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| Mapping Personnel Handbook  Principles and standards | | |
| Linking SNOMED CT® Concepts to ICD-10 | | |
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# 1 Purpose

The purpose of this document is to describe the fundamental and specific editorial principles which are applied to the development and maintenance of the International Health Terminology Standards Development Organization (IHTSDO) SNOMED CT® to ICD-10 MAP.

# 2 Audience

The intended audience is map personnel who are tasked with the production of high quality consistent and reproducible MAPS from SNOMED CT® to ICD-10.

# 3 Scope

SNOMED CT® is a comprehensive clinical healthcare terminology which provides a large list of clinically rich descriptions for use by healthcare professionals. It is necessarily more detailed than ICD-10 and understandably not every concept in SNOMED CT can or should be represented in ICD-10. The MAP is a tabular knowledge based cross-link *from* the source SNOMED CT *to* the target ICD-10.

This document will reference the data sets, algorithms, and intellectual products of the SNOMED CT to ICD-10 map as the MAP.

# 4 Source domains

All concepts within the following SNOMED CT® hierarchies may be considered for mapping:

* 404684003 Clinical findings (disorders and findings)
* 272379006 Events
* 243796009 Situations with explicit context (excluding 129125009 Procedure with explicit context, and its descendants).

All chapters of ICD-10 are considered within scope of this MAP. The codes found in the reference table ‘Morphology of Neoplasms’ are excluded from this MAP.

# 5 Methodology

Briefly, the methodology employed for construction of the MAP involves:

* Evaluation of the SNOMED CT® concept and its defining relationships in order to understand the clinical meaning of the concept
* Location of the best place in ICD-10 which reflects the clinical meaning of the concept
* Identification of a default target code or metadata ensuring application of ICD-10 rules and conventions
* Consideration of ICD-10 Alphabetical Index essential modifiers and Tabular List exclusion notes for the creation of valid exclusion rules
* Construction of the MAP within the IHTSDO mapping tool.

# 6 Principles

It is crucial for the production of accurate, consistent and reproducible MAPS that the principles outlined within this document are followed.

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| **Principle Number** | **01** |
| **Title** | **Mapping of High Level Concepts** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | Where a source concept has more than 10 descendants the mapping specialist will create a record for the appropriate default target code or metadata. It is not necessary to add the map advice DESCENDANTS NOT EXHAUSTIVELY MAPPED since this advice is added at the time batches are created to concepts having more than 10 descendants. |
| **Example** | **87433001 Pulmonary emphysema** |
| **Reference** | Technical specification document |

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| **Principle Number** | **02** |
| **Title** | **Mapping of Low Level Concepts** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | Where a source concept has 10 or fewer descendants the mapping specialist will evaluate and map each descendant to a relevant target code or metadata ensuring assignment of map advice where appropriate. |
| Examples | 254570009 Carcinoma of duodenum (disorder)  In this first example the source concept has only one descendant.  The default rule (ELSE) has a target code of C17.0 and the advice POSSIBLE REQUIREMENT FOR MORPHOLOGY CODE has been added.  For the descendant, 254609000 Carcinoma of ampulla of Vater, the IF A rule has a target of C24.1 and the advice POSSIBLE REQUIREMENT FOR MORPHOLOGY CODE has been added here as this is also appropriate to this target code.  283545005 Gunshot-wound  In this second example the IF A rule and the default ELSE rule has a target of T14.1 also a second group has been added with the appropriate external cause code W34. |

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| **Principle Number** | **03** |
| **Title** | **POSSIBLE REQUIREMENT TO IDENTIFY PLACE OF OCCURRENCE** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | For codes **W00-Y34** ICD-10 provides characters to identify the place of occurrence of the external causes, where relevant. These are added as a fourth character to Chapter XX codes to record where the incident happened, with the exceptions of Neglect and abandonment (Y06), Other maltreatment (Y07), and Legal intervention and Operations of war (Y35, Y36), which already have a fourth character:  **0 Home**  **1 Residential institution**  **2 School, other institution and public administrative area**  **3 Sports and athletics area**  **4 Street and highway**  **5 Trade and service area**  **6 Industrial and construction area**  **7 Farm**  **8 Other specified places**  **9 Unspecified place**  Fourth character place of occurrence codes are not added to the Map but instead the Mapping Specialist selects Map POSSIBLE REQUIREMENT TO IDENTIFY PLACE OF OCCURRENCE.  Note: The following codes also do not use the Place of Occurrence code, having their own fourth character to be used instead: Transport accidents (V01-V99) | |
| **Example** | **218164000 Accident-caused-by-electric-current** | |
| **Reference** | <http://apps.who.int/classifications/apps/icd/icd10training/> | |

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| **Principle Number** | **04** |
| **Title** | **MAPPED FOLLOWING WHO GUIDANCE** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | The map advice MAPPED FOLLOWING WHO GUIDANCE is utilized when assigning an ICD-10 target code based on conventions and assumptions in WHO guidance. |
| **Example(s)** | 1. **71642004 Fracture of skull**   The use of the supplementary fifth character 0 closed, or 1 open, to indicate whether a fracture is open or closed. WHO guidance is that if a fracture is not indicated as closed or open then it should be classified as closed. The map advice MAPPED FOLLOWING WHO GUIDANCE is required.   1. **127296001 Intracranial injury**   The use of the supplementary fifth character 0 without open intracranial wound, or 1 with open intracranial wound, to indicate whether an intracranial injury is open or closed. WHO guidance is that if an intracranial injury is not indicated as closed or open then it should be classified as closed. The map advice MAPPED FOLLOWING WHO GUIDANCE is required.   1. **Acquired v Congenital target codes**   For certain conditions the ICD-10 index defaults to the acquired or congenital classification code for the unspecified (not modified or qualified) term. Considering first the meaning of the SNOMED CT concept, if the target code is assigned based on the index entry as either acquired or congenital indicating there is an assumption on the part of ICD-10, then the map advice MAPPED FOLLOWING WHO GUIDANCE is required.  **Example:**  **122481008 Hammer toe (disorder)**  SNOMED CT does not define hammer toe as an acquired disorder. In the ICD10 alphabetical index there is a default to a code for the acquired condition therefore this code has been selected for the map:  Hammer toe NEC (acquired) M20.4  - congenital Q66.8 |
| **Reference** |  |

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| **Principle Number** | **05** |
| **Title** | **POSSIBLE REQUIREMENT FOR MORPHOLOGY CODE** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | All source concepts representing neoplastic disorders will be mapped. Morphology mapping with ICD-O is out of scope for the MAP. An advice note will be recorded by the Mapping Specialist to denote a morphology code may be required for completeness. |
| **Example** | **93725000: Primary malignant neoplasm of bone (disorder)** |
| **Reference** | ICD-10 Volume 2 page13- 2.4.1 Morphology of neoplasms. The morphology of neoplasms (pp.1177-1204) may be used if desired, as an additional code to classify the morphological type for neoplasms. |

