM79Q0 Benzamine lactate

XM8MM9 Coal tar

XM96H7 Ether-soluble tar distillate

XM6PP6 Juniper tar

XM8YS8 Phenol medicinal

XM96T6 Phenolic preparation

XM8485 Pramoxine

XM6A20 Quinisocaine

XM8W74 Tar distillate

XM8WM2 Tar ointment

XM4543 Tolpropamine

XM2833 Mepyramine topical

XM29P8 Diphenhydramine methylbromide

XM9UN5 Thonzylamine topical

XM7JY5 Thenalidine topical

XM6WM2 Promethazine topical

Camphor

Emollients, demulcents and protectants

Coded Elsewhere: Nutmeg oil (XM6FE5)

XM4B01 Acetic acid with sodium acetate (ointment)

XM7MV6 Acrylic resin

XM8U60 Allylthiourea

XM06X6 Aluminium, aluminum ointment (surgical) (topical)

XM1S82 Aminobenzoic acid (-p)

XM3VB3 Arachis oil

XM8SU9 Barrier cream

XM5L08 Bentonite

XM7D95 Benzophenones

XM6F99 Benzophenone-3

XM4DT5 Benzophenone-4

XM08U7 Betula oil

XM7K00 Calamine (lotion)

XM2EP3 Cellulose nitrates (topical)

XM9ZA9 Chlordiethyl benzamide

XM88R8 Cold cream

XM7033 Corn starch

XM38M3 Cornhusker's lotion

XM8P34 Cottonseed oil

XM5PK1 Demulcent (external)

XM0XB3 Diethyl toluamide medicinal

XM9U76 Dimethyl phthalate

XM8KY4 Flaxseed (medicinal)

XM6694 Homosalate

XM8M74 Hydrophilic lotion

XM8WH4 Lanolin

XM4HE0 Lanolin alcohol

XM7TK2 Mecrilate

XM7VP7 Melanizing agents

XM8EY7 Mexenone

XM9TZ7 Mineral oil topical

XM3214 Octafonium chloride

XM66S8 Oil wintergreen (bitter)

XM9CQ4 Methoxsalen topical

XM0VT0 Padimate

XM9AG3 Para-aminobenzoic acid

XM1U48 Peanut oil topical

XM8PB6 Petrolatum

XM8J96 Plaster dressing

XM9V04 Plastic dressing

XM2BL7 Polyethylene adhesive

XM6J14 Protectant, skin

XM9VE3 Pyroxylin

XM8293 Rose water ointment

XM06Y2 Silicone medicinal

XM9410 Topical sunscreen

Preparations, usually in the form of lotions, creams or gels, applied to the skin to protect it from ultraviolet radiation.

XM4YA6 Sulisobenzone

XM7YQ8 Sweet oil (birch)

XM3599 Talcum

XM3MF9 Thiosinamine

XM7Q94 Titanium dioxide

XM6WX7 Titanium oxide

XM5E39 Ultraviolet light protectants

XM4D35 2-(4-Diethylamino-2-hydroxybenzoyl)-benzoic acid hexylester

XM8A13 Methylene-bis-benzotriazolyltetramethylbutylphenol

XM6UT3 Phenylbenzimidazol-5-sulfonic acid

XM65Q8 2,4,6-Trianilino-p-(carbo-2-ethylhexyl-1-oxi)-1,3,5-triazine

XM5PP3 Unna's boot

XM8H46 Zinc gelatin

XM7RG9 Zinc oxide

XM4NT3 Zinc stearate

XM8YJ6 Colophonium

XM1LY7 Sorbitan sesquioleate

XM2M34 Octinoxate

XM2F87 Hyaluronic acid topical

XM90Q0 Cetomacrogol

XM8N69 Etofenamate

Fluoride preparations

XM85Z1 Fluoride medicinal dental use

XM9RB7 Stannous fluoride

Iodine (antiseptic)

XM60N7 Bismuth salts formic iodide

XM0DJ3 Cadexomer

XM12P7 Diiodohydroxypropane

XM8UZ7 Diiodohydroxyquin topical

XM0809 Iodide

XM8C24 Iodide mercury (ointment)

XM3Q63 Iodide methylate

XM6TG8 Iodochlorhydroxyquin topical

XM3X72 Iodoform

XM58X1 Potassium iodate

XM24J7 Povidone iodine

Keratolytics, keratoplastics, and other hair treatment drugs and preparations

Coded Elsewhere: p-Phenylenediamine (XM0AK0)

XM9ZS1 Allantoin

XM7H25 Alum (medicinal)

XM2GV6 Ammonium ichthyosulfonate

XM8RR9 Ammonium persulfate

XM8HL4 Anthralin

XM8SX1 Antiseborrheics

XM8GU1 Butantrone

XM4FV2 Cade oil

XM2ST0 Cadmium sulfide (medicinal)

XM9TT3 Capsicum

XM4AW0 Carbon dioxide snow

XM01Q7 Chlorothymol

XM92H5 Chloroxine

XM7HY4 Chrysarobin

XM3P37 Coal tar medicinal (ointment)

XM3LD7 Collagenase topical

XM7PM1 Corn cures

XM5W78 Depilatory

XM95C8 Diachylon plaster

XM64V2 Dimethyl sulfoxide medicinal

XM26P0 Dimethylamine sulfate

XM8RS8 Dithranol

XM17Y7 Enzyme proteolytic

XM3JC8 Ethyl chloride local

XM4P92 Ethyl fumarate

XM7WC9 Euresol

XM7VL9 Hair dye

XM8GV4 Hemostyptic

XM7KM8 Isopropyl alcohol medicinal

XM6ES1 Keratolytic drug anthracene

XM23V5 Keratolytic drug

XM4KL1 Keratoplastic

XM76E0 Lassar's paste

XM1VX5 Methyl nicotinate

XM8N27 Monobenzone

XM6YQ8 Pyrithione zinc

XM4549 Resorcin, resorcinol medicinal

XM5DQ2 Rubefacient

XM68B5 Salicylic acid

XM02N6 Savin (oil)

XM4CB3 Selenium disulfide

XM43T8 Selenium sulfide

XM1UK4 Selsun

XM3E07 Silver nitrate toughened (keratolytic)

XM1FW6 Sulfur compounds not elsewhere classified (medicinal)

XM6ZA6 Sulfur keratolytic ointment

XM1W96 Thioglycolate

XM7GY2 Tioxolone

XM4ZP4 Triacetoxyanthracene

XM6U21 Trichloroacetic acid medicinal

XM2V83 Vleminckx's solution

XM6T99 White lotion (keratolytic)

XM25J6 Xenysalate

XM7AM5 Glyceryl monothioglycolate

XM5L79 p-Toluenediamine

Ophthalmological drugs and preparations

Coded Elsewhere: Bendazac (XM0P54)

Neomycin topical (XM7D13)

Inosine (XM8BH0)

Nitrofurazone (XM71W2)

Povidone iodine (XM24J7)

Resorcin, resorcinol medicinal (XM4549)

Neomycin ophthalmic preparation (XM7D13)

XM75W8 Adrenal ophthalmic preparation

XM6H73 Ammonium acid tartrate

XM6G79 Anti-infective ophthalmic preparation

XM5568 Anticholinesterase reversible ophthalmological

XM5T83 Befunolol

XM6NB7 Bibrocathol

XM32H1 Chymotrypsin ophthalmic preparation

XM6E41 Colistin sulfate (eye preparation)

XM1WZ1 Contact lens solution

XM3X79 Copper sulfate cupric medicinal eye

XM3918 Cycloplegic drug

XM8S71 Demecarium bromide

XM1X30 Dendrid

XM0L12 Dipivefrine

XM17P1 Echothiophate

XM7K14 Ecothiopate iodide

XM09W6 Edoxudine

XM8PJ6 Eucatropine

XM45L3 Fluorphenylalanine

XM1783 Herplex

XM9EN3 Hydroxyamphetamine

XM9E72 Hypromellose

XM0PE3 Lachesine

XM8098 Levobunolol

XM4QZ9 Methylparaben (ophthalmic)

XM0YH4 Metipranolol

XM2JE0 Miotic drug

XM4DY8 Mycitracin ophthalmic preparation

XM5PU9 Mydriatic drug

XM28C3 Neosporin ophthalmic preparation

XM4PY4 Phospholine

XM4605 Physostigmine

XM9N59 Polymyxin E sulfate (eye preparation)

XM2WK3 Propylparaben (ophthalmic)

XM56H1 Silver protein

XM7AV0 Sodium borate cleanser eye

XM6Q18 Stoxil

XM8A14 Sulfisoxazole ophthalmic preparation

XM9PG5 Sulfonamide eye

XM61C9 Tear solution

XM5RC2 Tetrahydrozoline

XM31C8 Visine

XM9X81 Acetazolamide

XM4LU1 Dichlorphenamide

XM4DH5 Ethoxzolamide

XM8P33 Methazolamide

XM3ZJ4 Pemirolast

XM2JR8 Picloxydine

XM6JB1 Fluostigmine

XM3BT0 Dorzolamide

XM9GB8 Brinzolamide

XM5130 Latanoprost

XM5ZG4 Unoprostone

XM6E95 Bimatoprost

XM9BS0 Travoprost

XM3UC8 Tafluprost

XM6PD6 Dapiprazole

XM8469 Netarsudil

XM0GK6 Pegaptanib

XM95Y7 Ranibizumab

XM42E0 Iodoheparinate

XM67C4 Lifitegrast

XM57P1 Cenegermin

XM2RM5 Ocriplasmin

XM0YQ8 Autologous limbal stem cells

XM2GK8 Artificial tears and other indifferent preparations

XM3PF8 Anecortave

XM7CE4 Guaiazulen

XM0ST2 Olopatadine

XM49V8 Azidamfenicol

XM3G39 Sulfadicramide

XM13T1 Sulfafenazol

XM4F24 Interferon ophthalmic preparation

XM0C71 Fomivirsen

XM1A96 Besifloxacin

XM7415 Mercury compounds

XM9KL6 Loteprednol

XM6GF5 Formocortal

XM9166 Pranoprofen

XM4GZ0 Nepafenac

XM0QS2 Bromfenac

XM14H0 Brimonidine ophthalmic preparation

XM9KS5 Acetylcholine ophthalmic preparation

XM32J7 Levocabastine

XM9L65 Lodoxamide

XM1CM1 Emedastine

XM4JE3 Alcaftadine

XM7SY2 Sodium chloride, hypertonic (ophthalmic)

XM2LQ4 Sodium edetate ophthalmic preparation

XM3ZG3 Ciclosporin ophthalmic preparation

XM7UH0 Nandrolone ophthalmic preparation

XM3XE4 Apraclonidine

XM2Y24 Verteporfin

XM63C9 Spaglumic acid

Other dental drugs, topically applied

XM3YZ7 Dentifrice

XM1JW3 Dressing, live pulp

XM0PR1 Eucalyptus oil

XM3XP7 Oil cloves

XM8PE1 Pulp devitalizing paste

XM9023 Acetylsalicylic acid topical

XM7K59 Olaflur

XM5GY2 Sodium monofluorophosphate topical

Other local antifungal, anti-infective and anti-inflammatory drugs

Coded Elsewhere: Flurandrenolide (XM5086)

XM53X2 Tetracycline topical

XM2FL0 Acriflavinium chloride

XM8K50 Acrinol

XM5PD0 Acrisorcin

XM7696 Adrenal topical

XM9B70 Aerosporin topical

XM2ET5 Alclometasone

XM3NX2 Alkonium (bromide)

XM7TF6 Allethrin

XM0CC9 Aluminium acetate solution

XM6JG7 Aluminium sulfate

XM18N0 Glutaraldehyde medicinal

XM7XA4 Glyceryl triacetate topical

XM7Y78 Gramicidin

XM5UQ0 Halcinolone

XM9Q64 Halethazole

XM0C80 Haloprogin

XM3KW0 Halquinols

XM6XH7 HCH medicinal

XM8UW4 Hedaquinium

XM95K6 Hexachlorophene

XM6RK6 Aminoacridine

XM7RK5 Hexamidine

XM19W1 Hydrargaphen

XM0JC1 Hydrargyri amino-chloridum

XM4AG2 Hydrogen peroxide

XM6E35 Hydroxytoluene medicinal

XM02H1 Hypochlorite

XM3PT9 Ichthammol

XM6BF8 Isoconazole

XM07S0 Kwell anti-infective (topical)

XM3U48 Laurolinium

XM7CU1 Amphotericin B topical

XM8C45 Lidex

XM8E58 Lindane medicinal

XM7CM3 Locorten

XM5MZ8 Mafenide

XM6QD7 Malathion (medicinal)

XM6L15 Medrysone

XM53R5 Melaleuca alternifolia oil

XM35K3 Merbromin

XM7FY5 Mercaptobenzothiazole salts

XM1B13 Mercurochrome

XM8GN4 Anti-infective bismuth, local

XM2J64 Mercury ammoniated

XM9Z76 Mercury anti-infective topical

XM10V3 Mercury chloride (ammoniated)

XM6Q50 Mercury oxide, yellow

XM9613 Merthiolate

XM2JH4 Mesulfen

XM2M00 Metactesylacetate

XM0XV0 Methyl paraben

XM1910 Methyl prednisolone topical

XM5HR1 Methylbenzethonium chloride

XM1JC6 Antifungal disinfectant, local

XM7C91 Methylrosaniline

XM2793 Methylrosanilinium chloride

XM0ZY9 Micatin

XM9A06 Monistat

XM23B6 Mupirocin

XM43U9 Mycifradin topical

XM14D6 Myralact

XM1HX1 Naftifine

XM2BK7 Natamycin

XM7D13 Neomycin topical

XM44R8 Argyrol

XM51P6 Neomycin with bacitracin

XM6YS1 Neosporin topical

XM5BH2 Nilstat topical

XM71W2 Nitrofurazone

XM4T72 Nitromersol

XM2HP9 Nitrozone

XM1102 Noxytiolin

XM70Z6 Orthoboric acid

XM63S9 Oxiconazole

XM8610 Oxychlorosene

XM7VP9 Asiaticoside

XM7N08 Oxylone

XM9LG4 Parachlorophenol (camphorated)

