

INTERNATIONAL CLASSIFICATION OF DISEASES
NINTH REVISION

**BASIC TABULATION LIST
WITH
ALPHABETICAL INDEX**



WORLD HEALTH ORGANIZATION

The World Health Organization is a specialized agency of the United Nations with primary responsibility for international health matters and public health. Through this organization, which was created in 1948, the health professions of some 150 countries exchange their knowledge and experience with the aim of achieving the highest possible level of health throughout the world.

By means of direct technical cooperation with its Member States, and by stimulating such cooperation among them, WHO promotes the development of comprehensive health services, the prevention and control of diseases, the improvement of environmental conditions, the development of health manpower, the coordination and development of biomedical and health services research, and the planning and implementation of health programmes.

These broad fields of endeavour encompass a wide variety of activities, such as developing systems of primary health care that reach the whole population of Member countries; promoting the health of mothers and children; combating malnutrition; eradicating smallpox throughout the world; controlling malaria and other communicable diseases including tuberculosis and leprosy; promoting mass immunization campaigns against a number of preventable diseases; improving mental health; providing safe water supplies; and training health personnel of all categories.

Progress towards better health throughout the world also demands international cooperation in such matters as establishing international standards for biological substances, pesticides and pharmaceuticals; recommending international nonproprietary names for drugs; administering the International Health Regulations; revising the international classification of diseases and causes of death; and collecting and disseminating health statistical information.

Further information on many aspects of WHO's work are presented in the Organization's publications.

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INTRODUCTION

INTRODUCTION

During the currency of the Eighth Revision of the International Classification of Diseases, many countries, in order to make the best use of the limited resources available for vital and health statistics, coded morbidity and mortality data directly to the 150 groups of List A instead of to the much more complex Detailed List. They were hampered in doing so, however, by the fact that no alphabetical index existed giving List A codes.

List A of the Eighth Revision has been replaced in the Ninth Revision¹ by the Basic Tabulation List. For the convenience of countries where morbidity and mortality data will be coded directly to this list, it is reproduced in the present volume along with a specially prepared index.

Alphabetical Index

Content

The index has been derived from the full alphabetical index of the Ninth Revision (Volume 2) by a process of consolidation and condensation. Many varieties or anatomical sites that are indented under main conditions in the full index because they have different Detailed List codes need not be indexed in this volume, as they have the same code in the Basic Tabulation List as the main condition.

The omission of such terms has reduced the length of the full index by about one-third. Other omissions concern morphological varieties of neoplasms and eponyms. The full index contains an exhaustive list of types of neoplasm but only the most commonly encountered of these have been retained in this index. Similarly, many of the rarely-used eponyms have been omitted. It is recommended, therefore, that coding offices using this Basic Tabulation List index should have available one copy of the full index for reference when an eponym or a type of neoplasm is reported that does not appear in this volume. It should be noted that eponyms are indexed alphabetically according to the proper name and not under the lead

¹ WORLD HEALTH ORGANIZATION. *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death*, 1975 (Ninth) Revision, Geneva, Volumes 1 and 2, 1977 and 1978.

terms "Disease" or "Syndrome"; thus "Hodgkin's disease" will be found under the letter H, not the letter D, and "Down's syndrome" under the letter D, not the letter S.

Structure

The index consists of two sections. Section I includes diseases, syndromes, pathological conditions, injuries, signs, symptoms, problems, and other reasons for contact with health services, i.e., the type of information that would be recorded by a physician or health worker. Section II, which is much shorter, indexes the external causes of injury; the terms included here are not medical diagnoses but descriptions of the circumstances under which the violence occurred (e.g., fire, explosion, fall, assault, collision, submersion).

To avoid repetition, the index is organized in the form of main or "lead" terms, which start at the extreme left of a column, and various levels of indentation, which start progressively further and further to the right. A complete index term, therefore, may be composed of several lines. For example, in the entry:

- Addiction (see also Dependence)
- absinthe 216
 - alcohol, alcoholic (ethyl) (methyl) (wood) 215
 - - complicating pregnancy, childbirth or puerperium 409
 - - - fetus or newborn 450

the last line stands for the effect on the fetus or newborn of alcohol addiction in the mother complicating pregnancy, childbirth or the puerperium.