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| **Principle Number** | **06** |
| **Title** | **USE AS PRIMARY CODE ONLY IF SITE OF BURN UNSPECIFIED, OTHERWISE USE AS A SUPPLEMENTARY CODE WITH CATEGORIES T20-T29 (BURNS)** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | Codes in categories **T31 Burns classified according to extent of body surface involved** and **T32 Corrosions classified according to extent of body surface involved** capture information about the percentage of body surface that has been burned or corroded, but codes in these categories should only be used as the main condition if the specific site of the burn is unknown. However, they can be used as an additional code to add more detail to a diagnosis.  The Mapping Specialist selects USE AS PRIMARY CODE ONLY IF SITE OF BURN UNSPECIFIED, OTHERWISE USE AS A SUPPLEMENTARY CODE WITH CATEGORIES T20-T29 (BURNS) map advice when mapping SNOMED concepts to codes in these categories. |
| **Example** |  |
| **Reference** | <http://apps.who.int/classifications/apps/icd/icd10training/ICD-10%20training/Start/index.html> |

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| **Principle Number** | **07** |
| **Title** | **THIS IS AN EXTERNAL CAUSE CODE FOR USE IN A SECONDARY POSITION** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | An external cause code from Chapter XX is used with a code from another chapter, to add to the detail captured by the diagnosis code by giving the reason for the condition, especially in situations where the diagnosis code specifies to “use additional external cause code.”  The external cause code should always be sequenced AFTER the disease chapter code in a secondary position. An exception to this rule is when a SNOMED Concept is described as an event and maps to an external cause code. In this instance the map advice THIS IS AN EXTERNAL CAUSE CODE TO USE IN A SECONDARY POSITION should be added to identify the need to record a diagnosis code and sequencing rules apply. |
| **Example** | **218164000 Accident-caused-by-electric-current** |
| **Reference** | <http://apps.who.int/classifications/apps/icd/icd10training/ICD-10%20training/Start/index.html> |

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| **Principle Number** | **08** |
| **Title** | **POSSIBLE REQUIREMENT FOR CAUSATIVE AGENT CODE** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | The map advice of POSSIBLE REQUIREMENT FOR CAUSATIVE DISEASE CODE has been changed to POSSIBLE REQUIREMENT FOR CAUSATIVE *AGENT* CODE.  Use this map advice when the SNOMED concept maps to an ICD-10 code that has the following Tabular instructions:   * Use additional code, if desired, to identify infectious agent or disease * Use additional code (B95-B97), if desired, to identify infectious agent * Use additional code (B95-B96), if desired, to identify bacterial agent |
| **Example** | **190959006 Hemophagocytic syndrome, infection-associated (disorder)**  ICD-10 code: *D76.2, Hemophagocytic syndrome, infection-associated*    Choose POSSIBLE REQUIREMENT FOR CAUSATIVE AGENT CODE from the Map Advice Selection Box. |
| **Reference** | MST Meeting Minutes 8/3/2012 |

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| **Principle Number** | **09** *(see also Principles 01 and 02)* |
| **Title** | **DESCENDANTS NOT EXHAUSTIVELY MAPPED** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | If a source concept has more than 10 descendants, the map specialist will construct a map with a default target only. This will be considered a high level concept.  If a source concept has 10 or less descendants, the mapping specialist will construct maps for each of those descendants and this will be considered a low level concept.  NC map category cases should not have any other map advice values except “DESCENDANTS NOT EXHAUSTIVELY  MAPPED” or “MAP IS CONTEXT DEPENDENT FOR GENDER” |
| **Example(s)** | 1. **73211009 Diabetes mellitus (disorder)**   For a source concept with more than 10 descendants:  In the project explorer panel select the concept **73211009 Diabetes mellitus (disorder)** with a double click. The concept is populated in the central mapping panel. Click on the ‘Concepts’ tab and there are clearly more than 10 descendants:    Highlight ‘Diabetes mellitus’ at the top level and then return to the ‘Rules’ tab.  Following analysis of the concept the conclusion is that there is no discrepancy between the FSN and the super types and attributes, and no discordance between the meaning of the concept and the attached synonymous descriptions.  The mapping process continues in order to identify the default target only, for this high level concept.  The lead term for this search will be ‘diabetes’ and the next task is to locate the lead term in the index and identify if the concept is represented with or without modifiers (non-essential or essential).    The index entry for diabetes has a non-essential modifier of ‘mellitus’. Note that the default ICD-10 target code is given at three-character level **‘E14.-’**. Review and consider the ICD-10 Tabular list notes, inclusions and exclusions at **E14.-**.  In this case none of the notes change the selection of a target code from E14.-. As the concept has no clinical meaning beyond the fact that this is diabetes mellitus, the correct fourth-character to select is ‘without complication’.  Highlight ‘Group 1’ in the mapping panel and then click the  icon to add a ‘TRUE’ rule to group 1.  Drag and drop E14.9 from the ICD-10 Tree View in to the Target Class field. Note that the mapping panel view has changed to show the default mapping.  Final view of this mapped concept is as follows:     1. **25730006 Stricture of rectum (disorder)**   After analysis of the concept, identification of lead term/terms, locating target codes for the concept and each of the descendants, the default target code is added (see last example). The target codes for the descendants can be added by switching to the ‘Concepts’ tab. Select the target code for each from the ICD-10 Tree View and drag and drop the code on to the axis and output section:    Final ‘Rules’ tab view of this mapped concept is as follows:    Note that the ‘TRUE’ rule has now changed to ‘ELSE’. The ‘True’ or ‘Else’ rule is always the final default rule in a map group. |
| **Reference** | See page 27-30 of *User Guidance: Stand-Alone Mapping Tool* at  <https://csfe.aceworkspace.net/sf/docman/do/downloadDocument/projects.mapping_service_team/docman.root.documentation.education_and_training/doc6264> |

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| **Principle Number** | **10** |
| **Title** | **FIFTH CHARACTER REQUIRED TO FURTHER SPECIFY THE SITE** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | In certain circumstances, for a site-specific SNOMED concept, mapping can be completed to the 4th digit by the Mapping Specialist. To complete the code with a 5th digit requires additional clinical information. In these cases, it is more useful to allow the user who has access to the clinical information to assign the 5th digit rather than the Mapping Specialist assigning either the **.8 Other** or .**9 Site unspecified**. See Example 1 and 2 below.  However, this must not be confused with the more usual scenario where a concept that is general and does not specify the site maps to a target code in ICD-10 Chapter XIII (M that is not site-specific and requires a 5th character, and therefore it is correct to add the 5th digit **.9 Site unspecified.** See Example 3. |
| **Example** | 1. |**45939007 Leg length inequality (finding)|**     The site information ‘limb’ is all that can be captured in the target 4 character ICD-10 code **M21.7 Unequal limb length (acquired).** However, if it is known which specific leg part is unequal then the user can assign the specific 5th character site code. Thus, the advice FIFTH CHARACTER REQUIRED TO FURTHER SPECIFY THE SITE would be applied.   1. **309774006 weakness of limb**     Additional information about the site of ‘limb’ should be present in the clinical record, therefore the map Specialist should map to the fourth character and add the map advice FIFTH CHARACTER REQUIRED TO FURTHER SPECIFY THE SITE for the user to add a fifth character to **M62.8 Other specified disorders of muscle**.   1. **425852005 fracture malunion (disorder)**   A 5th digit **.9 Site unspecified** is required and no 5th digit map advice is necessary since the site of the fracture malunion is not defined in the SNOMED CT concept and ICD-10 includes a code for this disorder. |
| **Reference** | Mapping Service Team Meeting Minutes, 6th September 2012 , 27th September 2012 |