XM12F4 Paramethasone acetate

XM0MS1 Peruvian balsam

XM70C4 Phenoctide

XM6L76 Phenol

XM4H85 Phenothrin

XM9D74 Phenoxyethanol

XM3R68 Phenylmercuric acetate

XM89P9 Phenylmercuric borate

XM0295 Chlortetracycline topical

XM0K18 Phenylmercuric nitrate

XM3DV8 Piketoprofen

XM7B69 Polymyxin B topical

XM0J95 Polynoxylin

XM2G74 Polyoxymethyleneurea

XM0XP0 Potassium Permanganate medicinal

XM6YA5 Proflavine

XM35Q1 Propamidine

XM4TA7 Propiolactone

XM3DH9 Propion gel

XM6SG3 Azelaic acid

XM77H8 Propionate (calcium) (sodium)

XM03K3 Pyrethrum extract

XM2A13 Pyrogallic acid

XM8BE0 Pyrogallol

XM97F8 Quaternary ammonium anti-infective

XM2SR9 Retinoic acid

XM9773 Salicylhydroxamic acid

XM5GX7 Sodium hypochlorite medicinal (anti-infective) (external)

XM5372 Sodium hyposulfite

XM7Z80 Sodium perborate medicinal

XM4PL5 Bacimycin

XM7EV2 Sodium propionate

XM1VV3 Sporostacin

XM38S1 Staphisagria or stavesacre (pediculicide)

XM8HC5 Steroid topical

XM2237 Sulbentine

XM2CH0 Sulfacetamide

XM06Y3 Sulfiram

XM4XY4 Sulfur ointment

XM9ST9 Synalar

XM33Y9 Terconazole

XM00V5 Bacitracin zinc

XM2GG6 Tetramethylthiuram medicinal

XM9ZY9 Thimerosal

XM7W47 Thymol

XM3C36 Ticlatone

XM9HG1 Tioconazole

XM9SF6 Tolciclate

XM23C3 Tolnaftate

XM6848 Triacetin

XM4873 Triamcinolone hexacetonide

XM5KU0 Triclobisonium chloride

XM6Y48 Bacitracin zinc with neomycin

XM74T6 Triclocarban

XM5WW5 Triclosan

XM93J3 Tridesilon

XM84C7 Undecenoic acid

XM5GQ1 Undecoylium

XM1TP6 Undecylenic acid (derivatives)

XM81Z1 Urea peroxide

XM2VU7 Valisone

XM0GR5 Vioform topical

XM2B18 Zinc anti-infectives

XM7E88 Basic fuchsin

XM6KL1 Zinc peroxide

XM8SM1 Zinc sulfate topical

XM5L28 Zinc undecylenate

XM71H0 Cloponone

XM0BF3 Acriflavine

XM1KZ4 Nifuraldezone

XM4DT4 Tibezonium iodide

XM5U34 Eosin

XM24W5 Propanol

XM5DR7 Isopropanol

XM2ZR2 Benisone

XM2Q40 Pecilocin

XM6UW2 Pyrrolnitrin

XM8S89 Polihexanide

XM0SV3 Policresulen

XM80T0 Biphenylol

XM68P2 Didecyldimethylammonium chloride

XM5LX3 Mercury, metallic

XM53J8 Decamethoxine

XM2UH3 Euflavine

XM7KH0 Sodium chlorite

XM2VS1 Benzalkonium chloride

XM7022 Nadifloxacin

XM8BY6 Clindamycin topical

XM6AC5 Chlormidazole

XM2NB3 Sulconazole

XM8B91 Bifonazole

XM4J78 Fenticonazole

XM0072 Omoconazole

XM9U15 Sertaconazole

XM49Z6 Flutrimazole

XM5XM5 Eberconazole

XM1QH3 Benzethonium chloride

XM6H72 Luliconazole

XM7CT0 Bromochlorosalicylanilide

XM89W5 Tribromometacresol

XM8JJ2 2-(4-chlorphenoxy)-ethanol

XM67B0 Ethyl hydroxybenzoate

XM6474 Amorolfine

XM2L70 Butenafine

XM3PR6 Tavaborole

XM20T9 Efinaconazole

XM0CH6 Imiquimod

XM7SQ2 Benzoic acid with salicylic acid

XM8BH0 Inosine

XM4BA3 Docosanol

XM2CA6 Sinecatechins

XM0N01 Mercuric iodide

XM4796 Benzododecinium

XM2PS8 Aluminium acetotartrate

XM0P54 Bendazac

XM3J77 Bioallethrin

XM7MQ0 Copper oleinate

XM73B3 Decamethrin

XM9JZ6 Benzoic acid

XM4KG9 Dibutylsuccinate

XM84S5 Dibutylphthalate

XM1BB3 Dimethylcarbate

XM74X3 Dimethylphthalate

XM4UE1 Ethacridine lactate

XM2Y03 Etohexadiol

XM8XZ0 Felbinac

XM6XJ9 Oxyquinoline

XM4PX0 Potassium polysulfide

XM9R96 Quassia

XM63Y9 Benzoxonium chloride

XM0GR6 Tyrothricin

XM0FD5 Fidaxomicin

XM1071 Nifuroxazide

XM5BH0 Nifurzide

XM7MF9 Balsalazide

XM0JJ7 Dimeticone topical

XM6XD8 Streptomycin topical

XM4KV4 Acetic acid medicinal

XM7014 Terbinafine topical

XM0K16 Idoxuridine topical

XM43M3 Benzoyl peroxide

XM9X60 Penciclovir topical

XM3SK7 Famciclovir topical

XM7A63 Ganciclovir topical

XM1P27 Lomefloxacin topical

XM3CL3 Levofloxacin topical

XM92Q3 Gatifloxacin topical

XM6VX8 Moxifloxacin topical

XM1HU5 Loxoprofen

XM8TB9 Abametapir

XM7QG0 Benzyl benzoate

XM0GX2 Benzyl Benzoic acid

XM9208 BHC (medicinal)

XM7S48 Bismuth salts glycolylarsenate

XM5RT8 Boric acid

XM84D8 Bromosalicylchloranitide

XM0YT9 Buclosamide

XM6862 Butoconazole (nitrate)

XM7VA5 Calomel

XM2AV1 Candicidin

XM2V43 Carbamide peroxide

XM2ZX1 Carbol fuchsin

XM6C04 Carfusin

XM9H69 Castellani's paint

XM5ZY9 Ceepryn

XM9432 Cetalkonium chloride

XM1BP8 Cethexonium chloride

XM62D0 Cetrimide

XM6ZW9 Cetrimonium bromide

XM94W4 Cetylpyridinium chloride

XM7CX5 Chamomile

XM8HU1 Chloramine T

XM72P5 Chloramphenicol topical

XM7DZ3 Chlorhexidine

XM2ZT2 Chlorhydroxyquinolin

XM5D99 Chlorinated lime and boric acid solution

XM0HL8 Chlorinated soda solution

XM8FE7 Chlorocresol

XM3XC5 Chloroxylenol

XM93C6 Chlorphenesin topical (antifungal)

XM2CN0 Chlorquinol

XM0852 Ciclopirox (olamine)

XM6MJ1 Clobetasone

XM2WP5 Clodantoin

XM8TG2 Clofenotane

XM8W85 Clotrimazole

XM6BT6 Cloxiquine

XM4M83 Copper gluconate

XM42L5 Creosol (compound)

XM35M5 Creosote (coal tar) (beechwood)

XM7ZK1 Cresol (s)

XM0WM0 Cresol and soap solution

XM4YB3 Cresyl acetate

XM0348 Cresylic acid

XM3726 Crotamiton

XM7YY8 Dakin's solution

XM8CF0 Dequalinium chloride

XM6LZ1 Desonide

XM0PQ7 Dettol

XM1RR7 Dibromopropamidine isethionate

XM0UE0 Dibrompropamidine

XM06U7 Dicophane

XM2355 Diethyltoluamide

XM4A13 Dimazole

XM42D3 Dixanthogen

XM3JL3 Dodicin

XM7YF5 Dofamium chloride

XM3TY6 Domiphen bromide

XM5XH3 Econazole

XM8E88 Erythromycin topical

XM5QE6 Ethacridine

XM09B1 Ethylene oxide medicinal

XM91H3 Eurax

XM2258 Exalamide

XM9K22 Fenticlor

XM2E99 Fluocinonide

XM67C1 Flurobate

XM6AZ9 Furazolium chloride

XM5JA4 Gamma-benzene hexachloride (medicinal)

XM0XR4 Gentamicin topical

Other local astringents and local detergents

Coded Elsewhere: Acetic acid medicinal (XM4KV4)

XM3P38 Aluminium acetate

XM7FE1 Aluminium chloride

XM2D21 Aluminium diacetate

XM2399 Aluminium subacetate

XM38V9 Antihemorrhoidal preparation

XM1KT1 Detergent external medication

XM16X4 Dial (soap)

XM2KD7 Duponol (C) (EP)

XM3Y82 Green soap

XM2273 Lauryl sulfoacetate

XM8P35 Lead acetate

XM3E94 Polyethanolamine alkyl sulfate

XM2P20 Soap medicinal, soft

XM6EW6 Soap superfatted

XM1X23 Sodium lauryl (sulfate)

XM1484 Tannic acid medicinal (astringent)

XM7KD1 Thiram medicinal

XM19Y0 Vegetable extract, astringent

XM4S15 Witch hazel

XM4KJ0 Antiperspirant

XM20Y8 Hamamelis

XM1DT0 Iproheptine

XM9RY1 Lowila

XM1AY0 Septisol

XM3DK8 Sulfatostearate

Other topical agents

XM9R98 Benoquin

XM4597 Cantharides

XM8JB2 Cell stimulants and proliferants

XM4JD6 Charcoal medicinal topical

XM6GG8 Chloresium

XM9YX8 Dextromoramide topical

XM1KB4 Elase

XM0M69 Enzyme depolymerizing

XM5VL6 Gelfilm

XM1FF8 Heet

XM6P44 Lactic acid

XM2D09 Lytta (vitatta)

XM54L7 Nonoxinol

XM4M68 Nonylphenoxy (polyethoxy-ethanol)

XM2TV0 Octoxinol-9

XM7DL5 Panthenol topical

XM8865 Podophyllotoxin

XM3403 Preparation H

XM0VK2 Santyl

XM4AZ3 Scarlet red

XM6Z04 Sodium borate therapeutic

XM8EC8 Spermicide

XM0M54 Tosylchloramide sodium

XM8WU4 Urea topical

XM0M02 Becaplermin

XM4QZ6 Gamolenic acid

XM14C4 Capsaicin

XM5DL8 Zucapsaicin

XM7ZQ6 Organo-heparinoid

XM1485 Sodium apolate

XM3711 Tacalcitol

XM6BQ3 Tazarotene

XM3GL1 Dextranomer

XM7618 Crilanomer

XM1JG0 Enoxolone

XM0W31 Trolamine

XM1W34 Betulae cortex

XM1NP5 Ingenol mebutate

XM60N1 Selenium compounds

XM4HG0 Metandienone topical

XM5DF2 Pimecrolimus

XM1015 Dupilumab

XM1A95 Brimonidine

XM8HP9 Deoxycholic acid

XM2TT0 Calcipotriol

XM41S0 Aluminium oxide

XM8ZR0 Cadmium compounds (medicinal)

XM9MC0 Lithium succinate

XM0RJ6 Mequinol

XM7XL9 Albumin tannate

XM87L7 Diosmectite

XM0XA0 Ceratonia

XM3AJ8 Crospovidone

XM86M9 Racecadotril

XM33M4 Trafermin

XM0A16 Abrocitinib

Otorhinolaryngological drugs and preparations

Coded Elsewhere: Spaglumic acid (XM63C9)

Neomycin topical (XM7D13)

Nitrofurazone (XM71W2)

Benzethonium chloride (XM1QH3)

Levocabastine (XM32J7)

Oxyquinoline (XM6XJ9)

Olopatadine (XM0ST2)

Neomycin ENT agent (XM7D13)

XM7BG3 Alkaline antiseptic solution (aromatic)

XM7CJ4 Ambazone

XM9SX0 Amylmetacresol

XM59F4 Biclotymol

XM51P8 Bisdequalinium (salts) (diacetate)

XM0LW6 Chloromycetin otic solution

XM2954 Copper sulfate cupric medicinal ear

XM6270 Corbadrine

XM96Z5 Dichlorobenzyl alcohol

XM37H6 Glycerol borax

XM4UQ0 Levonordefrin

XM9EQ5 Neosporin ENT agent

XM4RA5 Nose preparations

XM8YH0 Thenoic acid

XM9VY0 Zinc chloride (mouthwash)

XM83Z7 Acetic acid ENT agent

XM0G17 Ritiometan

XM3RP3 Myristyl-benzalkonium

XM8XE9 Antazoline topical

XM9FX7 Calcium hexamine thiocyanate

XM3NR8 Octenidine

XM0M82 Phenazone topical

XM5HX7 Podophyllin

XM4L14 Podophyllum (resin)