Code numbers

The Basic Tabulation List consists of broad groups of conditions identified by 2-digit codes (e.g., 02 Tuberculosis), most of which are subdivided into smaller groups or individual diseases or conditions identified by 3-digit codes (e.g., 020 Pulmonary tuberculosis). It is these 3-digit codes that appear in the alphabetical index. Conditions that are part of a 2-digit group but are not included in any of the 3-digit subdivisions are given the code of the 2-digit group with the third digit 9 (e.g., Tuberculosis of adrenal gland is coded 029). So also are conditions included in un-subdivided 2-digit groups (e.g., Dislocations, sprains and strains are coded 489).

Some conditions are followed by two code numbers. This may arise in either of two ways. First, those conditions that are subject to dual classification (see Volume 1 of the Ninth Revision, pages XXVI-XXIX), are followed by the code for the underlying disease, marked with a dagger (†), and then the code for the particular manifestation, marked with an asterisk (*).

For example:

- Mumps 049
– encephalitis 049 † 229*

Secondly, the anatomical sites listed under "Neoplasm, site classification, malignant/benign" are followed by the code for malignant neoplasm of that site and then, separated by the solidus (/), by the code for benign neoplasm of that site. For example:

- Neoplasm
– site classification, malignant/benign
– – abdominal wall 112/150

Spelling

In order to avoid repetitions caused by the differences between American and English spelling, the American form has been used in the Index alone. This applies not only to digraphs (e.g., anemia, anaemia; leukemia, leukaemia) but also to other variations in spelling (e.g., color, colour; labor, labour). Users familiar with the English form should remember that the first letter of diphthongs and the u in many words ending in -our have been dropped, and the "re" reversed to "er" in many words ending thus, etc. It is only when the initial letters of a word are affected that any great displacement in alphabetical order is caused, and in these cases, when the first two letters of a word differ in the two forms of spelling, the word is listed with the English spelling and a reference given to the American spelling, thus: "Oedema, oedematous – see Edema".

Parentheses

Parentheses have a special meaning, which the coder must bear in mind. Any term that is followed by other terms in parentheses is classified to the given code number whether any of the terms in parentheses are reported or not. For example:

- Abscess (pyogenic) (septic)
– adrenal (capsule) (gland) 189

Adrenal abscess is coded to 189 whether or not capsule or gland is mentioned and whether or not the abscess is described as pyogenic or septic.

Cross-references

Some categories require rather complex indexing arrangements. To avoid repeating this arrangement for each of the inclusion terms involved, a cross-reference is used. This may take a number of forms, as in the following examples:

- Paralysis, paralytic
– cerebral
– – spastic infantile – see Palsy, cerebral

The coder is warned that the term "Cerebral spastic infantile paralysis" is to be coded in the same way as the term "Cerebral palsy". On looking up the latter term, the coder will find listed various forms of paralysis.

- Inflammation, inflamed, inflammatory (with exudation)
– cornea (see also Keratitis) 239

The coder is told that if the term "Inflammation of cornea" is the only term on the medical record, the code number is 239, but that if any other information is present which is not found indented below he should look up "Keratitis". There he will find alternative code numbers for the condition if further or otherwise qualified as, for example, gonococcal, syphilitic, trachomatous or tuberculous.

- Enlargement, enlarged – see also Hypertrophy
– apertures of diaphragm (congenital) 447
– blind spot, visual field 239
etc.

If the coder does not find the site of the enlargement among the indents beneath "Enlargement", he should look among the indented terms beneath "Hypertrophy", where a more complete list of sites is given.

"Not listed below"

As explained under *Content*, above, varieties or anatomical locations are not shown as indents to lead terms if they have the same Basic Tabulation List code as the lead term itself. It follows, therefore, that a variety or site that is not listed should be assigned the same code as the lead term. This is true in a general fashion, but there are certain lead terms where it is particularly important and in those cases annotations such as "(type not listed below)" or "(site not listed below)" have been added to the lead term. For example:

- Abscess (pyogenic) (septic) (external site not listed below) 420

An abscess of any external site not indented under the lead term "Abscess" should be coded to 420.

- Lichen (type not listed below) 429
– scrofulosus (primary) 029
– spinulosus 449
– – mycotic 071

All forms of lichen except scrofulosus, spinulosus and mycotic spinulosus should be coded to 429.