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| **Principle Number** | **11** |
| **Title** | **THIS CODE IS NOT TO BE USED IN THE PRIMARY POSITION** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | The map advice of THIS CODE IS NOT TO BE USED IN THE PRIMARY POSITION is to be added when the SNOMED concept maps to an ICD-10 code that would only be used in a secondary position. This circumstance is different from the current advice THIS IS AN EXTERNAL CAUSE CODE FOR USE IN A SECONDARY POSITION. |
| **Example** | **169826009: Single live birth (finding)**  ICD-10 code: Z37.0, Single live birth |
| **Reference** | ICD 10 2010 Volume 1 note at Z37.- |

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| **Principle Number** | **012** |
| **Title** | **MAP IS CONTEXT DEPENDENT FOR GENDER** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | If the source concept does not assert gender yet only gender restricted target codes are found within ICD-10, the map will be considered context dependent.  The Mapping Specialist selects the gender in the Map Rule to add each gender separately. It is not necessary to add the map advice MAP IS CONTEXT DEPENDENT FOR GENDER since this advice is added automatically during QA checks  NC map category cases should not have any other map advice values except “DESCENDANTS NOT EXHAUSTIVELY  MAPPED” or “MAP IS CONTEXT DEPENDENT FOR GENDER” |
| **Example** | 410070006 Herniated urinary bladder (disorder) |
| **Reference** | ICD-10 Alphabetical Index |

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| **Principle Number** | **013** |
| **Title** | **POSSIBLE REQUIREMENT FOR ADDITIONAL CODE TO FULLY DESCRIBE DISEASE OR CONDITION** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | The map advice of POSSIBLE REQUIREMENT FOR ADDITIONAL CODE TO FULLY DESCRIBE DISEASE OR CONDITION is to be added as a map advice.  Use this map advice when the SNOMED concept maps to an ICD-10 code that has the Tabular instruction to “Use additional code, if desired, to identify…..”  Note: There is separate advice for requirement to add an external cause code *(see Principle 0007)* and requirement for causative agent *(see Principle 0008).* |
| **Example** | **46177005 end stage renal disease**  ICD-10 code: N18.- Chronic kidney disease  **ICD-10 Tabular list:** |

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| **Principle Number** | **014** |
| **Title** | **HOW TO MAP PARTIALLY DEFINED SNOMED CT CONCEPTS** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | A SNOMED concept that is not fully defined by its SNOMED relationships, must be fully mapped to the definition in the Fully Specified Name and referred for re-defining to ensure the MAP is Understandable, Useful & Reproducible.  •Tick the check box in the Notes section of the Mapping Tool for *Flag for Map Lead*.  •In the Notes section, type the following standard phrase (the search will be on the words “Incomplete definition” – so please type carefully):  **Incomplete definition; modeling does not fully express its meaning.**  *Document which part of the definition is missing.*  Following the partial map principle the SNOMED CT concept ID **191802004 Acute Alcoholic Intoxication in Alcoholism**, in the example below, is not fully defined as alcoholism and is only defined as alcohol intoxication but the Map Specialist must fully code to the meaning expressed in the Fully Specified Name and flag for Map Lead using the standard phrase, *noting down which part of the definition is missing.* Therefore the map is two ICD-10 codes following WHO ICD-10 guidance for coding acute-on-chronic conditions (F10.0 and F10.2). |
| **Example** | **191802004 acute-alcoholic-intoxication-in-alcoholism** |
| **Reference** | CliniClue Xplore:SctIntl-20120731 |

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| **Principle Number** | **015** |
| **Title** | **ACTIVITY CODE** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | The Mapping Service Team will not map SNOMED CT concepts to the supplementary Activity code and will not be providing guidance related to or including the Activity code.  Assignment of the Activity code is based on country –specific rules with each region either not adopting the code (for example, in the UK) or following local conventions. |
| **Example** |  |
| **Reference** | ICD-10 (2008) Online Training |

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| **Principle Number** | **016** |
| **Title** | **MAPPING CONTEXT: ACQUIRED VERSUS CONGENITAL** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | A source concept which identifies origination as a congenital or acquired condition will be mapped to a target of congenital or acquired classification should one exist.  If a source concept is general (i.e. does not specify congenital or acquired) the ICD-10 index will be searched for guidance of a default Map member, either "congenital" or "acquired". When a default is provided, this context will be employed to create one appropriate map adding map advice MAPPED FOLLOWING WHO GUIDANCE.  When the source concept is general and no default is provided in the ICD-10 index, the map specialist will create map rules relevant for all appropriate targets of congenital and acquired or else “not classifiable” when context information is not available. This is a very rare scenario as ICD-10 almost always provides a default ICD-10 code in the alphabetical index. |
| **Example(s)** | **236449008 Unilateral-small-kidney-with-contralateral-hypertrophy**  In SNOMED CT this concept is defined as a unilateral small kidney with no further detail. Unilateral small kidney only has an ICD-10 code for the acquired condition; contralateral hypertrophy has a default code of the acquired condition in the ICD-10 index.  Small(ness)  - kidney (unknown cause) N27.9  -- unilateral N27.0  **Hypertrophy, hypertrophic**  –  kidney (compensatory) N28.8  –  –  congenital Q63.3 |
| **Reference** | Mapping SNOMED CT to ICD-10 Technical Specifications, 11.5 Mapping Context: Acquired versus Congenital |

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| **Principle Number** | **017** |
| **Title** | **JUDGMENTAL ASSIGNMENT OF THE TARGET ICD-10 CODE** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | If the clinical finding, event, or situation represented by the SNOMED CT concept cannot be located in the ICD-10 Index, Volume 2, then a judgmental assignment of a code(s) must be made. The mapping specialist uses experience, logic, reason, precedent and research to form an opinion allowing a decision to be reached about which is the most appropriate ICD-10 code to assign as the target map. |
| **Example** | How to Map ‘Judgmental’ codes:  1 Check all guidance, analyze the index and use all other resources and if a code is not explicitly stated then a subjective judgment is required.  2 if there is a debate as to the correct code then flag up in the Notes section that a “judgmental assignment” has been made with **all the supporting evidence and references included as Notes**, and check the “Flag for Map Lead” tick box. |

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| **Principle Number** | **018** |
| **Title** | **USE WHO GUIDANCE, NOT COUNTRY-SPECIFIC** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | Mapping is to be performed according to WHO guidelines, even if those guidelines differ from country-specific guidelines. WHO guidelines have the ultimate authority in the outcome of codes. |
| **Example** | In the United Kingdom, tobacco use of any amount is coded to *F17.1, Mental and behavioral disorders due to use of tobacco, harmful use*. However, the WHO index clearly leads to code Z72.0.    For these types of scenarios, WHO indexing will be followed, not country-specific guidelines or norms. |