Topical corticosteroid preparations

XM35S7 Amcinonide

XM8WS1 Triamcinolone topical

XM46G7 Betamethasone topical

XM4FN3 Clobetasol

XM57Z7 Corticosteroid topical

XM5PM3 Desoximetasone

XM6TE1 Dexamethasone topical

XM8V58 Diflorasone

XM4XD6 Diflucortolone

XM4TV8 Fluclorolone acetonide

XM0WP2 Fludrocortisone topical

XM84F4 Fludroxycortide

XM6LQ2 Flumethasone

XM3EM1 Fluocortin (butyl)

XM7MM0 Fluorometholone

XM52K8 Fluprednidene

XM5086 Flurandrenolide

XM0ZX1 Halcinonide

XM8TL4 Halometasone

XM8KB5 Hydrocortisone aceponate

XM6JE7 Hydrocortisone topical

XM0ME0 Prednicarbate

XM1B59 Prednisolone steaglate

XM09Z4 Prednisolone topical

XM4Y24 Hydrocortisone butyrate

XM55S3 Flumetasone

XM41T8 Fluperolone

XM5ZS6 Buteprate

XM64R0 Ulobetasol

XM6DT9 Difluprednate

XM5EY3 Methylprednisolone aceponate

XM4HA4 Fluocinolone acetonide

XM1068 Fluclorolone

XM9DE4 Ciclesonide topical

XM8963 Tixocortol pivalate

XM5PA8 Ufenamate

XM3VA9 Chlorphenesin

XM2NU3 Idrocilamide

XM6H69 Methyl salicylate

Retinoids topical

XM10R5 Adapalene

XM6KD7 Motretinide

XM7C94 Tretinoin topical

XM6PV8 Retinol topical

XM2PQ2 Isotretinoin topical

XM01G3 Silver

XM0CN1 Silver anti-infectives

XM3QX7 Silver colloidal

Coded Elsewhere: Silver nitrate ophthalmic preparation (XM2U36)

XM2U36 Silver nitrate ophthalmic preparation

XM9R64 Silver sulfadiazine

XM6RF0 Silver nitrate

Substances, chiefly nonmedicinal

Exclusions: Allergens ()

Medicaments (XM1349‑XM6RF0)

XM5LS4 Acrylamide

XM1SE1 Agrochemical

XM10X3 Fertilizer

Coded Elsewhere: Sodium nitrate (XM7FZ2)

XM4NU1 Ammonium nitrate

XM0AR7 Guano

XM7046 Magnesium thiosulfate

XM7D46 Pesticide

Coded Elsewhere: Aluminium phosphide (XM3TB8)

Azobenzene (XM1UP9)

Calcium cyanide (XM42L1)

Chloropicrin (XM3U53)

Dinitrocyclohexylphenol (XM95M5)

Dinitrophenol (XM73Y7)

Fluoride nonmedicinal (XM10Z2)

Hydrogen cyanide (XM8WA4)

Mercuric oxide nonmedicinal (XM5X38)

Phosphine (XM3G46)

Sodium arsenite (XM7Y18)

Antimony pesticide, not elsewhere classified (XM81B2)

Arsenic pesticide, not elsewhere classified (XM4GU5)

Cadmium pesticide, not elsewhere classified (XM1TW0)

Copper pesticide, not elsewhere classified (XM3757)

Cyanide pesticide, not elsewhere classified (XM77X3)

Mercury pesticide, not elsewhere classified (XM7UW8)

Petroleum pesticide, not elsewhere classified (XM8AA6)

Phenol pesticide, not elsewhere classified (XM5YF7)

Plant derived pesticide, not elsewhere classified (XM8PU3)

Zinc pesticide, not elsewhere classified (XM27E8)

XM6PM8 Dibromochloropropane

XM61U9 Dichloropropene

XM4G15 Ethylene oxide

XM83G4 Fungicide

Coded Elsewhere: Borate nonmedicinal (XM8X28)

Copper acetate (XM5U84)

Copper hydroxide (XM0EX6)

Copper oxide (XM0Y98)

Copper oxychloride (XM48K0)

Copper sulfate nonmedicinal (XM6859)

Diphenylamine (XM2732)

Ethyl mercuric chloride (XM8JX9)

Formaldehyde (XM0TV9)

Mercuric chloride nonmedicinal (XM9524)

Methyl isothiocyanate (XM4QN2)

Oxine-copper (XM98Z3)

Phenylmercury acetate (XM2Z22)

Verdigris (XM30V1)

XM0MT5 Auramine

XM44B4 Benzimidazole

XM9F10 Carbendazim

XM2WG5 Benomyl

XM0ZM1 Fuberidazole

XM7ZN0 Thiabendazole nonmedicinal

XM7E92 Thiophanate-methyl

XM9051 Blasticidin-S

XM6TA8 Bordeaux mixture

XM3F05 Captafol

XM9BL0 Captan

XM75T2 Chlorothalonil

XM21E5 Cycloheximide

XM8E94 Dichlone

XM3365 Difenoconazole

XM5KQ8 Dithiocarbamate

XM3TR4 Edifenphos

XM04K8 Folpet

XM40T8 Glutaral nonmedicinal

XM4AW6 Hexachlorobenzene

XM0HQ1 Tetramethylthiuram disulfide

XM3JA8 Zineb

XM0P16 Octylisothiazolinone

XM6J29 Herbicide

Coded Elsewhere: Acrolein (XM4HP5)

Allyl Alcohol (XM51N7)

Sodium chlorate (XM0345)

XM3FE7 Ammonium sulfamate

XM2RT5 Bromoxynil

XM62D4 Chloroacetic acid

XM3KU8 Dalapon

XM3MM5 Dicamba

XM5DH1 Dichlobenil

XM9CD8 2,4-Dichlorophenoxyacetic acid

XM23C2 Dinoseb

XM60K0 Dinoseb acetate

XM62Q7 Dinoterb

XM1M07 Diquat

XM5TV1 Diuron

XM6KX6 Endothall

XM50V7 Glyphosate

XM88B4 MCPA

XM6T93 MCPA-thioethyl

XM0CJ6 Mecoprop

XM0QY2 Mecoprop-P

XM0TQ1 Monuron

XM4SL8 Paraquat

XM8J05 Propachlor

XM66Q3 Propanil

XM48M2 Simazine

XM7KH8 Sodium cacodylate herbicide

XM0MH9 Triazine derivative herbicide, not elsewhere classified

XM7ML8 Triazole

XM9MT5 2,4,5-Trichlorophenoxyacetic acid

XM4PA4 Carbamate herbicide, not elsewhere classified

XM3K66 Insecticide

Coded Elsewhere: Azadirachta plant (XM17F2)

Cinnamomum camphora plant (XM6YA3)

Copper arsenic complex (XM8SC0)

Derris elliptica plant (XM3KT4)

Dimethyl phthalate nonmedicinal (XM34N7)

Kerosene (XM2Q78)

Lead arsenate (XM8LC6)

Pyrethrin nonmedicinal (XM5HR7)

Sabadilla insecticide (XM4BY7)

Sodium selenate (XM5RR4)

XM0231 Carbamate insecticide

XM0HS9 Aldicarb

XM0ZT6 Butocarboxim

XM4DS5 Butoxycarboxim

XM9G20 Carbaryl

XM1KX0 Naphthol

XM7A68 Carbofuran

XM8FU1 Ethiofencarb

XM9HR4 Furathiocarb

XM9Y05 Methiocarb

XM2CU6 Methomyl

XM0DL6 Oxamyl

XM79F9 Propoxur

XM3358 Thiofanox

XM7LT1 Cryolite

XM12C2 DEET

XM4NG6 Diflubenzuron

XM5S01 Naphthalene

Coded Elsewhere: Naphthol (XM1KX0)

XM3AD4 Nicotine insecticide

XM41B3 Organochlorine insecticide

Coded Elsewhere: Carbon tetrachloride (XM3CP7)

Chlorex (XM77V1)

Chlorinated naphthalene (XM1YR6)

Hexachlorocyclohexane (XM8PE4)

Methoxychlor (XM0MD1)

XM5Y08 Aldrin

XM12L2 Chlordane

XM7JD5 Chlorobenzilate

XM9EL1 DDT

XM1UT2 DDE - [dichlorodiphenyldichloroethylene]

XM3XK2 Paradichlorobenzene

XM2CK5 Dicofol

XM5U23 Dieldrin

XM5C19 Endosulfan

XM6ZU9 Endrin

XM2JS5 Heptachlor

XM5642 Isobenzan

XM4H89 Kelevan

XM16G7 Lindane

XM07J5 Lindane vapor

XM5NU4 Mirex

XM32P2 Pentachlorophenol

XM4FV5 Strobane

XM91D0 Toxaphene

XM7154 Organophosphate insecticide

XM7RX0 Azinphos-ethyl

XM7H46 Azinphos-methyl

XM2JZ1 Cadusafos

XM8AZ4 Carbophenothion

XM3DK0 Chlorethoxyfos

XM20D7 Chlorfenvinphos

XM4RG9 Chlormephos

XM3QX6 Chlorpyrifos

XM5566 Chlorthion

XM2MP2 Chlorthiophos

XM8WL8 Coumaphos

XM6L87 Demephion

XM4WK8 Demephion-O

XM8KA9 Demephion-S

XM5F29 Demeton

XM4724 Demeton-O

XM8LS8 Demeton-O-methyl

XM6UD3 Demeton-S

XM8ZM3 Demeton-S-methyl

XM6AY4 Diazinon

XM26D3 Dicapthon

XM03V8 Dichlorvos

XM5UL4 Dicrotophos

XM5Q52 Dimefox

XM58G9 Dimethoate

XM56E1 Dimetilan

XM3494 Dioxathion

XM9SP5 Disulfoton

XM5BC5 EPN

XM7X81 Ethion

XM9F71 Ethoprophos

XM7818 Famphur

XM7SU5 Fenthion

XM5KA2 Fluorophosphate insecticide

XM7TZ6 Heptenophos

XM5G36 Hexaethyl tetraphosphate

XM5JS5 Isoxathion

XM6A89 Leptophos

XM0G23 Malathion insecticide

XM5406 Mecarbam

XM9R34 Mephosfolan

XM56W1 Methamidophos

XM83J2 Methidathion

XM8ZT2 Mevinphos

XM4197 Mipafox

XM27J3 Monocrotophos

XM0US9 Naled

XM2D86 Omethoate

XM48D2 Oxydemeton-methyl

XM7LW0 Paraoxon

XM14N6 Parathion

XM1YY0 Parathion-methyl

XM20V2 Phorate

XM2324 Phosfolan

XM3QY4 Phosphamidon

XM6YG2 Propetamphos

XM7GK7 Prothoate

XM7UW2 Quinalphos

XM0TB4 Schradan

XM1E56 Sulfotep

XM7LH6 Tebupirimfos

XM6P90 TEPP

XM2QB5 Terbufos

XM72Q5 Thiometon

XM4T49 Thionazin

XM2AH6 Triazophos

XM13H5 Trichloronate

XM9FN4 Vamidothion

XM5EB8 Phenothiazine insecticide

XM4AP8 Pyrethroid insecticide

XM27C9 Allethrin insecticide

XM79U4 Bifenthrin

XM7YT2 Cyfluthrin

XM8HR7 Cyhalothrin

XM1MQ5 Cypermethrin

XM3Y88 Cyphenothrin

XM3BQ7 Deltamethrin

XM76R8 Esfenvalerate

XM1Z58 Fenpropathrin

XM9JZ0 Fenvalerate

XM6H26 Flucythrinate

XM7461 Permethrin

XM4AC0 Prallethrin

XM5QE0 Tefluthrin

XM1MW0 Tetramethrin

XM2H33 Tralomethrin

XM1S21 Rotenone

XM95F1 Metaldehyde

XM0NK1 Methyl bromide

XM6FE7 Piperonyl butoxide

XM2KK3 Rodenticide

Coded Elsewhere: Barium carbonate (XM3709)

Scilliroside (XM0SG7)

Sodium cyanide (XM1AZ9)

Strychnine rodenticide (XM9JS2)

Thallium sulfate (XM9YD2)

Zinc phosphide (XM6D77)

XM8UV3 Alpha chlorhydrin

XM4X40 Alpha naphthylthiourea

XM7138 Brodifacoum

XM7RU0 Bromadiolone

XM3QV7 Bromethalin

XM1GN8 Chloralose

XM1FD8 Chlorophacinone

XM0DK0 Coumatetralyl

XM3KE1 Crimidine

XM9VL9 Difenacoum

XM6DL4 Difethialone

XM4J38 Diphacinone

XM7HA0 Flocoumafen

XM7P90 Fluoroacetamide

XM2WD6 Norbormide

XM4116 Pindone

XM8QH8 Pyriminil

XM9LE1 Sodium fluoroacetate

XM8LJ0 Warfarin rodenticide

XM6BS1 Tetradifon

XM6372 Acaricide, not elsewhere classified

XM8V89 Fumigant, not elsewhere classified

XM0ZQ8 Molluscicide, not elsewhere classified

XM5E09 Organochlorine pesticide, not elsewhere classified

XM8HA3 Seed disinfectant, not elsewhere classified

XM86Y5 Sulfur pesticide, not elsewhere classified

XM0J68 Thiocarbamate pesticides, not elsewhere classified

XM86L9 Wood preservative, not elsewhere classified

XM55D5 Copper oleate

XM6U34 Alcohol

Coded Elsewhere: Diacetone alcohol (XM9F73)

XM9BA5 Alcohol vapor

XM51N7 Allyl Alcohol

XM6K71 Bay rum

XM0AD5 Benzyl alcohol nonmedicinal

XM7VB3 Cinnamyl alcohol

XM3XS0 Cyclohexanol

XM8ZW3 Ethanol

XM1A61 Alcohol beverage

XM8HG4 Absolute alcohol

XM3094 Denatured alcohol

XM6DN6 Ethanol disinfectant

XM8RP6 Ethanol motor fuel

Coded Elsewhere: Gasohol (XM52C5)