Abbreviation NEC

The letters NEC stand for "not elsewhere classified". They are added after terms classified to residual or unspecific categories and to terms in themselves ill-defined as a warning that specified forms of the conditions are classified differently and if the medical record includes more precise information the coding should be modified accordingly, e.g.

Battered baby or child (syndrome) NEC 559

The term "battered baby" is classified to 559 only if no more precise description appears on the medical record. If details of the injuries inflicted are reported, those should be coded instead.

BASIC TABULATION LIST

BASIC TABULATION LIST

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ALPHABETICAL INDEX

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Cyst (colloid) (epidermoid) (epithelial) (mucous) (retention) (serous) (simple) (solitary)

Note - In general, cysts are not neoplastic and are classified to the appropriate category for disease of the specified anatomical site.

This generalization does not apply to certain types of cysts which are neoplastic in nature, for example, dermoid, nor does it apply to cysts of certain structures, for example, branchial cleft, which are classified as developmental anomalies.

The following listing includes some of the most frequently reported sites of cysts as well as qualifiers which indicate the type of cyst. The latter qualifiers usually are not repeated under the anatomical sites. Since the code assignment for a given site may vary depending upon the type of cyst, the coder should refer to the listings under the specified type of cyst before consideration is given to the site.

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Note - Each anatomical site in the list below is followed by two code numbers; the first of these is the code for *malignant* neoplasm of that site, the second is the code for *benign* neoplasm of that site.

Neoplasm - continued

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- - accessory sinus - see Neoplasm, sinus
- - adenoid (tissue) 089/159
- - adipose tissue - see Neoplasm, connective tissue
- - adnexa (uterine) 123/159
- - ala nasi (external) 112/150
- - alimentary canal or tract NEC 099/159
- - alveolar
- - - mucosa 089/159
- - - sulcus 089/159
- - - alveolus 089/159
- - - ampulla of Vater 099/159
- - - anorectum, anorectal (junction) 094/159
- - - antrum (Highmore) (maxillary) 109/159
- - - - pyloric 091/159
- - - - tympanicum 109/159
- - - anus, anal 094/159
- - - canal 094/159
- - - margin 112/150
- - - skin 112/150
- - - sphincter 094/159
- - - aorta (thoracic) 119/159
- - - abdominal 119/159
- - - aponeurosis 119/159
- - - appendix 093/159
- - - arachnoid (cerebral) (spinal) 139/155
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- site classification - continued
- - areola (female) 113/151
- - - male 119/151
- - - artery - see Neoplasm, connective tissue
- - - ary-epiglottic fold 089/159
- - - - laryngeal aspect 100/159
- - - arytenoid (cartilage) 100/159
- - - - fold - see Neoplasm, ary-epiglottic
- - - atrium, cardiac 109/159
- - - auditory
- - - - canal (external) 112/150
- - - - - internal 109/159
- - - - tube 109/159
- - - - - opening 089/159
- - - auricle, ear 112/150
- - - cartilage 119/159
- - - auricular canal (external) 112/150
- - - - internal 109/159
- - - autonomic nerve or nervous system NEC 119/159
- - - axilla, axillary 139/159
- - - - fold 112/150
- - - Bartholin's gland 129/159
- - - basal ganglia 130/155
- - - basis pedunculi 130/155
- - - bile or biliary (tract) 099/159
- - - bladder (urinary) 126/154
- - - blood vessel - see Neoplasm, connective tissue
- - - bone, any (periosteum) 110/159
- - - - carcinoma 139
- - - - marrow NEC 149
- - - book leaf (mouth) 089/159
- - - bowel - see Neoplasm, intestine
- - - brachial plexus 119/159
- - - brain NEC 130/155
- - - - meninges 139/155
- - - - stem 130/155
- - - branchial (cleft) (vestiges) 089/159
- - - breast (female) (connective tissue) (glandular tissue) (soft parts) 113/151
- - - - male (any part) 119/151
- - - - skin 112/150
- - - broad ligament 123/159
- - - bronchiogenic, bronchogenic (lung) 101/159
- - - bronchiole 101/159
- - - bronchus 101/159
- - - brow 112/150
- - - buccal (cavity) 089/159
- - - bulbo-urethral gland 129/154
- - - bursa - see Neoplasm, connective tissue
- - - caecum 093/159
- - - calyx, renal 129/154