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| **Principle Number** | **019** |
| **Title** | **ALLERGIES AND SENSITIVITIES** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | This is considered a propensity to rather than an acute allergic reaction. Map to personal history of allergy. |
| **Example(s)** | 91930004 Allergy to eggs (disorder) |
| **Reference** | Agreed at consensus management panel |

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| **Principle Number** | **020** |
| **Title** | **WHO GUIDANCE FOR MAPPING TO FOURTH CHARACTER ONLY AND NOT FIFTH CHARACTER FOR SITE SPECIFIC TARGET ICD-10 CODES** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | In ICD-10 Chapter XIII (‘M’) 5th characters are provided to add specificity to the 'site' of a particular condition. The wording at the beginning of Chapter XIII states that they are to be used "With appropriate categories".  ICD-10 categories such as **M70.2 Olecranon bursitis** and **M88.0 Paget's disease of skull** do not require the addition of a 5th digit site code as they are site specific at the 4th character code, i.e. the site information is already captured in the 4 character code.  The map advice MAPPED FOLLOWING WHO GUIDANCE is unnecessary. |
| **Example** |  |
| **Reference** | WHO guidance see Appendix I for copy of email |

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| **Principle Number** | **021** |
| **Title** | **Advice required for poisoning external cause codes** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | The WHO says to assume that a poisoning is accidental when intent is not specified. Two Map advices are required on an external cause code in a second group for a poisoning assumed to be accidental:  MAPPED FOLLOWING WHO GUIDANCE  POSSIBLE REQUIREMENT TO IDENTIFY PLACE OF OCCURRENCE |
| **Example** | **446337009 Poisoning by hydrogen peroxide** |
| **Reference** | Mapping Service Team Meeting Minutes 20 November 2012 |
| **Principle Number** | **022** |
| **Title** | **Mapping perinatal conditions, including fetal death, due to maternal factors** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | When mapping a concept which describes a fetus or newborn that has been affected by a maternal condition, including when this condition results in the death of the fetus or newborn, two codes are required– one for the effect on the fetus or newborn and the other code from ICD-10 block P00–P04 to show the cause.  In ICD-10 the block P00–P04 is for **Fetus and newborn affected by maternal factors and by complications of pregnancy, labor and delivery** and the conditions in this block are the mother’s conditions which are used to show that a problem the mother may have had prior to pregnancy or a problem the mother incurred during the pregnancy, labor or delivery had an effect on the fetus or newborn. |
| **Example** |  |
| **Reference** | <http://apps.who.int/classifications/apps/icd/icd10training/>  See appendix 2 for further information. |

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| **Principle Number** | **023** |
| **Title** | **POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle** | An external cause code from Chapter XX is used in combination with a code from another chapter to add information, especially if the code instructs you to add such an additional code. The external cause code should always be sequenced AFTER the disease chapter code.  An external cause code from **Chapter XX External causes of morbidity and mortality V01-Y98** is designed for the classification of:  • external events and circumstances which are the cause of injury (includes transport accidents)  • poisoning  • other adverse effects  If a map specialist assigns an ICD-10 code which requires an external cause code to provide the reason why it happened, and the information is not available in the description for the concept to be mapped (for example, to classify the circumstances of an injury) then the map specialist must add the following map advice:  POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE |
| **Example** | **449626004 Injury of blood vessel of upper arm** |
| **Reference** | WHO ICD-10 (2010) Online Training  <http://apps.who.int/classifications/apps/icd/icd10training/> |

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| **Principle Number** | **024** |
| **Title** | **MAPPING CONTEXT: AGE OF ONSET** |
| **Date of Origination** | 23 January 2013 |
| **Date of Revision** |  |
| **Principle**  **Example(s)** | No Map Rule restrictions for age will be applied in cases where there is a properly classified ICD-10 Map target.  Examples:   * “Juvenile arthritis” 239796000 will not be flagged for age context. “Juvenile arthritis” 239796000 maps to M08.99, Juvenile arthritis, unspecified. * “Juvenile glaucoma” 71111008 will not be flagged for age context. “Juvenile glaucoma” maps to H40.9 Glaucoma, unspecified.  1. Map Rules for age will not be applied to main SNOMED CT concepts that are high-level (greater than 10 descendants) and have a default code in the ICD-10 alphabetical index.   The exception would be for those conditions in ICD-10 that include a decisive age range to be considered even before applying a target ICD-10 code at default level, for example, by adding a current age rule for bronchitis (*see principle 0025)*.  **450376009 Hemorrhage of intracranial meningeal space (disorder)** has greater than 10 descendants and has a default target code in the ICD-10 index; therefore no age rule is required for perinatal age of onset which is listed as a modifier under the lead term in the ICD-10 alphabetical index. |
|  | 1. For those main SNOMED CT concepts that are low-level (less than 10 descendants) a condition related to age of onset may be included in SNOMED CT as a descendant.   If an appropriate age-related condition **is** included as a descendant, a map rule showing that the mapping of the parent concept is dependent on age of onset is not required.  If an age-related condition is **not** listed as a descendant, then a map rule showing the mapping of the main concept is dependent on age of onset is required.  **447045002 Abscess of paraumbilical region (disorder)** has no descendant describing a perinatal age of onset.  3 The Map Rule for age context should be placed just above the ELSE rule.   1. Definitions for common phases of life will be employed when SNOMED CT or ICD-10 employ descriptive terms. See Appendix 3 for guidance on age ranges. |
| **Reference** | Mapping SNOMED CT to ICD-10 Technical Specifications Version 2.0, 11.4 Mapping Context: Patient Age at Onset |

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| **Principle Number** | **025** |
| **Title** | **CURRENT PATIENT AGE** |
| **Date of Revision** |  |
| **Date of Origination** | 23 January 2013 |
| **Principle** | The addition of a map rule of ‘Current patient age’ allows identification in SNOMED CT that mapping to the ICD-10 target code is based on the actual chronological age of the patient. |
| **Example** | **32398004 Bronchitis (disorder)**  Bronchitis is a high level term in SNOMED CT with more than 10 descendants but has a decisive age range in the ICD-10 alphabetical index of “15 years and above” to be considered before applying a target ICD-10 code at default level.  ICD-10 alphabetical index entry for Bronchitis:  **Bronchitis** (diffuse) (fibrinous) (hypostatic) (infective) (membranous) (with tracheitis) (15 years of age and above) J40 |
| **Reference** | MST Minutes 09/11/2012 |

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| **Principle Number** | **026** |
| **Title** | **MAPPED FOLLOWING IHTSDO GUIDANCE** |
| **Date of Origination** | 5 March 2013 |
| **Date of Revision** |  |
| **Principle** | When mapping a SNOMED CT concept, if the SNOMED Tree View represents a different meaning to ICD 10, the map advice ‘MAPPED FOLLOWING IHTSDO GUIDANCE’ should be assigned. This is because the map specialist will assign a target code based on the information given within the SNOMED Tree View. In the given example, SNOMED CT defines a villous adenoma as a benign neoplasm but ICD-10 classifies it as a neoplasm of uncertain behavior. |
| **Example** | **312823001 Villous adenoma of rectum** |
| **Reference** |  |