XM2VC0 Ethyl methylcarbinol

XM48D0 Fusel alcohol

XM88C8 Amyl alcohol

XM5JW4 Amylene hydrate

XM49S0 Butyl alcohol

XM6HQ5 Diethyl carbinol

XM5SH0 Isoamyl alcohol

XM5RS7 Propyl alcohol

XM5M32 Trimethylcarbinol

XM6C11 Hexahydrocresol

XM4BN8 Hydroabietyl alcohol

XM5531 Isopropyl alcohol

XM8YA1 Isopropyl rubbing alcohol

XM80Q0 Jamaica ginger

XM7KD9 Methanol

Coded Elsewhere: Denatured alcohol (XM3094)

XM0ZA4 Methanol motor fuel

XM6VD7 Antifreeze, not elsewhere classified

XM7XX5 Canned heat, not elsewhere classified

XM4S45 Geraniol

XM7UN9 Hydroxycitronellal

XM9TZ4 Algal toxin

XM6F50 Cyanotoxin

XM38M2 Microcystin

XM9RM0 Amyl propionate

Animal toxin, venom, or poison

XM26J2 Amphibian toxin

XM0KH6 Frog toxin

XM0CW7 Bruno’s casque headed frog venom

XM8QW3 Greening's frog venom

XM7JP5 Poison dart frog poison

XM4BD8 Golden poison frog poison

XM6K27 Anthony's poison arrow frog poison

XM7JV0 Strawberry poison dart frog poison

XM9TX1 Kokoe poison frog poison

XM2698 Black legged poison frog poison

XM7P83 Salamander toxin

XM93N2 Newt toxin

XM7YQ1 Toad toxin

XM8YT6 Colorado River toad toxin

XM54D9 Marine toad toxin

XM7930 Arthropod venom

XM12G1 Arachnid venom

XM9DM8 Scorpion venom

XM0HC0 Asian black scorpion venom

XM8F59 Black emperor scorpion venom

XM52D7 Giant forest scorpion venom

XM72V7 Australian forest scorpion venom

XM10T2 Australian urodacus scorpion venom

XM48S4 Australian black rock scorpion venom

XM10R0 Australian desert scorpion venom

XM0YV3 Australian marbled scorpion venom

XM3HL0 Bark scorpion venom

XM2HW7 Brazilian yellow scorpion venom

XM12P5 Chinese scorpion venom

XM5QE7 Common yellow scorpion venom

XM0E23 Death stalker scorpion venom

XM95A6 Fattail scorpion venom

XM91Z5 Flat rock scorpion venom

XM67X5 Indian red scorpion venom

XM11L8 Lesser Asian scorpion venom

XM1WF9 Transvaal thick tailed scorpion venom

XM8XC7 Yellow creeping leg scorpion venom

XM6NN5 Spider venom

XM2RM6 Brown recluse spider venom

XM6SD4 False widow spider venom

XM3KD6 Funnel web spider venom

XM57S7 Hobo spider venom

XM0C68 Jumping spider venom

XM1LF5 Mouse spider venom

XM6QH2 Six eyed sand spider venom

XM8095 Tarantula spider venom

XM8FT7 Wandering spider venom

XM7JS2 Widow spider venom

XM7M21 Black widow spider venom

XM9Z42 Brown widow spider venom

XM1TF6 Redback spider venom

XM2JA0 Red widow spider venom

XM2WM2 Wolf spider venom

XM3UW9 Yellow sac spider venom

XM94S4 Tick venom

XM7WR0 American dog tick venom

XM51Y1 Australian paralysis tick venom

XM3J29 Brown dog tick venom

XM77E1 Deer tick venom

XM5RS1 Lone star tick venom

XM8YN1 Spinose ear tick venom

XM6TD6 Centipede venom

XM5LB1 Amazonian giant centipede venom

XM52L4 Australian giant centipede venom

XM9FP1 Texas redheaded centipede venom

XM2WU4 Vietnamese centipede venom

XM50Y9 Insect venom

XM3Y95 Ant venom

XM4CP1 Bull ant venom

XM02L8 Bullet ant venom

XM3UK8 Fire ant venom

XM1547 Harvester ant venom

XM5ZS2 Jack jumper ant venom

XM13H7 Bee venom

XM1GA3 Africanized honey bee venom

XM0NK4 Bumblebee venom

XM42T0 Honey bee venom

XM1142 Caterpillar venom

XM2T44 Cup moth caterpillar venom

XM57P9 Puss caterpillar venom

XM7D92 Horsefly venom

XM2YA4 Wasp venom

XM6D92 Yellow jacket venom

XM1PF5 Paper wasp venom

XM31U2 Hornet venom

XM7CC3 Asian giant hornet venom

XM4C00 Millipede toxin

XM0HS8 Bird toxin

XM5V29 Ifrita bird toxin

XM5Y38 Pitohui bird toxin

XM35H6 Mammal toxin

XM27R8 Platypus venom

XM8EC2 Shrew venom

XM9R52 Slow loris venom

XM67Y0 Solenodon venom

XM6NB8 Vampire bat venom

XM2P96 Marine and freshwater animal toxins

XM99J1 Marine and freshwater animal venom

XM2GR5 Blue ringed octopus venom

XM56D3 Brittle star venom

XM0CW4 Coral venom

XM65N5 Fire coral venom

XM0R26 Soft coral venom

XM05Z4 Fish venom

XM0UJ4 Cobbler fish venom

XM6643 Dogfish shark venom

XM3DB5 Ghost shark venom

XM5FP5 Goblinfish venom

XM4CL4 Lionfish venom

XM17D1 Rabbitfish venom

XM5V26 Scorpionfish venom

XM73V9 Stargazer fish venom

XM7P10 Stingray venom

XM8P00 Stonefish venom

XM83T2 Striped blenny fish venom

XM0784 Striped eel catfish venom

XM33N5 Toadfish venom

XM0U57 Waspfish venom

XM1VW1 Weeverfish venom

XM9YA3 Jellyfish venom

XM4057 Box jellyfish venom

XM0ZB2 Irukandji jellyfish venom

XM87R6 Sea wasp venom

XM6PY9 Lion's mane jellyfish venom

XM8EA9 Sea nettle venom

XM6S92 Portuguese man o war venom

XM41L4 Sea anemone venom

XM2HU5 Sea cucumber venom

XM2M75 Sea urchin venom

XM48L3 Snail venom

XM7A02 Starfish venom

XM3X53 Crown of thorns starfish venom

XM3BZ7 Seafood poison

XM1KF5 Crab seafood poison

XM7V29 Fish seafood poison

Poisoning with fish toxin (nonbacterial) eaten as seafood.

XM1DD9 Ciguatera fish seafood poison

XM7N43 Greenland shark seafood poison

XM33K2 Puffer fish seafood poison

XM74Y6 Scombroid fish seafood poison

XM40D3 Toadfish seafood poison

XM5QW5 Sea cucumber seafood poison

XM51R6 Sea snail seafood poison

XM7VB5 Shellfish seafood poison

XM3XQ0 Oyster seafood poison

XM3S96 Clam seafood poison

XM3KC2 Scallop seafood poison

XM41B9 Mussel seafood poison

XM7DB8 Turtle seafood poison

XM2YA1 Box turtle seafood poison

XM1C12 Green sea turtle seafood poison

XM0RH0 Hawksbill sea turtle seafood poison

XM2X61 Reptile venom

XM4RP9 Lizard venom

XM5HY6 Beaded lizard venom

XM7HD4 Gila monster lizard venom

XM4KN1 Snake venom

XM6UB3 Sea snake venom

XM8DS9 Terrestrial snake venom

XM9034 Adder snake venom

Coded Elsewhere: Asp viper snake venom (XM5UK6)

XM4R63 Puff adder snake venom

XM8DE0 Death adder snake venom

XM2J41 European adder snake venom

XM6CL7 American copperhead snake venom

XM5UK6 Asp viper snake venom

XM3DZ2 Australasian black snake venom

XM9E44 Mulga snake venom

XM5MD7 Australian brown snake venom

XM2UN5 Common brown snake venom

XM1FY9 Australian copperhead snake venom

XM0RN4 Boomslang snake venom

XM26Z0 Bush viper snake venom

XM2650 Bushmaster snake venom

XM6HP1 Carpet viper snake venom

XM1R49 Cobra snake venom

XM45D4 Chinese cobra snake venom

XM4760 Egyptian cobra snake venom

XM6052 Indian cobra snake venom

XM0W24 King cobra snake venom

XM1UH2 Northern Philippine cobra snake venom

XM5F28 Spitting cobra snake venom

Coded Elsewhere: Northern Philippine cobra snake venom (XM1UH2)

XM7LZ0 Black necked spitting cobra snake venom

XM69M0 Javan spitting cobra snake venom

XM6U92 Mozambique spitting cobra venom

XM2B16 Red spitting cobra snake venom

XM7BF9 West African brown spitting cobra venom

XM7P11 Tree cobra snake venom

XM4WV8 Coral snake venom

XM2PM7 Harlequin coralsnake venom

XM0EN5 Texas coralsnake venom

XM5A72 Desert viper snake venom

XM2RJ2 Gaboon viper snake venom

XM6LU5 Horned viper snake venom

XM7WL0 Hump nosed pit viper snake venom

XM7TD0 Krait snake venom

XM2RD0 Banded krait snake venom

XM5J22 Indian krait snake venom

XM78S0 Malayan krait snake venom

XM7JF1 Lancehead snake venom

XM2267 Common lancehead snake venom

XM9Y58 Fer de lance snake venom

XM40A2 Levant viper snake venom

XM9JL4 Mamba snake venom

XM2SH0 Black mamba snake venom

XM1RM0 Eastern green mamba snake venom

XM8E53 Jameson's mamba snake venom

XM1GY6 Western green mamba snake venom

XM81Z8 Mole viper snake venom

XM3G20 Moorish viper snake venom

XM2A66 Ottoman viper snake venom

XM88F6 Palestine viper snake venom

XM1504 Rattlesnake venom

XM3RE1 Eastern diamondback rattlesnake venom

XM1RY2 Mojave rattlesnake venom

XM8MU5 Prairie rattlesnake venom

XM2P01 Timber rattlesnake venom

XM5JD1 Western diamondback rattlesnake venom

XM8JD0 Russell viper snake venom

XM4SM0 Taipan snake venom

XM5T51 Coastal taipan snake venom

XM7NG4 Inland taipan snake venom

XM7XU4 Western ranges taipan snake venom

XM23U8 Tiger snake venom

XM59V3 Water mocassin snake venom

XM7FH1 Tetrodotoxin

XM7S46 Carbon disulfide

Corrosive substance

XM34D2 Acetic anhydride

XM4HP5 Acrolein

XM2MJ1 Acrolein gas

XM3GN3 Aziridine

XM9WX0 Benzidine

XM6PB5 Corrosive acid

Coded Elsewhere: Hydrochloric acid (XM6F61)

XM6HP3 Formic acid

XM6SY2 Formic acid vapor

XM3C02 Hydrazoic acid

XM0VA0 Hydrogen fluoride

XM34T7 Hydrogen fluoride vapor

XM5NZ1 Nitric acid

XM5CC8 Nitric acid vapor

XM5WU5 Nitrohydrochloric acid

XM2WH3 Nitrous acid

XM6QY4 Nitrous acid fumes

XM5JW8 Orthotolidine

XM22A0 Osmic acid

XM07R4 Osmic acid fumes

XM4AK6 Oxalic acid

XM03N8 Potassium oxalate

XM6CB1 Sodium oxalate

XM0270 Phosphoric acid

XM0KV1 Picric acid

XM8724 Sulfuric acid

XM9SC9 Trichloroacetic acid

XM2R89 Corrosive alkali

XM4TP4 Ammonia

XM2KS4 Ammonia liquid

XM51W3 Ammonium carbonate

XM8X28 Borate nonmedicinal

XM4Q76 Sodium borate cleanser

XM25T4 Sodium perborate nonmedicinal

XM4AF1 Calcium hydroxide

XM50U9 Calcium hypochlorite

XM87X9 Calcium oxide

XM8586 Caustic hydroxide

XM5N47 Potassium hydroxide

XM4SW1 Sodium hydroxide

XM8WC7 Potassium carbonate

XM9370 Sodium carbonate

XM0KW1 Sodium hypochlorite

XM6KZ0 Sodium hypochlorite vapor

XM8F93 Triethanolamine

XM9JC6 Alkaline disinfectant, not elsewhere classified

XM71L2 Dimethyl sulfate

XM8TX4 Dimethyl sulfate fumes

XM10Z2 Fluoride nonmedicinal

XM48A5 Sulfuryl fluoride

XM8LE5 Hydrazine

XM0WH6 Methyl hydrazine

XM7BT1 Methyl iodide

XM92T1 Phenol, nonmedicinal

XM3FK8 Aminophenol

XM9JR4 Methyl aminophenol

XM2PP7 Butylated hydroxytoluene

XM7645 Nitrophenol

XM0HB7 Phenol disinfectant, not elsewhere classified

XM5YF7 Phenol pesticide, not elsewhere classified

XM9814 Liquor cresolis compositus

XM5380 Phthalic anhydride

XM49E4 Silver nitrate nonmedicinal

XM9GW2 Sodium bisulfate

XM0345 Sodium chlorate

XM5M78 Sodium oxide

XM4XF6 Sodium peroxide

XM8FM5 Sodium silicate

XM6826 Thioglycolic acid

XM85F7 Corrosive aromatics, not elsewhere classified

XM1ZR1 Corrosive cleaning product, not elsewhere classified

XM2A78 Bleach, not elsewhere classified

XM6AU8 Drain cleaner, not elsewhere classified

XM57L3 Corrosive cleaning product fumes, not elsewhere classified

XM05Q8 Oxidizing agent, not elsewhere classified

XM3HX8 Cyanide

Coded Elsewhere: Bromobenzylcyanide (XM9FN5)