Neoplasm - continued

- site classification - *continued*
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- - - anal 094/159
- - - auditory (external) 112/150
- - - auricular (external) 112/150
- - - canaliculi biliferi 099/159
- - - canthus (eye) (inner) (outer) 112/150
- - - capillary - see *Neoplasm, connective tissue*
- - - capsule, internal 130/155
- - - cardia (gastric) 091/159
- - - cardiac orifice (stomach) 091/159
- - - cardio-esophageal junction 091/159
- - - carina (tracheal) 101/159
- - - carotid (artery) 119/159
- - - body 139/159
- - - cartilage (articular) (joint) (not listed below) 110/159
- - - arytenoid 100/159
- - - auricular 119/159
- - - bronchi 101/159
- - - cricoid 100/159
- - - cuneiform 100/159
- - - ear (external) 119/159
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- - - eyelid 119/159
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- - - nose, nasal 109/159
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- - - trachea 101/159
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- - - buccal 089/159
- - - nasal 109/159
- - - oral 089/159
- - - peritoneal 099/159
- - - tympanic 109/159
- - cecum 093/159
- - central
- - - nervous system - see *Neoplasm, nervous system*
- - - white matter 130/155
- - cerebellopontine 130/155
- - cerebellum, cerebellar 130/155
- - cerebrum, cerebral (cortex)
- (hemisphere) (white matter) 130/155
- - - meninges 139/155
- - cervix (uteri) (uterus) 120/152
- - cheek 139/159
- - - external 112/150
- - - inner aspect 089/159
- - - internal 089/159
- - - mucosa 089/159
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- - cholangiole 099/159
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Neoplasm - continued

- site classification - *continued*
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- - - cloacogenic zone 094/159
- - - body or glomus 139/159
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- - - and rectum 094/159
- - - column, spinal - see *Neoplasm, spine*
- - - columella 112/150
- - commissure
- - - labial, lip 089/159
- - - laryngeal 100/159
- - common (bile) duct 099/159
- - concha 112/150
- - - nose 109/159
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- - connective tissue (site not listed below) 119/159
- - - jaw 089/159
- - - orbit 139/159
- - - retroperitoneal 099/159
- - - cord (false) (true) (vocal) 100/159
- - - spermatic 129/159
- - - spinal (cervical) (lumbar) (thoracic) 139/155
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- - - callosum 130/155
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- - - gastric 091/159
- - - penis 129/159
- - - striatum 130/155
- - - uteri 122/152
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- - cortex
- - - adrenal 139/159
- - - cerebral 130/155
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- - cranial (fossa, any) 130/155
- - - meninges 139/155
- - - nerve (any) 139/155
- - - craniopharyngeal (duct) (pouch) 139/159
- - - cricoid 089/159
- - - cartilage 100/159
- - - cricopharynx 089/159
- - - crypt of Morgagni 094/159
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- - cutis - see *Neoplasm, skin*
- - cystic (bile) duct (common) 099/159
- - dermis - see *Neoplasm, skin*
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- - digestive organs, system, tube, or tract NEC 099/159
- - disseminated 139