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| **Principle Number** | **027** |
| **Title** | **SEQUENCING OF POISONING CODES** |
| **Date of Origination** | 11 July 2013 |
| **Date of Revision** |  |
| **Principle** | WHO does not give direct guidance on sequencing of poisoning codes, manifestations, and external causes. Each country has its own method. Because external cause codes are optional, their position will be last. So, the Mapping Service Team will map the poisoning code first, any manifestation [if known], and lastly the external cause code. |
| **Example** | **59686008: Metabolic acidosis due to ethylene glycol (disorder)** |
| **Reference** |  |

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| **Principle Number** | **028** |
| **Title** | **OPEN WOUNDS ACCOMPANYING OTHER INJURIES** |
| **Date of Origination** | 2 August 2013 |
| **Date of Revision** |  |
| **Principle** | WHO handles open wounds that may accompany injuries in various ways. The index trail may lead to one code only, or the mapping specialist may need to use the index to find two separate codes to appropriately describe a concept. |
| **Example #1**  **Open dislocations** | **11920000 |Open dislocation of elbow (disorder)|**  Because WHO does not classify dislocations as open or closed (like fractures), the direct index to dislocation of a joint does not describe an open injury. Below is the index trail in ICD-10.  **Dislocation (articular) T14.3**  **-** elbow S53.1  Because the open injury is not described, it must be mapped separately as shown in the index trail below.  **Wound, open (animal bite) (cut) (laceration) (puncture wound) (shot wound) (with penetrating foreign body) T14.1**  - elbow S51.0  The final map for *Open dislocation of elbow* should have two codes, as shown below, along with advice of POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE applied to each code. |
| **Example #2**  **Open division of ligaments** | **373439009 |Traumatic open division of ligament (disorder)|**  WHO classifies division of ligament(s) with open wound as only open wound(s) as shown in the index trail below.  **Division**  - ligament — see also Sprain (current) (partial or complete) T14.3  - - with open wound — see Wound, open  Because division of ligament with open wound is classified as only an open wound, there will be only one mapped code, as shown below, along with advice of POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE. |
| **Reference** |  |

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| **Principle Number** | **029** |
| **Title** | **REPORTED HEAD INJURIES WITH LOSS OF CONSCIOUSNESS** |
| **Date of Origination** | 6August 2013 |
| **Date of Revision** |  |
| **Principle** | When mapping a SNOMED CT concept which describes an injury or condition which results in loss of consciousness, only the accident or diagnosis code is required. A target code for the loss of consciousness is not required as the only existing code in ICD-10 describes unconsciousness (coma). |
| **Example** | **18485009 |Intracranial hemorrhage following injury without open intracranial wound AND with loss of consciousness (disorder)|** |
| **Reference** | Mapping Service Team Meeting discrepancy review 6 August 2013 |

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| **Principle Number** | **030** |
| **Title** | **MULTIPLE FRACTURES** |
| **Date of Origination** | 5 September 2013 |
| **Date of Revision** |  |
| **Principle** | When more than one site of fracture is mentioned within a three character category in Chapter S, code to the specific “multiple fractures” code at fourth character level within that category (usually fourth character .7 in categories S00–S99). See example #1.  For multiple injuries of the same fourth character subcategory code, map to the site-specific code. See example #2.  When more than one body region is involved or for bilateral fractures of the same site, coding should be made to the relevant category of *Injuries involving multiple body regions* (T00–T06) as per explicit WHO Volume 2 instructions. |
| **Example #1**  **Example #2** | **Fracture of frontal bone of skull and lower jaw (mandible)**    Since both *frontal bone of skull* (S02.0) and *lower jaw* (S02.6) *fractures* are located at different 4th category levels within *S02: Fracture of skull and facial bones*, the correct map is *S02.7: Multiple fractures involving skull and facial bones*.  **Multiple fractures of the neck of femur**  Fracture (abduction) (avulsion) (comminuted) (compression) (dislocation) T14.2  - femur, femoral S72.9  - - multiple S72.7  - - neck S72.0  Since “multiple” and “neck” are indexed at the same level of indentation, and multiple fractures of the neck of femur can be classified into the same fourth character subcategory, map to the site-specific, *S72.0 Fracture of neck of femur.* |
| **Reference** | ICD-10 Online Training (version 2010) |

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| **Principle Number** | **031** |
| **Title** | **MAPPING OF “AND/OR” CONCEPTS** |
| **Date of Origination** | 5 September 2013 |
| **Date of Revision** |  |
| **Principle** | When SNOMED CT uses the phrase “and/or” within a concept description, the target code for both possibilities will be researched. In the uncommon instance where the target codes for both possibilities are the same, the map will be completed with that specific code [example #1].  In the instance where the target codes for both possibilities conflict, the concept is not mappable [example #2].  Even if the two possible target codes are within the same ICD-10 category, the map is not mappable (i.e. the unspecified category code cannot be used) [example #2 continued]. |
| **Example #1**  **Example #2**  **Example #2 continued:** | **63943002 |Superficial injury of eyelid AND/OR periocular area (disorder)|**  **Injury** — see also specified injury type T14.9  - superficial (for contusions, see first Contusion)  - - eyelid S00.2  - - periocular area S00.2  Because the target code for either eyelid or periocular area is the same, S00.2, the map will be complete with this code.  **209436000 |Sprain of wrist and/or hand (disorder)|**  **Sprain, strain** (joint) (ligament) T14.3  - hand S63.7  - wrist (cuneiform) (scaphoid) (semilunar) S63.5  Because the two possible target codes are different, this concept is unmappable.  Because we must know which part of the arm was sprained, this concept cannot be classified. The concept could not be classified as *Sprain, Unspecified*, because the concept defines a site. |
| **Reference** | MST Meeting Minutes 20130730 |

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| **Principle Number** | **032** |
| **Title** | **MAPPING OF ANIMAL BITES** |
| **Date of Origination** | 10 December 2013 |
| **Date of Revision** |  |
| **Principle** | Bite injuries may or may not break the skin. SNOMED CT has many concepts described as bite wounds that are not defined as open wounds. WHO makes the assumption within ICD that all bites of animals and humans are open wounds. Because WHO makes this assumption, MAPPED FOLLOWING WHO GUIDANCE advice is necessary when mapping these concepts. |
| **Example** | **2837733005 |Dog bite of shin (disorder)|**  **Bite(s)**  - animal — see also Wound, open T14.1  **Wound, open** (animal bite) (cut) (laceration) (puncture wound) (shot wound) (with penetrating foreign body) T14.1  - shin S81.8  The correct map is S81.8, Open wound of other parts of lower leg, with MAPPED FOLLOWING WHO GUIDANCE advice, and a second target code of W54, External cause code of Bitten or struck by dog, with POSSIBLE REQUIREMENT FOR PLACE OF OCCURRENCE advice. |
| **Reference** | MST Meeting Minutes 20131204 |