Mercuric cyanide nonmedicinal (XM39J4)

XM23N0 Acrylonitrile

XM9R22 Aliphatic thiocyanates

XM42L1 Calcium cyanide

XM1ZE4 Cyanogen

XM1293 Cyanogen chloride

XM8WA4 Hydrogen cyanide

XM0YF6 Isocyanate

XM4QN2 Methyl isothiocyanate

XM1VD7 Potassium cyanide

XM2Q39 Potassium ferric hexacyanoferrate nonmedicinal

XM1AZ9 Sodium cyanide

XM36N4 Toluene diisocyanate

XM77X3 Cyanide pesticide, not elsewhere classified

XM4VA2 Dichloroformoxine

XM14Q4 Ethylidene diacetate

Explosive chemical

Coded Elsewhere: Ammonium nitrate (XM4NU1)

Picric acid (XM0KV1)

Tetryl (XM9ZV3)

TNT (XM1X35)

Trinitrobenzol (XM4B36)

XM5NJ3 Cordite

XM1926 Cordite vapor

XM4PQ8 Nitrocellulose

Coded Elsewhere: Nitrocellulose lacquer (XM8B47)

XM8T02 Nitroglycerin nonmedicinal

XM5VU2 Nitroglycerin nonmedicinal fumes

XM9YX2 Dynamite

XM7Q61 Dynamite fumes

XM7GP0 Nitronaphthalene

XM7EN6 Potassium chlorate

XM8SN2 Fiberglass

Gas, fumes or vapour

Coded Elsewhere: Acetaldehyde vapor (XM5Q94)

Acetylene tetrachloride vapor (XM4YD3)

Acridine vapor (XM2QW2)

Acrolein gas (XM2MJ1)

Alcohol vapor (XM9BA5)

Ammonia (XM4TP4)

Amyl acetate vapor (XM1JM2)

Aniline vapor (XM0061)

Brake fluid vapor (XM8TE5)

Boron trifluoride (XM5AP1)

Carbon tetrachloride vapor (XM0386)

Chlorinated naphthalene vapor (XM9P39)

Chlorodinitrobenzene vapor (XM5VH9)

Chloroethylene (XM6YR0)

Chloroform vapor (XM1GP5)

Chloronitrobenzene vapor (XM5S30)

Chloropicrin (XM3U53)

Cordite vapor (XM1926)

Cyanogen (XM1ZE4)

Decaborane fumes (XM74T0)

Dichloromethane vapor (XM7EF6)

Dimethyl sulfate fumes (XM8TX4)

Dinitrobenzene vapor (XM54Q3)

Dynamite fumes (XM7Q61)

Ethyl ether nonmedicinal (XM0N40)

Ethylene chlorohydrin vapor (XM5HK4)

Ethylene dichloride vapor (XM8QX0)

Ethylene oxide (XM4G15)

Formic acid vapor (XM6SY2)

Freon (XM9813)

Hydrochloric acid vapor (XM6QZ3)

Hydrogen cyanide (XM8WA4)

Hydrogen fluoride vapor (XM34T7)

Hydroquinone vapor (XM1N69)

Lindane vapor (XM07J5)

Methyl bromide (XM0NK1)

Methyl sulfate fumes (XM5Y11)

Mineral spirits fumes (XM2E62)

Nitric acid vapor (XM5CC8)

Nitroaniline vapor (XM8M07)

Nitrobenzene vapor (XM2VA4)

Nitrotoluene vapor (XM5F24)

Nitrous acid fumes (XM6QY4)

Osmic acid fumes (XM07R4)

Pyridine vapor (XM7TE7)

Selenium fumes (XM4HH9)

Sodium hypochlorite vapor (XM6KZ0)

Tar fumes (XM5LE8)

Tetrachloroethane vapor (XM4N54)

Tetrachloroethylene vapor (XM86D7)

Trichloroethylene vapor (XM7YS9)

Toluidine vapor (XM7S87)

Corrosive cleaning product fumes, not elsewhere classified (XM57L3)

Paint fumes, not elsewhere classified (XM1XL9)

XM3GS6 Bromine vapor

XM8XZ6 Carbon dioxide

XM1X11 Carbon monoxide

XM8MR4 Blast furnace gas

XM7SP6 Carbon monoxide from engine exhaust gas

XM7R97 Carbon monoxide from engine driven electrical generator

XM2LM9 Carbon monoxide from motor vehicle exhaust

XM4QD5 Carbon monoxide from incomplete combustion of charcoal

XM2EK4 Carbon monoxide from incomplete combustion of coal

XM7NG7 Carbon monoxide from incomplete combustion of coke

XM9675 Carbon monoxide from incomplete combustion of fuel gas

XM1MB6 Carbon monoxide from incomplete combustion of acetylene

XM5TT8 Carbon monoxide from incomplete combustion of coal gas

XM1JF3 Carbon monoxide from incomplete combustion of producer gas

XM3ES0 Carbon monoxide from incomplete combustion of utility gas

XM5XY1 Carbon monoxide from incomplete combustion of liquefied petroleum gas

XM45F2 Carbon monoxide from incomplete combustion of butane

XM3UB7 Carbon monoxide from incomplete combustion of propane

XM6708 Carbon monoxide from incomplete combustion of utility natural gas

XM9ZV7 Carbon monoxide from incomplete combustion of water gas

XM8WR8 Carbon monoxide from incomplete combustion of wood

XM0GT6 Chlorine

XM3KE4 Cyanic acid

XM8Z33 Diazomethane

XM70H1 Diborane

XM6UG7 Dichloroethyl sulfide

XM0YQ4 Ethidium chloride

XM1947 Ethylene

XM5EU1 Ferrovanadium

XM9SB2 Fluorine

XM0TV9 Formaldehyde

XM0JJ6 Helium

XM5LN6 Hydrocarbon gas

XM3FZ1 Acetylene

XM8GS7 Coal gas

XM53K7 Liquefied petroleum gas

XM76Q9 Propane

XM4653 Butane

XM6BD0 Natural gas

XM56Q2 Methane

XM6993 Producer gas

XM4X82 Water gas

XM8ZY7 Hydrogen

XM7FL0 Hydrogen sulfide

XM74J0 Iodine vapor

XM2JX3 Lacrimogenic gas

XM9FN5 Bromobenzylcyanide

XM2N89 Chloroacetone

XM7J14 Chloroacetophenone

XM41V6 Ethyl iodoacetate

XM3RL0 Mace lacrimogenic gas

XM6RK9 Methyl chloroformate

XM29D2 Methyl chloride

XM4FU5 Methyl mercaptan

XM16X6 Mustard gas

XM69M3 Nitrogen oxide

Coded Elsewhere: Nitrogen (XM3K31)

XM05F4 Nitrogen dioxide

XM1418 Nonchlorofluorocarbon refrigerant gas

XM54H2 Ozone

XM91W5 Phosgene

XM3D40 Polyester fumes

XM1663 Polytetrafluoroethylene

XM8242 Propylene

XM2598 Sulfur oxides

XM0Z74 Sulfur dioxide

XM3NH9 Aerosol spray, not elsewhere classified

XM1D37 Firedamp, not elsewhere classified

XM61G0 Nerve gas, not elsewhere classified

XM60X6 Oil fumes, not elsewhere classified

XM1EM9 Sewer gas, not elsewhere classified

XM6QK6 Smog, not elsewhere classified

XM9N00 Smoke, not elsewhere classified

XM0G86 Sternutator gas, not elsewhere classified

Halogen derivative of aliphatic and aromatic hydrocarbons

Coded Elsewhere: Chloroform (XM7MX5)

XM2X70 Acetyl bromide

XM7594 Acetyl chloride

XM2W36 Acetylene tetrachloride

XM4YD3 Acetylene tetrachloride vapor

XM45Q9 Amyl chloride

XM3CP7 Carbon tetrachloride

XM0386 Carbon tetrachloride vapor

XM77V1 Chlorex

XM1363 Chlorinated camphene

XM4XU4 Chlorinated hydrocarbons, not elsewhere classified

XM1YR6 Chlorinated naphthalene

XM9P39 Chlorinated naphthalene vapor

XM0WL1 Chloroaniline

XM6LC4 Chlorobenzene

XM0KE3 Chlorobromomethane

XM6QB9 Chlorodinitrobenzene

XM5VH9 Chlorodinitrobenzene vapor

XM8D04 Chlorodiphenyl

XM6YR0 Chloroethylene

XM2HX1 Chlorofluorocarbons

XM9813 Freon

XM3QE2 Dichlorodifluoromethane

XM7FF5 Trichlorofluoromethane

XM8G05 Chloronitrobenzene

XM5S30 Chloronitrobenzene vapor

XM84K8 Chlorophenol

XM3U53 Chloropicrin

XM9GK3 Dibromoethane

XM55X0 Dichlorobenzene

Coded Elsewhere: Paradichlorobenzene (XM3XK2)

XM1AF0 Dichloroethane

XM8G49 Dichloroethylene

XM7JZ1 Acetylene dichloride

XM3DX7 Vinylidene chloride

XM73T7 Dichloromethane

XM7EF6 Dichloromethane vapor

XM9Y80 Dioxin

XM45K4 Ethyl chloride

XM9B31 Ethylene chlorohydrin

XM5HK4 Ethylene chlorohydrin vapor

XM4Z80 Ethylene dichloride

XM8QX0 Ethylene dichloride vapor

XM8PE4 Hexachlorocyclohexane

XM0MD1 Methoxychlor

XM42E8 Orthodichlorobenzene

XM5JU8 Pentachloroethane

XM59S9 Polybrominated biphenyl

XM77J7 Polychlorinated biphenyl

XM4D89 Tetrachloroethane

XM4N54 Tetrachloroethane vapor

XM3DA8 Tetrachloroethylene

XM86D7 Tetrachloroethylene vapor

XM9R55 Trichloroethane

XM1992 1,1,2 trichloroethane

XM3NB3 Trichloroethylene

XM7YS9 Trichloroethylene vapor

XM58Q9 Trichloropropane

Inorganic substance

Coded Elsewhere: Sodium peroxide (XM4XF6)

Sodium silicate (XM8FM5)

XM2KQ2 Arsenic

Coded Elsewhere: Arsenic trioxide (XM2HS5)

XM00Z1 Arsine

XM0DR1 Cacodyl

XM6C50 Cacodylic acid

XM1BL4 Chlorovinyldichloroarsine

XM8SC0 Copper arsenic complex

XM9YA9 Diphenylchlorarsine

XM1AE2 Ethyl dichloroarsine

XM8LC6 Lead arsenate

XM3M96 Lead arsenite

XM4TW8 Potassium arsenite

XM32L9 Realgar

XM7H00 Sodium arsenate

XM7Y18 Sodium arsenite

XM4GU5 Arsenic pesticide, not elsewhere classified

XM53B3 Asbestos

XM8SU1 Barium nonmedicinal

XM3709 Barium carbonate

XM5DL6 Barium chloride

XM38G1 Barium sulfite

XM8QL6 Borane complex

XM2BF4 Boron

XM3FZ9 Boron hydride

XM5AP1 Boron trifluoride

XM0XT5 Calcium dichromate

XM4QG2 Chloramine

XM5JW5 Decaborane

XM74T0 Decaborane fumes

XM97M0 Hydrogen chloride

XM3FY4 Manganese

XM9ZR0 Manganese dioxide

XM1FQ3 Permanganate

XM3VC7 Potassium permanganate nonmedicinal

XM2AZ6 Phosphorus

XM3G46 Phosphine

XM0LP4 Yellow phosphorus

XM95X4 Potassium perchlorate nonmedicinal

XM2SG3 Potassium Fluoride

XM2G85 Potassium nitrate

XM5XL5 Sodium bichromate

XM9EQ8 Sodium chromate

XM7FZ2 Sodium nitrate

XM3M65 Erionite

Metal

Coded Elsewhere: Selenium (XM47M7)

Magnesium (XM5TD2)

Zinc (XM1U95)

XM68C9 Alum nonmedicinal

XM9CV4 Alum ammonium

XM5GN1 Alum potassium

XM7JJ2 Aluminium nonmedicinal

XM3TB8 Aluminium phosphide

XM5HW4 Antimony

Coded Elsewhere: Antimony pentasulfide (XM1KG9)

XM2AE9 Antimony hydride

XM81B2 Antimony pesticide, not elsewhere classified

XM4QG7 Beryllium

XM0TX8 Bismuth nonmedicinal

XM4DZ8 Brass

XM0V73 Cadmium

XM3S39 Cadmium carbonate

XM3YF2 Cadmium chloride

XM4YU7 Cadmium selenide

XM9217 Cadmium succinate

XM0TH7 Cadmium sulfate

XM5YV2 Cadmium sulfide nonmedicinal

XM1TW0 Cadmium pesticide, not elsewhere classified

XM9YJ8 Chromium

Coded Elsewhere: Lead chromate (XM91V9)

XM95L9 Chromic acid

XM79V9 Chromyl chloride

XM0QY9 Potassium dichromate

XM34P0 Chromium VI compounds

XM1NV2 Cobalt

XM5KH2 Copper

Coded Elsewhere: Copper arsenic complex (XM8SC0)

XM5U84 Copper acetate

XM0EX6 Copper hydroxide

XM0Y98 Copper oxide

XM48K0 Copper oxychloride

XM6859 Copper sulfate nonmedicinal

XM98Z3 Oxine-copper

XM30V1 Verdigris

XM3757 Copper pesticide, not elsewhere classified

XM8U54 Iron nonmedicinal

XM0ZH6 Lead

Coded Elsewhere: Lead arsenate (XM8LC6)