Neoplasm - continued

- site classification - *continued*
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- - duodenojejunal junction 092/159
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- - endocervix (canal) (gland) 120/152
- - endometrium (gland) (stroma) 122/152
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- - epicardium 109/159
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- - - meatus (ear) 112/150
- - - os uteri 120/152
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- - - cartilage 119/159
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- - fatty tissue - *see* Neoplasm, connective tissue
- - fauces, faucial (pillars) (tonsil) 089/159
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- - - labii 089/159
- - - linguae 089/159
- - frontal
- - - lobe 130/155
- - - pole 130/155
- - - sinus 109/159
- - fundus
- - - stomach 091/159
- - - uterus 122/152
- - gall duct (extrahepatic) 099/159
- - - intrahepatic 099/159
- - gallbladder 099/159
- - ganglia - *see also* Neoplasm, connective tissue
- - - basal 130/155
- - Gartner's duct 129/159
- - gastric 091/159
- - gastroesophageal junction 091/159
- - gastrointestinal (tract) NEC 099/159
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- - genitourinary tract 129/159
- - gingiva (alveolar) (marginal) 089/159
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- - glossopalatine fold 089/159
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- - glottis 100/159
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- - gum 089/159
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- - hematopoietic, hemopoietic tissue NEC 149
- - hemisphere, cerebral 130/155
- - hemorrhoidal zone 094/159
- - hepatic 099/159
- - - duct (bile) 099/159
- - - flexure (colon) 093/159
- - - primary 095
- - hilus of lung 101/159
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- - hypophysis 139/159
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- - insular tissue (pancreas) 096/159
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- - interarytenoid fold 089/159
- - laryngeal aspect 100/159
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- - - capsule 130/155
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- - - bone 110/159
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- - jejunum 092/159
- - joint NEC 110/159
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- - anorectal 094/159
- - cardioesophageal 091/159
- - esophagogastric 091/159
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- - hard and soft palate 089/159
- - ileocecal 093/159
- - - pelvicrectal 094/159
- - - pelviureteric 129/154
- - - rectosigmoid 094/159
- - - squamocolumnar of cervix 120/152
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- - labia (skin) 129/159
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- - - sulcus (lower) (upper) 089/159
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- - laryngopharynx 089/159
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- - - - meaning hypopharynx 089/159
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- - - broad 123/159
- - - nonuterine - *see* Neoplasm, connective tissue
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- - - skin (commissure) (lower) (upper) 112/150
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- - mammary gland - *see* Neoplasm, breast
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- - - alveolar
- - - - mucosa 089/159
- - - ridge or process 110/159
- - - - carcinoma 089
- - - carcinoma 089
- - marrow (bone) 149
- - mastoid (antrum) (cavity) (air cell) 109/159
- - maxilla, maxillary (superior) 110/159
- - - alveolar
- - - - mucosa 089/159
- - - ridge or process 110/159
- - - antrum 109/159
- - - inferior - *see* Neoplasm, mandible
- - - sinus 109/159
- - - meatus
- - - external (ear) 112/150

Neoplasm - continued

- site classification - *continued*
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 - mediastinum, mediastinal 109/159
 - medulla
 - adrenal 139/159
 - oblongata 130/155
 - meibomian gland 112/150
 - meninges 139/155
 - mesentery, mesenteric 099/159
 - mesoappendix 099/159
 - mesocolon 099/159
 - mesopharynx 089/159
 - mesosalpinx 123/159
 - mesovarium 123/159
 - metastatic NEC 139
 - midbrain 130/155
 - mons
 - pubis 129/159
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 - mouth 089/159
 - mucosa
 - alveolar (ridge or process) 089/159
 - buccal 089/159
 - cheek 089/159
 - lip 089/159
 - nasal 109/159
 - oral NEC 089/159
 - mullerian duct 129/159
 - multiple NEC 139/159
 - muscle - *see also* Neoplasm, connective tissue
 - extra-ocular 139/159
 - myocardium 109/159
 - myometrium 122/152
 - Nabothian gland (follicle) 120/152
 - nail 112/150
 - nares, naris (anterior) (posterior) 109/159
 - nasal - *see* Neoplasm, nose
 - nasolabial groove 112/150
 - nasolacrimal duct 139/159
 - nasopharynx 089/159
 - nerve (autonomic) (ganglion) (parasympathetic) (peripheral) (sympathetic) (site not listed below) 119/159
 - abducens 139/155
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 - acoustic 139/155
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 - oculomotor 139/155
 - olfactory 139/155

Neoplasm - continued

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 - trigeminal 139/155
 - trochlear 139/155
 - vagus 139/155
 - nervous system (central) NEC 139/155
 - autonomic NEC 119/159
 - parasympathetic NEC 119/159
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 - nipple (female) 113/151
 - male 119/151
 - nose, nasal 139/159
 - ala (external) 112/150
 - cartilage 109/159
 - cavity 109/159
 - choana 089/159
 - external (skin) 112/150
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Note - In the case of collisions between different types of vehicles, persons and objects, priority in classification is in the following order:

- Aircraft
- Watercraft
- Motor vehicle
- Railway vehicle
- Pedal cycle
- Animal-drawn vehicle
- Animal being ridden
- Street car or other nonmotor road vehicle
- Other vehicle
- Pedestrian or person using pedestrian conveyance
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Collision - continued

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