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| **Principle Number** | **033** |
| **Title** | **SYNDROMES** |
| **Date of Origination** | 11 December 2013 |
| **Date of Revision** |  |
| **Principle** | Rare congenital disorders with multiple, various manifestations often do not have an entry within the ICD-10 alphabetical index. Because patients may exhibit some, but not all, of a particular syndrome’s typical features, the map will not list every ICD-10 code that could be found to comprise that syndrome. Instead, for syndromes with no index entry in ICD-10, [www.orphanet.com](http://www.orphanet.com) will be the code source of reference. |
| **Example** | **699316006 |Myhre syndrome (disorder)|**    Because Myhre syndrome cannot be found in the ICD-10 Alphabetic Index, the code found at [www.orphanet.com](http://www.orphanet.com) will be used as the correct map, in this case, Q87.8.      Even though SNOMED CT describes Myhre syndrome with a supertype of *Short stature disorder* (suggestive of Q87.1), the list of conditions included in Q87.1 does not include Myhre syndrome. |
| **Reference** | MST Meeting Minutes 20131211 |

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| **Principle Number** | **034** |
| **Title** | **AMBIGUITY IN SYNONYMS** |
| **Date of Origination** | 13 December 2013 |
| **Date of Revision** |  |
| **Principle** | One of the definitions of ambiguity is discordance between a SNOMED CT definition and its synonyms. Discordance is assessed relative to standard medical references. Although confusing to a Mapping Specialist, the SNOMED CT definition itself is not truly ambiguous and the map for this concept will be completed. However, the SNOMED CT term which is the source of the confusion will be flagged by the Mapping Team for Editorial Review with the expectation that the confusing term will be marked for demotion as a non-synonymous lexical tag. |
| **Example** | **699313003 |Weissenbacher-Zweymuller syndrome (disorder)|**  In the SNOMED CT detail view below, Pierre Robin syndrome is a synonym.    WHO provides an index for Pierre Robin Syndrome:  **Pierre Robin deformity or syndrome** Q87.0  Because medical research [MedScape, Orphanet] shows Pierre Robin to be discordant to Weissenbacher-Zweymuller Syndrome, the map will be completed with the code of Q77.7 and flagged for editorial. |
| **Reference** | MST Meeting Minutes 20131211  Technical Implementation Guide sections 10 and 11 |

# 7 Principles Agreed at Consensus Management 2012

# Acantholytic epidermal nevus

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 5 | 400067002 | Acantholytic epidermal nevus (disorder) | GT | D22.9 | Seems to be the best fit as this is a nevus- noun should be the search term rather than the adjective |  |  |

# Acute or Chronic gastric or duodenal ulcer with hemorrhage and or perforation

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 10 | 12847006 | Acute duodenal ulcer with haemorrhage (disorder) | GT |  | Second group needed for obstruction? Yes / second group code Obstruction, obstructed – duodenum K31.5  – stomach NEC K31.8 |  |  |
| 11 | 61347001 | Acute duodenal ulcer with perforation (disorder) | GT |  | Second group needed for obstruction? Yes / second group code Obstruction, obstructed – duodenum K31.5  – stomach NEC K31.8 |  |  |
| 12 | 19850005 | Acute gastric ulcer with perforation (disorder) | GT |  | Second group needed for obstruction? Yes / second group code Obstruction, obstructed – duodenum K31.5  – stomach NEC K31.8 |  |  |
| 13 | 89469000 | Chronic duodenal ulcer with haemorrhage (disorder) | GT |  | Second group needed for obstruction? Yes second group code Obstruction, obstructed – duodenum K31.5  – stomach NEC K31.8 |  |  |
| 14 | 49916007 | Chronic duodenal ulcer with perforation (disorder) | GT |  | Second group needed for obstruction? Yes / second group code Obstruction, obstructed – duodenum K31.5  – stomach NEC K31.8 |  |  |
| 15 | 9232000 | Chronic peptic ulcer with haemorrhage (disorder) | GT |  | second group needed for obstruction? Yes / second group code Obstruction, obstructed – duodenum K31.5  – stomach NEC K31.8 |  |  |

# Acute periodontitis

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 6 | 235010005 | Acute necrotizing ulcerative periodontitis (disorder) | GT | K05.2 | Best fit for now according to index trail and tabular display |  | Recommend to ICD-10 if acute necrotizing periodontitis be excluded at K05.2 and be treated same as K05.1 and be coded A69.1 + |

# Allergy or sensitivity to food or drink

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 19 | 91930004 | Allergy to eggs (disorder) | HB | Z91.0 | Propensity to allergy is better |  |  |
| 20 | 91935009 | Allergy to peanuts (disorder) | HB | Z91.0 | Propensity to allergy is better |  |  |
| 21 | 91937001 | Allergy to seafood (disorder) | HB | Z91.0 | Propensity to allergy is better |  |  |
| 22 | 15911003 | Cow’s milk protein sensitivity (disorder) | HB | Z91.0 | Propensity to allergy is better |  |  |
| 23 | 25868003 | Soy protein sensitivity (disorder) | HB | Z91.0 | Propensity to allergy is better |  |  |

# Bacterial conjunctivitis

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 25 | 128350005 | Bacterial conjunctivitis (disorder) | HB | B99 - H13.1 | following index conjunctivitis, infectious |  |  |

# Cellular atypia due to antineoplastic agent

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 30 | 446468007 | Cellular atypia due to antineoplastic agent (disorder) | HB | R89.6  Y43.3 |  |  |  |

# Drug induced purpura

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 7 | 109957002 | Drug induced purpura (disorder) | GT | D69.2 | Coded to nonthrombocytopenic (which includes Purpura NOS) |  | Should add one exclusion rule for 19307009 drug-induced immune thrombocytopenia mapping to D69.5. Feedback to SNOMED CT to make 19307009 a descendant of 109957002 |

Dry eye

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 3 | 1249004 | Dry eye (finding) | GT | H04.1 | more a disorder if used in problem list |  | Recommend to WHO ICD-10 to add based on dry mouth having a separate entry |

# Ectopic ACTH secretion

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 18 | 237829004 | Ectopic ACTH secretion (finding) | HB | E34.2 | better fit index entry | E24.3 is more specific and from a problem list point of view it could be be a better fit | Request SNOMED CT editorial review to consider merging the syndrome with the secretion concept  request revision of ICD index to send ACTH secretion to E24.3 instead of E34.2 |

# Environmental allergy

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 1 | 426232007 | Environmental allergy (disorder) | GT | Z91.0 | Excluded Z58.0 that does not state allergy-not acute allergic reaction so T78.4 is not a good choice |  |  |

# Epistaxis

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 24 | 232357009 | Post-surgical epistaxis (disorder) | HB | R04.0 | post-surgery + Y83.9 as group 2 |  |  |

# Lithium monitoring

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 2 | 275917000 | Lithium monitoring (finding) | GT | NC | Z01.7 and Z04.8 were not seen has a good fit because it's a procedure as an encounter reason |  |  |