Lead arsenite (XM3M96)

XM5071 Lead acetate nonmedicinal

XM17Q5 Lead alkyl

XM2PV9 Lead antimonate

XM9WK6 Lead azide

XM3Y96 Lead carbonate

XM91V9 Lead chromate

XM59W8 Lead dioxide

XM4EW1 Lead iodide

XM7LD9 Lead monoxide

XM2R16 Lead oxide

XM3ZU1 Lead sulfide

XM0891 Lead paint, not elsewhere classified

XM4AM4 Lithium nonmedicinal

XM1FG4 Mercury

XM8JX9 Ethyl mercuric chloride

XM90P2 Methoxyethyl mercuric chloride

XM9524 Mercuric chloride nonmedicinal

XM39J4 Mercuric cyanide nonmedicinal

XM5X38 Mercuric oxide nonmedicinal

XM8HV3 Mercuric sulfate nonmedicinal

XM4WJ1 Mercury fulminate

XM3W50 Mercury thiocyanate

XM5DJ5 Methyl mercury

XM2Z22 Phenylmercury acetate

XM7UW8 Mercury pesticide, not elsewhere classified

XM4E11 Nickel

XM9P91 Nickel carbonyl

XM7K88 Nickel sulphate

XM5F09 Nickelocene

XM9359 Silver nonmedicinal

XM0XQ4 Tellurium

XM63C5 Thallium

XM9YD2 Thallium sulfate

XM1NS5 Tin

XM9KC4 Tin chloride

XM0K92 Tin oxide

XM7B62 Titanium

XM4WJ2 Titanium tetrachloride

XM89Q2 Titanocene

XM0907 Vanadium

XM7UJ7 Amalgam

XM0FY1 Palladium chloride

XM6NP0 Metal, not elsewhere classified

XM3AW0 Hard metal dust

XM1UC6 Osmium

XM0JD9 Tungsten

XM5H13 Methyl acrylate

XM34R5 Monosodium glutamate

XM5490 Mycotoxin

XM7U84 Aflatoxin

XM0232 Citreoviridin

XM4UE5 Citrinin

XM3NK1 Cyclopiazonic acid

XM3G74 Fusarium toxin

XM2BE5 Ergot alkaloid mycotoxin

XM9C09 Fumonisin

XM9GV7 Moniliformin

XM6X33 Trichothecenes

XM4E53 Zearalenone

XM9F85 3-Nitropropionic acid

XM5WG7 Ochratoxin

XM9C47 Patulin

XM28H1 Penitrem

XM77Q2 Satratoxin

XM6VH6 Sterigmatocystin

XM1PM8 Tenuazonic acid

XM6PE4 Naphthylamine

Organic solvent

XM50A4 Acetal

XM4LM8 Acetaldehyde

XM5Q94 Acetaldehyde vapor

XM6QH4 Acetic acid ester

XM2KF5 Amyl acetate

XM1JM2 Amyl acetate vapor

XM5AK0 Benzyl acetate

XM3RG6 Butyl acetate

XM3AP0 Cyclohexyl acetate

XM00H9 Ethyl acetate

XM3MD8 Isobutyl acetate

XM1EQ5 Isopropyl acetate

XM27U4 Methyl cyclohexyl acetate

XM6XW9 Acetonitrile

XM5HX1 Amyl formate

XM0QY7 Benzene

XM2738 Benzene homologue

Coded Elsewhere: Acetophenone (XM0AM0)

XM4214 Butyltoluene

XM01R0 Hexylresorcinol

XM50B6 Hydroquinone

XM1N69 Hydroquinone vapor

XM00E9 Toluene

XM0D44 Xylene

XM3TU9 Benzene vapor

XM9UH2 Diphenylmethane

XM83H3 Nitroderivative or aminoderivative of benzene or benzene homologue

Coded Elsewhere: Picric acid (XM0KV1)

XM76E2 Aniline

XM0061 Aniline vapor

XM3R71 Anisidine

XM1UP9 Azobenzene

XM1ZR2 Dinitro-ortho-cresol

XM76A0 Dichlorobenzidine

XM11G0 Dinitrobenzene

XM54Q3 Dinitrobenzene vapor

XM95M5 Dinitrocyclohexylphenol

XM73Y7 Dinitrophenol

XM2732 Diphenylamine

XM0179 Nitroaniline

XM8M07 Nitroaniline vapor

XM2W93 Nitrobenzene

XM2VA4 Nitrobenzene vapor

XM6GM2 Nitrobiphenyl

XM1MY0 Nitrosodimethylamine

XM6EB1 Nitrotoluene

XM5F24 Nitrotoluene vapor

XM1E24 Phenylenediamine

XM54V0 N-isopropyl-N'-phenyl-p-paraphenylenediamine

XM0AK0 p-Phenylenediamine

XM9BN0 Phenylhydrazine

XM9ZV3 Tetryl

XM1X35 TNT

XM67F1 Toluylenediamine

XM4B36 Trinitrobenzol

XM6ZJ9 Resorcin nonmedicinal

XM5V50 Styrene

XM0M80 Butyl butyrate

XM3XT7 Butyl formate

XM59Y7 Butyl lactate

XM3NC8 Butyl propionate

XM4DT3 Decahydronaphthalene

XM8R64 Dialkyl carbonate

XM77E6 Ethyl carbonate

XM7CR8 Methyl carbonate

XM38Z7 Dichlorhydrin

XM7MB5 Dimethylformamide

XM2XU7 Dioxane

XM1LN6 Dipentene

XM5L21 Epichlorhydrin

XM29X5 Ethyl benzoate

XM0N40 Ethyl ether nonmedicinal

XM5YV7 Phenylglycidylether

XM6FX9 Ethyl formate

XM7TN8 Ethyl hydroxyisobutyrate

XM3NZ9 Ethyl lactate

XM6FQ2 Ethyl oxybutyrate

XM7QX9 Furfural

XM4QR6 Hexahydrobenzene

XM2D79 Isophorone

XM4XC6 Isophoronediisocyanate

XM58V1 Isophoronediamine

XM38W0 Isopropyl ether

XM9UX0 Ketones

Coded Elsewhere: Chloroacetone (XM2N89)

XM7U59 Acetone

XM0ES5 Nail polish remover

XM0AM0 Acetophenone

XM1L02 Cyclohexanone

XM9F73 Diacetone alcohol

XM7KB7 Hexanone

XM5E65 Hydroxymethylpentanone

XM12H2 Methyl acetate

XM9LD3 Methyl acetone

XM5H65 Methyl isobutyl ketone

XM5LH2 N-Hexane and Methyl n-butyl ketone solvent

XM4GN3 Benzoquinone

XM6UK4 Methyl benzoate

XM4513 Methyl cyclohexane

XM91A0 Methyl cyclohexanone

XM5BM9 Methyl sulfate

XM5Y11 Methyl sulfate fumes

XM5CA9 Nitropropane

XM0TB3 Petroleum

XM7MJ9 Petroleum product

XM27Z5 Automobile fuel

XM7CM2 Automobile fuel vapor

XM4RN1 Gas oil

XM9A95 Diesel fuel

XM8WE9 Gasoline

XM52C5 Gasohol

XM0FK9 Gasoline vapor

XM81T5 Coal tar fumes

XM6U93 Coal tar naphtha

XM2CE3 Coal tar nonmedicinal

XM16M2 Pitch

XM7WM1 Anthracene

XM2Q78 Kerosene

XM3QU8 Kerosine vapor

XM3SU8 Mineral oil nonmedicinal

XM4NT9 Lubricating oil

XM7CX7 Mineral spirits

XM2E62 Mineral spirits fumes

XM8PX9 Paraffin wax

XM3ZG5 Petrolatum nonmedicinal

XM9WJ0 Solid petroleum

Coded Elsewhere: Bitumen (XE7CA)

XM4C94 Tar

XM5LE8 Tar fumes

XM8AA6 Petroleum pesticide, not elsewhere classified

XM0B41 Petroleum vapor

XM02T2 Phosphate solvent

XM5FS3 Tricresyl phosphate

XM2NF0 Pyridine

XM7TE7 Pyridine vapor

XM5XP8 Tetrahydrofuran

XM2GY2 Tetralin

XM0W28 Organic solvents, not elsewhere classified

XM3U55 Glue

XM0R56 Lighter fluid

XM9B14 Paint stripper

XM0KG9 Polishing compound

XM39J1 Car polish

XM1545 Floor polish

XM2BC0 Furniture polish

XM1J33 Metal polish

XM5J78 Silver polish

XM1P52 Porcelain polish

XM3JF2 Polyester resin hardener

XM3EF0 Polyester resin hardener fumes

XM1762 Ethylene glycol

XM0WA9 Ethylene glycol dinitrate

XM8BF5 Ethylene glycol monobutyl ether

XM4E62 Ethylene glycol monoethyl ether

XM0C04 Ethylene glycol monomethyl ether

XM55M8 Diethylene glycol

XM3834 Diethylene glycol monoacetate

XM1A56 Diethylene glycol monobutyl ether

XM8XU3 Diethylene glycol monoethyl ether

XM99B7 Brake fluid, not elsewhere classified

XM8TE5 Brake fluid vapor

Paint or dye

Coded Elsewhere: Aniline (XM76E2)

Auramine (XM0MT5)

Cadmium selenide (XM4YU7)

Cadmium sulfide nonmedicinal (XM5YV2)

Copper arsenic complex (XM8SC0)

Dinitrophenol (XM73Y7)

Lead antimonate (XM2PV9)

Lead carbonate (XM3Y96)

Lead chromate (XM91V9)

Lead iodide (XM4EW1)

Lead monoxide (XM7LD9)

Lead oxide (XM2R16)

Tellurium (XM0XQ4)

Lead paint, not elsewhere classified (XM0891)

XM9UE9 Acridine

XM2QW2 Acridine vapor

XM4UG8 Disperse dye

XM5C83 Lacquer

XM8B47 Nitrocellulose lacquer

XM2FV2 Prussian blue nonmedicinal

XM9WW6 Whitewash

XM6HZ8 Ink, not elsewhere classified

XM1XL9 Paint fumes, not elsewhere classified

XM8H37 Dye, not elsewhere classified

XM3K54 Cochineal extract

XM7U05 Paratertiary butylphenol formaldehyde resin

XM5B21 Phthalate

XM75C9 Diethylhexyl phthalate

XM34N7 Dimethyl phthalate nonmedicinal

XM9HC2 Di-n-butyl phthalate

XM74S8 Poisonous mushroom

XM0366 Agaricus xanthodermus mushroom

XM7P94 Amanita mushroom

XM82H0 Amanita bisporigera mushroom

XM5911 Amanita hygroscopica mushroom

XM91N3 Amanita muscaria mushroom

XM8MF4 Amanita ocreata mushroom

XM6HP7 Amanita phalloides mushroom

XM4NS6 Amanita pantherina mushroom

XM23X2 Amanita pseudoporphyria hongo mushroom

XM2HH5 Amanita suballiacea mushroom

XM3VN8 Amanita smithiana mushroom

XM5039 Amanita tenuifolia mushroom

XM0G40 Amanita verna mushroom

XM1DV5 Amanita virosa mushroom

XM2FU2 Clitocybe mushroom

XM2BD5 Clitocybe rivulosa mushroom

XM9BX0 Conocybe filaris mushroom

XM4CB0 Cortinarius mushroom

XM85A8 Cortinarius rubellus mushroom

XM9TZ1 Cortinarius orellanus mushroom

XM2BB9 Cortinarius speciosissimus mushroom

XM1LD8 Galerina mushroom

XM6W91 Galerina fasciculata mushroom

XM7NR0 Galerina marginata mushroom

XM24L3 Galerina sulcipes mushroom

XM78T5 Galerina venenata mushroom

XM0M17 Gyromitra mushroom

XM0BM0 Gyromitra ambigua mushroom

XM76X5 Gyromitra esculenta mushroom

XM3LC5 Gyromitra infula mushroom

XM1PK2 Hapalopilus rutilans mushroom

XM87D0 Hebeloma crustuliniforme mushroom

XM9B73 Inocybe mushroom

XM2BC2 Lepiota mushroom

XM7K06 Lepiota brunneoincarnata mushroom

XM4L76 Lepiota brunneolilacea mushroom

XM0FJ0 Lepiota chlorophyllum mushroom

XM6882 Lepiota fulvella mushroom

XM1UJ5 Lepiota helveola mushroom

XM8R10 Lepiota josserandii mushroom

XM95E9 Omphalotus mushroom

XM8VV0 Omphalotus nidiformis mushroom

XM7RG5 Omphalotus illudens mushroom

XM1M89 Panaeolus mushroom

XM3NJ2 Panaeolus papilionaceus mushroom

XM0B62 Panaeolus sphinctrinus mushroom

XM27Y3 Panaeolus subbalteatus mushroom

XM44P3 Pleurocybella porrigens mushroom

XM3CK7 Podostroma cornu-damae mushroom

XM4321 Psilocybe semilanceata mushroom

XM36C7 Russula subnigricans mushroom

XM0QR2 Tricholoma equestre mushroom

XM9KE6 Silicone

XM3DP9 Silicon dioxide

Substance of plant origin

Coded Elsewhere: Rotenone (XM1S21)

XM98Y1 Abrus precatorius plant

XM99Y1 Aconitum plant

XM2WR7 Aconitine

XM3VB6 Aconitum ferox plant

XM7BA0 Actaea plant

XM3QE1 Actaea spicata

XM55K4 Aethusa cynapium plant

XM3AF3 Anamirta cocculus plant

XM6KR6 Picrotoxin

XM8SE2 Antiaris toxicaria plant

XM2X16 Arum maculatum plant

XM1EY0 Atropa belladonna plant

XM17F2 Azadirachta plant

XM5W16 Bergamot oil

XM1GJ1 Bitter almond

XM4XS8 Diallyl disulfide

XM6A31 Sesquiterpene lactones

XM4W45 Citronellol

XM9CQ1 Citral

XM6CP3 Eugenol

XM9CZ8 Evernia prunastri extract

XM5AM5 Isoeugenol

XM88U7 Abietic acid

XM9L39 Turpentine oil

XM3B42 Atranorin

XM4BW2 Blighia sapida plant

XM6635 Evernic acid

XM26G6 Usnic acid

XM3XH8 Grains and flours

XM21W4 Plant or herbal extracted compounds

XM7CA8 Folium stramoniae

XM1D48 Ephedra

XM82G2 Benzoin (tincture)

XM9GX9 Menthol

XM8UA9 Cianidanol

XM4Y73 Gelsemine

XM2YX0 Palm kernel oil

XM1PQ5 Tragacanth

XM8VJ2 Datura stramonium plant

XM8MB5 Rubber

XM0XN7 Cotton plant

XM1KF1 Sisal

XM2BX6 Brucea javanica plant

XM9B82 Caladium plant

XM1021 Caladium bicolor

XM0BS2 Caladium seguinum

XM9S25 Cannabis (natural; phytocannabinoids)

XM08L6 Afghanistan black

XM5WR8 Indian hemp

XM3R78 Lebanese red

XM8PV1 Marijuana

XM0WA6 Celastrus scandens plant

XM5L03 Cerbera plant

Coded Elsewhere: Cerberin (XM1W74)

XM2KR7 Cerbera odollam plant

XM1FN8 Cerbera manghas plant

XM8AZ9 Cerbera venenifera plant

XM9DJ3 Chelidonium majus plant

XM49V0 Chrysanthemum cinerariifolium plant

XM5HR7 Pyrethrin nonmedicinal

XM6709 Cicuta maculata plant

XM1S86 Cicutoxin

XM6YA3 Cinnamomum camphora plant

XM5804 Clematis plant

XM5D25 Clematis vitalba plant

XM9KW2 Coffee

XM7TP8 Colchicum plant

XM3Q99 Colchicine

XM9Z51 Conium maculatum plant

XM3FY5 Coniine

XM9T69 Convallaria majalis plant

XM72P9 Cyclamen plant

XM56R9 Cyclamen europaeum plant

XM5174 Cyclamen persicum plant

XM5ZF9 Cytisus laburnum plant

XM2YN7 Cytisus scoparius plant

XM4TF9 Daphne plant

XM8YH8 Delphinium plant

XM3KT4 Derris elliptica plant

XM46Y1 Digitalis purpurea plant

XM1LE7 Erythroxylum coca lam plant

XM7UN8 Cocaine

XM0BC6 Cocaine topical anesthetic

XM0XS0 Equisetum plant

XM0EC2 Equisetum diuretic

XM4TJ7 Euphorbia plant

XM91T0 Gaultheria procumbens plant

XM5P41 Gaultheria procumbens plant oil

XM1VX3 Gelsemium sempervirens plant

XM66Z7 Gloriosa superba plant

XM5EL7 Gratiola officinalis plant

XM3QP5 Helleborus niger plant

XM0SF4 Helleborus viridis plant

XM4UC8 Hyoscyamus niger plant

XM3EA9 Ilex plant

XM7ED8 Jatropha plant

XM8QC3 Jatropha curcas plant

XM7CZ8 Jatropha gossypiifolia plant

XM2C70 Jatropha hastata plant

XM4R06 Jatropha macrorhiza plant

XM84E3 Jatropha multifida plant

XM04B0 Jatropha podagrica plant

XM7762 Latex

XM5EH9 Lathyrus sativus plant

XM5F38 Ligustrum plant

XM1WT1 Ligustrum lucidum plant

XM4CK0 Ligustrum sinense plant

XM23X8 Ligustrum vulgare plant

XM2BQ5 Lobelia plant

XM76G6 Lolium temulentum plant

XM6LL4 Manihot esculenta plant

XM1TB2 Melia azedarach plant

XM3M91 Myristica fragrans plant

XM6FE5 Nutmeg oil

XM31J1 Myristicin

XM14Y1 Myrsine africana plant

XM3XT1 Nerium oleander plant

XM2VY1 Nicotiana plant

XM88J8 Tobacco

Coded Elsewhere: Nicotine (XM6BN2)

XM33X3 Nux vomica plant

XM7134 Brucine

XM5421 Strychnine

XM9JS2 Strychnine rodenticide

XM7JG0 Physostigma venenosum plant

XM61M4 Phytolacca decandra plant

XM19G9 Pine oil

XM1XZ4 Piper cubeba plant

XM21J6 Poison oak plant

XM4882 Poison sumak plant

XM95D5 Primula plant

XM9HN7 Primula obconica plant

XM07P7 Primin

XM4TX6 Primula officinalis plant

XM19S7 Primula veris plant

XM3QL7 Prunus plant

XM01R5 Amygdalin

XM0PX4 Apricot kernel

XM5MK6 Cherry kernel

XM7B39 Peach kernel

XM52C3 Plum kernel

XM6Z57 Psoralea corylifolia plant

XM1MV4 Psoralen nonmedicinal

XM03C0 Pulsatilla plant

XM3PV6 Pyrrolizidine alkaloids

XM0NB5 Ranunculus plant

XM0PR3 Ricinus communis plant

XM2VG9 Ricin

XM4AC2 Ruta graveolens plant

XM7BE0 Sambucus plant

XM9W70 Sanguinaria canadensis plant

XM0EH6 Schoenocaulon officinale plant

XM4BY7 Sabadilla insecticide

XM8YX9 Senecio vulgaris plant

XM4TE3 Solanum plant

XM56G1 Solanum dulcamara plant

XM1AE1 Solanum nigrum plant

XM0QV6 Solanum pseudocapsicum plant

XM9588 Solanine

XM4UE4 Spartium junceum plant

XM9834 Strophanthus gratus plant

XM9QZ9 Strophanthin-k

XM58G8 Tanacetum plant

XM7EL5 Tartaric acid

XM5YT6 Taxus plant

XM6WF4 Thevetia peruviana plant

XM40N4 Toxicodendron radicans plant

XM46N0 Urginea maritima plant

XM0SG7 Scilliroside

XM84R4 Urtica plant

XM5KR7 Veratrum plant

XM86L8 Veratrum album plant

XM9Z08 Veratrum viride plant

XM43H5 Wisteria plant

XM29R2 Wisteria floribunda plant

XM8ZH3 Wisteria sinensis plant

XM6076 Zygadenus plant

XM8PU3 Plant derived pesticide, not elsewhere classified

XM98M9 Poisonous plant berries, not elsewhere classified

XM7MT6 Poisonous plant flowers, not elsewhere classified

XM6LL5 Poisonous plant fruits, not elsewhere classified

XM2BH3 Poisonous plant leaves, not elsewhere classified

XM0GB3 Poisonous plant roots, not elsewhere classified

XM2CE0 Poisonous plant sap, not elsewhere classified

XM7JK8 Poisonous plant seeds, not elsewhere classified

XM7KY1 Poisonous plant stem, not elsewhere classified

XM56V2 Poisonous plant thorns, not elsewhere classified

XM5NH2 Substance of marine plant origin, not elsewhere classified

XM8A62 Plant protein

XM7A46 American beech wood dust

XM4M03 Oak wood dust

XM6VG6 European ash wood dust

XM1K52 Apple

XM07U6 Banana

XM77D3 Grape

XM4TY6 Kiwifruit

XM6AW1 Mango

XM0DF7 Melon

XM2Q13 Olive

XM2XN1 Orange

XM9UT8 Paprika

XM7S13 Cabbage

XM5J64 Grapefruit

XM5733 Black pepper

XM9BG0 Green bean

XM25M2 Spinach

XM3EW6 Mexican firebush

XM3XQ1 Rice

XM9135 Pecan or hickory nut

XM5S85 Peach

XM4GG6 Pear

XM5ZK9 Strawberry

XM6E89 Pineapple

XM9MB5 Barley

XM47Z9 Bahia grass

XM5ZN2 Bermuda grass

XM13D1 Buckwheat

XM3GC8 Corn

XM56U7 Gluten

XM9898 Japanese hop

XM39Y3 Johnson grass

XM0D79 Kentucky blue grass

XM8X04 Oat

XM6JA2 Rye

XM01D6 Perennial rye grass

XM8M82 Cultivated rye

XM4BW3 Salt grass

XM13U2 Sweet vernal grass

XM94M9 Timothy

XM63G5 Avocado

XM1E00 Baker yeast

XM9S46 Carrot

XM1PN2 Celery

XM5TW0 Cocksfoot

XM9SJ1 Cocoa

XM9DZ5 Common pigweed

XM5V61 Common ragweed

XM3KE2 English plantain

XM40Y5 Garlic

XM4GX7 Goosefoot

XM1X29 Giant ragweed

XM45L6 Lentils

XM6798 Lettuce

XM0L96 Mugwort

XM7GY3 Mustard

XM8F26 Nettle

XM9KB5 Onion

XM56E2 Pea

XM9J59 Potato

XM3VS0 Rough pigweed

XM72E8 Sheep sorrel

XM3TW1 Soybean

XM72C5 Tomato

XM3LL8 Wall pellitory

XM42C5 Western ragweed

XM0GA2 White bean

XM9S45 Wormwood

XM60Q8 Almond

XM1304 American beech

XM5TH6 Arizona cypress

XM3ES3 Brazil nut

XM9GG3 Cedar elm

XM36B2 Coastal maple

XM6MF9 Coconut

XM9JG2 Cottonwood

XM2044 English walnut pollen

XM2EQ3 Cashew nut

XM7QD6 Grey alder

XM7L19 Hazelnut

XM4WW3 Italian cypress

XM3940 Japanese cedar

XM8QG1 Japanese cypress

XM9AZ7 Macadamia

XM0QL5 Mesquite

XM7G21 Mountain juniper

XM8K37 Paper mulberry

XM6Q82 Peanut

XM1QN3 Pecan or hickory tree

XM7833 Pine nut

XM2B46 Pistachio

XM34T8 Red maple

XM03B3 Red mulberry

XM1L09 Sesame seed

XM30J5 Silver birch

XM3DB3 Walnut

XM5VB3 Wattle

XM3ZG1 Western white pine

XM3DL1 White ash

XM3VX2 White birch

XM6V15 White hickory

XM5AD4 White mulberry

XM4YR5 Willow

XM8SV5 Red top grass

XM6SX5 Pacific squid

XM7AS2 Lemon

XM2YD2 Sunflower seed

XM2XV2 Chick pea

XM1FG7 Sweet gum

XM1A07 Gum-tree

XM0885 Cherry

Substance of human origin

Coded Elsewhere: Blood plasma (XM04N3)

XM0RZ0 Human seminal plasma

XM7FG4 Toluidine

XM7S87 Toluidine vapor

XM5NA2 Triorthocresyl phosphate

XM90U0 Triphenyl phosphate

XM3FJ3 Vinyl acetate

XM6A87 Vinyl bromide

Adhesive, not elsewhere classified

XM23X0 Epoxy resin, not elsewhere classified

XM9MV5 Butylglycidylether

Chemical compounds not elsewhere classified

XM87D3 Chromium sesquioxide

XM83G3 Borate buffer

XM1FY5 Cyclamate

XM7CN5 Saccharin

XM5567 Sodium propyl hydroxybenzoate

XM16M4 Sodium barbiturate

XM6DJ2 Iminostilbene

Chemicals used as process regulators

Includes: Accelerators, activators, oxidation agents, reducing agent

XM45E1 N-Cyclohexylbenzothiazyl sulphenamide

XM90X8 Dibenzothiazyl disulphide

XM2RH1 Dipentamethylenethiuram disulphide

XM3BY9 Tetramethylthiuram monosulphide

XM1A88 Morpholinylmercaptobenzothiazole

Cleaning agent, not elsewhere classified

XM0XA8 Detergent nonmedicinal, not elsewhere classified

XM7DD6 Disinfectant, not elsewhere classified

XM5151 Scouring powder, not elsewhere classified

XM8VR0 Shampoo, not elsewhere classified

XM8B44 Soap, not elsewhere classified

XM5FV8 Window cleaning fluid, not elsewhere classified

Food additives not elsewhere classified

XM6PY1 Paratertiary butylphenol

XM6000 6-Methylcoumarin

Organic compounds not elsewhere classified

XM2EK8 4,4’-Diaminodiphenyl methane

XM7N15 Hydroxyisohexyl 3-cyclohexene carboxaldehyde

XM2TV3 Farnesol

XM3MM6 Bisphenol A-glycidyl methacrylate

XM0BY4 2-Hydroxyethylmethacrylate

XM90H5 Diurethane dimethacrylate

XM49C3 Methyl methacrylate

XM58E5 Diethanolamine

XM0L39 Diethylenetriamine

XM2TA7 Hexamethylenetetramine

XM7QN7 Triethylenetetramine

XM1GH9 Bisphenol A

XM7AX9 Cresylglycidylether

XM1AH4 2-Bromo-2-nitropropane-1,3-diol

XM3TN8 Mercaptobenzothiazole

Coded Elsewhere: Mercaptobenzothiazole salts (XM7FY5)

XM2ZT3 Ethylhexyl methoxycinnamate

XM63U8 Octocrylene

XM3YZ8 Octyltriazone

XM8VV3 Aminoethylisothiourium

XM7W63 Sodium cacodylate (nonmedicinal)

XM6GU7 Butylated hydroxyanisole

XM2YA2 Coenzyme A

XM4S70 Cogalactoisomerase

XM1X04 Lactose (as excipient)