# Macular pigment deposit

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 9 | 247146001 | Macular pigment deposit (disorder) | GT | H35.8 | not enough evidence that this is a degeneration of macula and SCT has not enough content in its relationships to know the etiology of this condition |  |  |

# Mucosa associated lymphoid tissue MALT lymphoma of stomach

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 17 | 444597005 | Extranodal marginal lymphoma of mucosa associated lymphoid tissue of stomach (disorder)  Mucosa associated lymphoid tissue MALT lymphoma of stomach (disorder) | HB | C88.7 | New version of ICD -10 classifies this at C88.7 |  |  |

# Periodic limb movement disorder

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 16 | 418763003 | Periodic limb movement disorder (disorder) | HB | majority G25.8 | Index trail in ICD-10 brings to G25 | One panellist thinks that this is ambiguous and should be not classifiable | add/clarify ICD-10 index, as ICD-10-CM index leads to sleep disorder which is different |

# Peripheral nerve entrapment syndrome

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 26 | 45781009 | Peripheral nerve entrapment syndrome (disorder) | HB | G58.9 | following neuropathy entrapment in index | T14.1 | Revise SCT concept to re-examine hierarchical relationship to peripheral nerve injury, which is modelled differently from similar concepts such as carpal tunnel syndrome |

# Pigment dispersion syndrome

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 8 | 392133001 | Pigment dispersion syndrome (disorder) | GT | H21.2 | Supported from literature as degeneration, .2 being more specific is preferred |  | Request Index entry in ICD-10 |

# Scalp tenderness

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 29 | 75851004 | Scalp tenderness (finding) | HB | R20.8 |  |  |  |

# Stress

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| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 4 | 73595000 | Stress (finding) | GT | R45.7 | Symptom related to health issue would better be described with this code rather than a Z code |  | Recommend to WHO ICD-10 a revision of the index for the lead term stress that does not include R45.7 in its modifiers |

# Subcutaneous nodule

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# Superficial injury of wrist

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| --- |
| **CASE** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** | | 27 | 91060006 | Nonvenomous insect bite of wrist with infection (disorder) | HB | second group L08.9 | B99 is too vague. |  |  | |

Principles Agreed at Consensus Management 2013

# Cellular atypia due to antineoplastic agent

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 30 | 446468007 | Cellular atypia due to antineoplastic agent (disorder) | KG | R89.6  Y43.3 | One suggestion was T78.8 Other adverse effects, not elsewhere classified. With an external cause code Y43.3 Other antineoplastic drugs  Another suggestion was R89.6 Abnormal findings in specimens from other organs, systems and tissues and external cause code Y43.3 Other antineoplastic drugs  Consensus reached -  R89.6 Abnormal findings in specimens from other organs, systems and tissues  Y43.3 Other antineoplastic drugs |  |  |

Pediatric autoimmune neuropsychiatric disorder associated with streptococcal infection

(PANDAS)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CASE** | **CONCEPTID** | **CONCEPT NAME** | **MAP LEAD** | **CONSENSUS DECISION** | **RATIONALE** | **DISSENTING OPINION** | **SPECIAL ACTION** |
| 31 | 446682003 | Pediatric autoimmune neuropsychiatric disorder associated with streptococcal infection (disorder) | KG | D89.8 | Research indicated D89.8 was a better fit than alternative index trail to  M35.9 Systemic involvement of connective tissue, unspecified  - PANDAS is not a connective tissue disease  Can occur sometime after infection so additional B95.5 code not appropriate |  |  |

**8 APPENDICES**

Appendix 1 – see Principle 20

Email from WHO

Dear Kathy

Thank you for bringing this to our attention. Our understanding is that these characters to add specificity are optional and their use is to provide extra information as to the 'site' of the particular condition.

The wording at the beginning of Chapter XIII states that they are to be used "With appropriate categories". M70 is not an appropriate category as it is site specific at the 4th character code. M88.0 can also be said to not be appropriate as it too is site specific at the 4th character code.

In other words in these 2 examples that have been raised, the site information is already captured in the 4 character code thus making the addition of the optional character unnecessary.

Looking at the books, it seems that the note "[See site code at the beginning of this chapter]" has been routinely added to many of the categories in Chapter XIII, without further review as to the appropriateness of the application of these site codes. Our recommendation is therefore that the coders use common sense in some of these situations and be aware that addition of site codes does not provide additional information and so will be unnecessary.

We will pass on this issue to the ICD-10 Update and Revision Committee for their consideration.

You have also asked how these characters are collected. In most countries that we are aware of, they are added as a fifth character to the codes in the relevant sections of the chapter. Some countries use a separate data item for site but this is not common.

We welcome queries like this and hope that you, and others, are finding the training tool useful.

Sue Walker

On behalf of the ICD-10 Training Tool Support Group

Appendix 2- See Principle 22

**WHO and country specific guidance on the use of ‘P’ codes from ICD-10 CHAPTER XVI CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD (P00-P96)**

**WHO guidelines (ICD-10 2010)[[1]](#footnote-1)**

* **Perinatal period**

The definition recommended by the World Health Organization in ICD-10 Volume 2 is the period from 22 weeks’ gestation to 7 completed days after birth.

* **Neonatal period**

In ICD-10 this is Birth to 28 completed days.

* Chapter XVI is concerned with diseases and orders that originate in the perinatal period, even though death or morbidity occurs later.
* This is one of the special chapters in ICD-10 that takes precedence over system chapters
* The codes within this chapter are the ones that will be used on neonatal records. Most of the conditions that are classified to this chapter are transient and will disappear after a short period of time. However, some conditions will persist throughout a person’s life. It may be necessary, on occasions, to assign a code from this chapter to an adult.
* Some perinatal conditions are not coded to this chapter: Q00-Q99, E00-E90, S00-T98, C00-D48, A33 Tetanus neonatorum
* The first block P00–P04 is for Fetus and newborn affected by maternal factors and by complications of pregnancy, labor and delivery. P00-P04: Many of the conditions in this block are actually the mother’s conditions. They are here in this chapter to show that a problem the mother may have had prior to pregnancy or a problem the mother incurred during the pregnancy, labor or delivery had an effect on the baby in some way. Only use these codes if there is evidence that the baby was affected by the mentioned complication. When you code cases where the baby has been affected by the condition affecting the mother you will need two codes – one for the effect on the baby and the other code – from block P00–P04 to show the cause.
* Note: In single condition coding only assign a code from P00–P04
* The code you would assign for a death certificate for a stillbirth with no specified cause is P95.

**Canadian guidelines**

* This guidance is from the Canadian Coding Standards for Version 2012 ICD-10-CA intended for use with the 2012 version of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA)
* When values for “asphyxia” Gynecologists of Canada (SOGC)[[2]](#footnote-2), are documented on the chart, assign a code from:

**P20.– Fetal Asphyxia** or **P21.9 Newborn asphyxia, unspecified**

Example 1.