XM82Y6 Methylethyl cellulose

XM39E8 Pentane

Preservative nonmedicinal, not elsewhere classified

XM2RB2 Benzisothiazolinone

XM6XV7 Methylene-bis(methyloxazolidine)

XM88M1 DMDM hydantoin

XM8DV5 Methylchloroisothiazolinone and methylisothiazolinone (3:1)

XM87J0 Methylisothiazolinone

XM9NB7 Methyldibromo glutaronitrile and phenoxyethanol

XM04A1 Methyl parahydroxybenzoate

XM1CG8 Ethyl parahydroxybenzoate

XM0XV1 Propyl parahydroxybenzoate

XM38K5 Butyl parahydroxybenzoate

XM51H6 Diazolidinyl urea

XM5TQ9 Imidazolidinyl urea

XM0562 Fentichlor

XM6F66 Soldering fluid, not elsewhere classified

Substance eaten as food, nonbacterial, not elsewhere classified

XM44A4 Bone meal

XM77G6 Fungus eaten in food, not elsewhere classified

XM00E5 Claviceps purpurea

XM4L77 Noxious meat, non bacterial, not elsewhere classified

XM3825 Animal protein

Fowl or egg

XM9Y41 Chicken

XM4500 Chicken feather

XM66A9 Cockatiel droppings

XM9LW5 Cockatiel feather

XM9JZ2 Cockatiel serum

XM6AD6 Egg white

XM2E06 Whole egg

XM9CD1 Egg yolk

XM2PB2 Goose feather

XM3LH5 Duck feather

Fish or seafood

XM95M8 Fish

XM6BL6 Codfish

XM8Q65 Salmon

XM3QU9 Tuna

XM31E6 Halibut

XM8Y82 Sardine

XM64N8 Trout

XM5MB3 Crab

XM9JT3 Lobster

XM7E84 Shrimp

XM55Z4 Oyster

XM66P3 Octopus

Insect or arthropod

XM6ZC1 Blomia tropicalis

XM5AK3 American house dust mite

XM8BV4 Dermatophagoides pteronyssinus

XM99T8 Mite dust

XM0B91 Mosquito

XM95T4 Aedes

XM7VF0 Anopheles

XM0ZZ8 Culex

XM3WD1 Moth

XM0K01 Cockroach

XM27E1 American cockroach

Milk or dairy

XM8RU4 Milk

XM6RB2 Cow milk

XM4Y68 Goat milk

XM4JV9 Cheese

XM5GA5 Cheese cheddar type

XM3FK1 Cheese mold type

Synthetic fragrances not elsewhere classified

XM5T39 Ethylenediamine dihydrochloride

XM15W5 Varnish, not elsewhere classified

XM6MC4 Soot, not elsewhere classified

XM4VX8 Aromatic amine

XM6ZV1 Antiseptic, not elsewhere classified

XM60L2 Beta-naphthylamine

XM76S9 House dust

XM7XM0 Wheat dust

Diagnosis code descriptors

Discharge diagnosis types

XY0Y Main condition

Reason for encounter or admission after study at the end of the episode.

XY7B Main resource condition

XY6E Initial reason for encounter or admission

Diagnosis timing

XY6M Present on admission

XY69 Developed after admission

XY85 Uncertain timing of onset relative to admission

Diagnosis timing in relation to surgical procedure

XY9U Preoperative

XY9N Intraoperative

XY7V Postoperative

Diagnosis method of confirmation

XY3B Diagnosis confirmed by laboratory examination

XY0E Diagnosis confirmed by serology

XY9Q Diagnosis confirmed by histology

XY8K Diagnosis confirmed by genetics

XY9R Diagnosis confirmed by imaging

XY19 Diagnosis confirmed by microscopy

XY0K Diagnosis confirmed by culture

Diagnosis certainty

XY7Z Provisional diagnosis

XY75 Differential diagnosis

Obstetrical diagnosis timing

XY3K Delivered with or without mention of antepartum condition

XY8Q Delivered, with mention of postpartum condition

XY8U Antepartum condition or complication

XY9P Postpartum condition or complication

XY9S Unspecified as to episode of care, or not applicable

Encounter descriptors

XY18 Initial encounter

XY8S Subsequent encounter

Capacity or context

XX2QG9 Condition of the fetus and newborn reported in the context of the mother

This code is intended to flag that an additional code from the perinatal section is used to identify the outcome of delivery on the mother's record.

Biological sex

XX2V25 Female

XX2UQ8 Male

XX45B7 Intersex

XX2PX3 Biological sex not specified

Health Devices, Equipment and Supplies

Devices for administration, collecting and picking

Hematology and hemotransfusion devices

Cardiocirculatory devices

XD7FF9 Central venous catheters

XD4ZY0 Stethoscopes

XD8DB0 Stethoscopes, Binaural

XD04L8 Stethoscopes, MRI

Disinfectants, antiseptics and proteolytics for medical devices (D. Lgs. 46/97)

Dialysis devices

XD8V84 Dialysis filters

XD8DD4 Haemodialysis, hemofiltration, haemodiafiltration filters

XD2KJ5 Dialyzers - UHF < 18 ml/h/mmHg

XD2N29 Dialyzers - UHF < 18 ml/h/mmHg, cellulose membranes

XD6QR4 Dialyzers - UHF < 18 ml/h/mmHg, substituted cellulose membranes

XD5S48 Dialyzers - UHF < 18 ml/h/mmHg, synthetic membranes

XD2DL2 Dialyzers - UHF < 18 ml/h/mmHg - others

XD4WX5 Dialyzers - UHF = 18 - 35 ml/h/mmHg

XD9RP1 Dialyzers - UHF = 18 - 35 ml/h/mmHg, cellulose membranes

XD0XB0 Dialyzers - UHF = 18 - 35 ml/h/mmHg, substituted cellulose membranes

XD2KD5 Dialyzers - UHF = 18 - 35 ml/h/mmHg, synthetic membranes

XD7ZP1 Dialyzers - UHF = 18 - 35 ml/h/mmHg - others

XD1904 Dialyzers - UHF > 35 ml/h/mmHg

XD2T66 Dialyzers - UHF > 35 ml/h/mmHg, cellulose membranes

XD4S95 Dialyzers - UHF > 35 ml/h/mmHg, substituted cellulose membranes

XD4379 Dialyzers - UHF > 35 ml/h/mmHg, synthetic membranes

XD8UZ1 Dialyzers - UHF > 35 ml/h/mmHg - others

XD8VS0 Dialyzers for special hemodiafiltration and other therapies

XD1V74 Hemoperfusion filters

XD27T5 Hemoperfusion carbon filters

XD2RV2 Hemoperfusion resin filters

XD9GN2 Hemoperfusion filters - others

XD5TA3 Absorption filters and columns

XD8NE7 Immunoabsorption filters and columns

XD0TG6 Immunoabsorption filters

XD6RX5 Immunoabsorption columns

XD3RD1 Endotoxin removal filters and columns

XD5SV0 Endotoxin removal filters

XD6KC0 Endotoxin removal columns

XD5DX9 Haemodialysis filters - others

XD6F86 Dialysis lines

XD12J0 Dialysis lines - haemodialysis-haemofiltration-haemodiafiltration

XD5BR1 Artero-venous dialysis lines, one needle

XD0B51 Artero-venous dialysis lines, two needles

XD5ED6 Reinfusion dialysis lines

XD8QE4 Artero-venous dialysis lines - accessories

XD0270 Artero-venous dialysis lines - others

XD65W3 Peritoneal dialysis lines

XD51F1 Permanent peritoneal dialysis lines

XD65K8 Permanent peritoneal dialysis lines, one bag (CAPD)

XD6QD1 Permanent peritoneal dialysis lines, two bags (CAPD)

XD0DE3 Permanent peritoneal dialysis lines - others

XD8H28 Temporary peritoneal dialysis lines

XD6606 Temporary peritoneal dialysis lines, gravimetric (APD)

XD89M1 Temporary peritoneal dialysis lines, with pump (APD)

XD2M70 Temporary peritoneal dialysis lines - others

XD4SJ0 Peritoneal dialysis lines - accessories

XD2WX9 Peritoneal dialysis lines - others

XD0ZQ3 Dialysis lines - others

XD83M2 Dialysis sets

XD0KV9 Haemofiltration-haemodiafiltration sets

XD0R67 Biofiltration sets

XD6TC6 Haemodialysis sets

XD80S8 Dialysis, washing/filling sets

XD2QE7 Hemoperfusion sets

XD7QD7 Continuous dialysis sets

XD5KR3 Ultrafiltration sets

XD9Z50 Dialysis sets - others

XD5C20 Dialysates

XD62N1 Dialysates, acid solutions

XD3V66 Dialysates, acid solutions, non-sterile

XD1KF2 Dialysates, acid solutions, sterile

XD0UL9 Dialysates, basic solutions

XD2JY9 Dialysates, basic solutions, powder

XD5240 Dialysates, basic solutions, liquid

XD6LX2 Dialysates, without acetate buffer

XD9594 Dialysates, without acetate buffer - AFB

XD6W13 Dialysates, without acetate buffer - other treatments

XD7157 Dialysis procedures, salts

XD67E6 Dialysates - others

XD8VC9 Dialysis devices - various

XD18U5 Peritoneal dialysis devices (not in other groups)

XD7RE0 Peritoneal dialysis, catheters

XD47T0 Peritoneal dialysis - others

XD8689 Vascular access devices (only for haemodialysis)

XD9YY6 Temporary haemodialysis, catheters

XD3AU4 Permanent haemodialysis, catheters

XD3297 Vascular access devices (only for haemodialysis) - others

XD2EM7 Dialysis, adaptors

XD8Q72 Haemodialysis, adaptors

XD39M3 Peritoneal dialysis, adaptors

XD25C5 Dialysate tanks, collection and reinfusion

XD6LH4 Dialysate tanks, collection

XD6MC0 Haemodialysate tanks, collection

XD22A9 Peritoneal dialysate tanks, collection

XD1ZR7 Dialysate tanks, reinfusion

XD8A37 Extracorporeal dialysis devices

XD9KW0 Dialysis devices - other accessories

XD46Z0 Dialysis devices - others

Gastrointestinal devices

XD53A5 Naso-gastric tube

Suture devices

Active-implantable devices

Endotherapy and electrosurgical devices

Reusable surgical instruments

Devices for generic and specialistic medication

Devices for nervous and medullary systems

Implantable prosthetic devices and osteosynthesis devices

Dental, ophthalmologic and ear, nose and throat devices

Respiratory and anaesthesia devices

XD9246 Nasopharyngeal tubes

XD2M69 Airway guedel tubes

XD78N3 Laryngeal masks

XD0T92 Endotracheal tubes, without cuff

XD37X2 Endotracheal tubes, with cuff

XD3UM6 Endotracheal tubes - accessories

XD2MG6 Tracheolaryngostomy cannulas and kits, with cuff

XD7EB1 Bipap/CPAP circuits

XD5GF6 Respiratory masks and balloons, single-use and reusable

XD3W67 Air/oxygen masks and nasal cannulas

XD0VQ3 Air/oxygen masks

XD5RM4 Venturi masks

XD61Z5 Air/oxygen nasal cannulas

XD5AL4 Oxygen administration tubings

XD51T0 Hand-operated ventilation balloons

XD9AF0 Ventilation filters, antibacterial and antiviral, moisturizer

XD35D5 Respiratory suction, probes and systems

XD76M0 Humidifying systems, oxygen administration

Sterilization devices

Protection devices and incontinence aids (D. Lgs. 46/97)

XD3ZH8 Examination / treatment gloves, nitrile

XD3LV8 Surgical drapes

XD4E80 Surgical gowns, standard

XD9LJ2 Standard surgical face masks

Medical devices, urogenital apparatus

XD1ZP3 Urological catheters, self-retained

Medical devices - various

XD2AJ4 Electronic thermometers and end caps

XD97L1 Clinical trays and bowls

In vitro diagnostic devices (D. Lgs. 332/2000)

XD5GV0 C-REACTIVE PROTEIN

XD9YL7 Transport media

XD9S44 Coronavirus-NA Reagents

XD9N16 Coronavirus (diagnostic)

XD7M68 Other Virology - RT & POC

XD1C76 Reagents for DNA and/or RNA extraction and preparation : bacteria and/or virus

XD6EG0 Blood gas portable analysers

XD80L4 Samples transport containers - other

Supports or technical aids for disabled persons

Medical equipment and related accessories and materials

XD6EX8 Ultrasound Scanners

XD89G9 Ultrasound Scanners, Mobile

XD7FU9 Ultrasound Scanners, Portable

XD4T57 Ultrasound Scanners, Hand-held

XD8DR8 Bulk steam sterilizing units

XD0U91 Laryngoscopes

XD3JX1 Videolaryngoscopes

XD7EC8 Continuous positive airway pressure units (CPAP)

XD60Z6 Transportable ventilators

XD3SM4 Intensive care ventilators

XD4KU3 Portable multi-parameter patient monitors

XD66D8 Pulse Oximeters

XD8QN4 Pulse Oximeters, Tabletop

XD4U89 Pulse Oximeters, Hand-held

XD5QV8 Pulse Oximeters, Spot-check

XD8QY1 Infusion Pumps

XD4CT3 Infusion Pumps, Volumetric

XD52M6 Infusion Pumps, Volumetric, Nuclear Magnetic Resonance

XD8DH3 Infusion Pumps, Enteral nutrition

XD36Q1 Infusion Pumps, Syringe

XD1N14 Infusion Pumps, Syringe, Nuclear Magnetic Resonance

XD80Z7 Medical/medicinal gas systems and relative accessories

XD4U38 General purpose electrocardiographs

XD6UU3 Oxygen Concentrators