Male infant delivered vaginally with an absent heartbeat. Apgar score at one minute and at five minutes was 0. The fetal heart tracing had been reassuring throughout the entire course of labor. Extensive resuscitation ensued for 40 minutes and the baby was eventually revived. Blood gases performed on cord blood revealed a pH of 5.0 and a base excess of –21. Throughout the day, the neurological status of the child was not reassuring and he began having seizures. The kidney function was also non-reassuring. A Foley catheter was placed and there was only 1 cc of urine output over the entire course of the day. Final diagnosis is documented as hypoxic ischemic encephalopathy (HIE), anuria.

P20.1 Intrapartum fetal asphyxia first noted during labour and delivery

P91.6 Hypoxic ischaemic encephalopathy of newborn

P96.0 Congenital renal failure

Z38.000 Singleton, delivered vaginally, product of both spontaneous (NOS) ovulation and conception

Rationale: Fetal asphyxia is substantiated by cord blood pH values and absent heart beat was first noted at delivery; therefore, P20.1 is assigned. Any associated neonatal signs are coded separately. HIE is manifested by convulsions; therefore, the convulsions are not coded separately.

Example 2.

Baby born vaginally at 30 weeks gestation. Arterial cord blood pH at birth is 7.5. The infant fails to sustain respirations and the physician documents asphyxia. Arterial blood gases taken 30 minutes after birth show a pH of 6.9.

P21.9 Newborn asphyxia, unspecified

P07.3 Other preterm infants

Z38.000 Singleton, delivered vaginally, product of both spontaneous (NOS) ovulation and conception

Rationale: Routine cord blood pH was normal proving an asphyxia episode did not occur during labor and delivery; however, the infant failed to sustain good respirations prompting another blood gas analysis. The arterial blood gases met the values of newborn asphyxia as established by the SOGC; therefore, P21.9 is assigned. P21.9 will be rarely assigned.

**UK guidelines**

National Clinical Coding Standards ICD-10 4th Edition (2010), NHS Classifications Service.

* The perinatal period extends from before birth through the 27th day, 23rd hour and 59th minute of life i.e. the period before the start of the 28th day.
* As long as a condition originates in this period, a code from P05-P96 can be used.
* Most conditions classified in this chapter are transitory (passing) disorders that do not have lasting effects. However, certain conditions that originate in the perinatal period and persist beyond this time are also classified to Chapter XVI.
* Conditions arising in the perinatal period must, as far as possible, be coded to Chapter XVI even when morbidity or death occurs later. This takes precedence over chapters containing codes for diseases by their anatomical site. This excludes:
* Q00-Q39, E00-E99, S00-T98, C00-D48, A33, R00-R99
* However if the code for the disease by anatomical site provides additional information which is not contained in the code from Chapter XVI, then it is acceptable to use an additional code to express this information and provide further detail.
* P00-P04
* Identifies the underlying maternal cause for the external cause for the baby’s condition
* Can only be used if there is a morbid condition in the baby
* Must always be secondary to the morbid condition itself
* Must never appear as the primary diagnosis except when the baby is stillborn. In these instances these codes will appear as the solo diagnosis on the baby’s record.

**US guidelines**

ICD-9-CM Official Guidelines for Coding and Reporting[[3]](#footnote-3)

Effective October 1, 2011

Chapter 15: Newborn (Perinatal) Guidelines (760-779)

For coding and reporting purposes the perinatal period is defined as before birth through the 28th day following birth.

General Perinatal Rules

* Chapter 15 code may be used throughout the life of the patient if the condition is still present.
* Generally, codes from Chapter 15 should be sequenced as the principal/first-listed diagnosis on the newborn record, with the exception of the appropriate V30 code for the birth episode, followed by codes from any other chapter that provide additional detail. The “use additional code” note at the beginning of the chapter supports this guideline. If the index does not provide a specific code for a perinatal condition, assign code 779.89, Other specified conditions originating in the perinatal period, followed by the code from another chapter that specifies the condition. Codes for signs and symptoms may be assigned when a definitive diagnosis has not been established.
* If a newborn has a condition that may be either due to the birth process or community acquired and the documentation does not indicate which it is, the default is due to the birth process and the code from Chapter 15 should be used. If the condition is community-acquired, a code from Chapter 15 should not be assigned.
* Codes from categories 760-763, Maternal causes of perinatal morbidity and mortality, are assigned only when the maternal condition has actually affected the fetus or newborn. The fact that the mother has an associated medical condition or experiences some complication of pregnancy, labor or delivery does not justify the routine assignment of codes from these categories to the newborn record.

**Australian guidelines[[4]](#footnote-4)**

* In July 2010, the National Case mix and Classification Centre (NCCC) University of Wollongong acquired responsibility for managing and updating ICD-10-AM, Australian Classification of Health Interventions (ACHI) and in Australia under contract from the DoHA. Australian Coding Standards (ACS) are not available online.

**Ireland** use ICD-10-AM and has their own standards[[5]](#footnote-5)

For example: **Neonatal viral illness**

The following codes are assigned for documentation of ‘neonatal viral illness’:

P39.8 *Other specified infections specified to the perinatal period*

B34.9 *Viral infection, unspecified*

Appendix 3- See Principle 24

JAG approved age ranges:

"Neonatal/Newborn": birth to and including 28 days of life

o Age greater than 0 hours and less than or equal to 28 days

"Perinatal": 22 weeks of gestation to and including 7 days of life

o Age greater than 0 hours and less than or equal to 7 days

"Childhood": birth until 19th birthday

o Age less than 19 years

"Adult": 19th birthday until death

o Age 19 and over

"Infant (infancy)": birth until 2nd birthday

o Age less than 2

"Juvenile": 2nd birthday until 19th birthday

o Age equal to 2 years and less than 19 years

"Adolescence": 12th birthday until 19th birthday

o Age equal to 12 years and less than 19 years

"Pre-senile": birth until 65th birthday

o Age greater than 0 hours and less than 65

"Senile": 65th birthday and greater

o Age 65 and over

1. [*http://apps.who.int/classifications/apps/icd/icd10training/*](http://apps.who.int/classifications/apps/icd/icd10training/) [↑](#footnote-ref-1)
2. *Note: The Society of Obstetricians and Gynecologists of Canada (SOGC) values are:*

   *Fetal asphyxia (P20.–):*

   *• Umbilical cord arterial pH ≤7.0; and/or*

   *• Umbilical cord arterial base deficit ≥12 mmol/L.*

   *Newborn asphyxia (P21.9):*

   *• Capillary or arterial (not umbilical cord) pH ≤7.0; and/or*

   *• Capillary or arterial (not umbilical cord) base deficit ≥12 mmol/L* [↑](#footnote-ref-2)
3. *http://www.cdc.gov/nchs/icd/icd9cm\_addenda\_guidelines.htm* [↑](#footnote-ref-3)
4. [*http://nccc.uow.edu.au/index.html*](http://nccc.uow.edu.au/index.html) [↑](#footnote-ref-4)
5. [*http://www.esri.ie/health\_information/hipe/clinical\_coding/irish\_coding\_standards/*](http://www.esri.ie/health_information/hipe/clinical_coding/irish_coding_standards/) [↑](#footnote-ref-5)