CHAPTER 21

Symptoms, signs or clinical findings, not elsewhere classified

This chapter has 309 four-character categories.

Code range starts with MA00

Exclusions: Certain conditions originating in the perinatal period (Chapter 19)

Clinical findings on antenatal screening of mother (JA66)

This chapter contains the following top level blocks:

* Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system
* Symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases
* Symptoms, signs or clinical findings of speech or voice
* Mental or behavioural symptoms, signs or clinical findings
* Symptoms, signs or clinical findings of the nervous system
* Symptoms, signs or clinical findings of the visual system
* Symptoms, signs or clinical findings of ear or mastoid process
* Symptoms, signs or clinical findings of the circulatory system
* Symptoms, signs or clinical findings of the respiratory system
* Symptoms, signs or clinical findings of the digestive system or abdomen
* Symptoms, signs or clinical findings involving the skin
* Symptoms, signs or clinical findings of the musculoskeletal system
* Symptoms, signs or clinical findings of the genitourinary system
* General symptoms, signs or clinical findings
* Ill-defined and unknown causes of mortality

Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system (BlockL1‑MA0)

Symptoms of blood, blood-forming organs, or the immune system (BlockL2‑MA0)

Coded Elsewhere: Fear of haematological disease (MG24.2)

MA00 Symptom or complaint of the blood

MA01 Enlarged lymph nodes

Enlarged lymph node is called lymphadenopathy which means the abnormal enlargement of lymph nodes.

Inclusions: Lymphadenopathy

Exclusions: Chronic lymphadenitis (BD90.2)

Nonspecific mesenteric lymphadenitis (BD90.1)

lymphadenitis NOS (BD90)

MA01.0 Localised lymph node enlargement

MA01.1 Generalised lymph node enlargement

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

MA01.Z Enlarged lymph nodes, unspecified

MA0Y Other specified symptoms of blood, blood-forming organs, or the immune system

Clinical findings in blood, blood-forming organs, or the immune system (BlockL2‑MA1)

Exclusions: abnormalities of coagulation (BlockL2‑3B1)

abnormalities of lipids (BlockL2‑5C8)

Thrombocytopenia (3B64)

Abnormal haematological finding on antenatal screening of mother (JA66.0)

Haemorrhagic or haematological disorders of fetus or newborn (BlockL1‑KA8)

MA10 Abnormal serum enzyme levels

MA10.0 Elevation of levels of transaminase or lactic acid dehydrogenase

MA10.1 Abnormal levels of other specified serum enzymes

MA10.2 Abnormal level of unspecified serum enzyme

MA11 Clinical findings of hormones in blood, blood-forming organs, or the immune system

MA12 Clinical findings of drugs, medicaments and biological substances in blood, blood-forming organs, or the immune system

MA12.0 Finding of opiate drug in blood

MA12.1 Finding of cocaine in blood

MA12.2 Finding of hallucinogen in blood

MA12.3 Finding of psychotropic drug in blood

MA12.4 Finding of steroid agent in blood

MA12.Y Other specified clinical findings of drugs, medicaments and biological substances in blood, blood-forming organs, or the immune system

MA13 Clinical findings of substances chiefly nonmedicinal as to source in blood, blood-forming organs, or the immune system

MA13.0 Finding of abnormal level of heavy metals in blood

MA13.00 Abnormal level of lead in blood

Abnormal level of lead in blood in those who have been exposed to lead and who require management.

Exclusions: Harmful effects of or exposure to noxious substances, Substances chiefly nonmedicinal as to source, Metals (NE61)

MA13.0Y Finding of abnormal level of other specified heavy metals in blood

MA13.1 Finding of alcohol in blood

MA13.Y Abnormal level of other specified substances chiefly nonmedicinal as to source in blood, blood-forming organs and the immune system

MA14 Immunological findings in blood, blood-forming organs, or the immune system

MA14.0 Laboratory evidence of human immunodeficiency virus

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

Human immunodeficiency virus disease (BlockL1‑1C6)

Asymptomatic human immunodeficiency virus infection (1C62.0)

MA14.1 Certain specified immunological findings

MA14.10 Abnormal reaction to tuberculin test

MA14.11 Anticitrullinated protein antibody negative

MA14.12 Anticitrullinated protein antibody positive

MA14.13 Anti-nuclear antibody negative

MA14.14 Anti-nuclear antibody positive

MA14.15 Elevated C-reactive protein

MA14.16 False-positive serological test for syphilis

Inclusions: False-positive Wassermann reaction

MA14.17 Human leukocyte antigen negative

MA14.18 Human leukocyte antigen positive

Inclusions: HLA B-27

MA14.19 Neural autoantibody negative

MA14.1A Neural autoantibody positive

MA14.1B Prostate specific antigen positive

MA14.1C Raised antibody titre

Exclusions: isoimmunization, in pregnancy affecting fetus or newborn (KA84)

MA14.1D Rheumatoid factor negative

MA14.1E Rheumatoid factor positive

MA14.Y Other specified immunological findings in blood, blood-forming organs, or the immune system

MA15 Microbiological findings in blood, blood-forming organs, or the immune system

MA15.0 Bacteraemia

The presence of bacteria in the blood. A positive blood culture without signs of infection.

Exclusions: Bacterial infection of unspecified site (1C41)

Sepsis (BlockL1‑1G4)

MA15.Y Other specified microbiological findings in blood, blood-forming organs, or the immune system

MA16 Cytological findings in blood, blood-forming organs, or the immune system

MA16.0 Abnormality of red blood cells

Exclusions: Polycythaemia neonatorum (KA8A)

polycythaemia: NOS (BlockL2‑3A8)

polycythaemia: benign (familial) (3A80.0)

anaemias (BlockL1‑3A0)

Polycythaemia vera (2A20.4)

Acquired polycythaemia (3A81)

MA16.00 Haemolysis, not elsewhere classified

Exclusions: Postpartum coagulation defects (JA43.3)

Delayed or excessive haemorrhage following abortion, ectopic or molar pregnancy (JA05.1)

Intrapartum haemorrhage with coagulation defect (JA42.0)

HELLP syndrome (JA24.2)

Neonatal haemolysis due to systemic bacterial infection with or without concomitant diffuse intravascular coagulation (KA84.5)

MA16.0Y Other specified abnormality of red blood cells

MA16.0Z Abnormality of red blood cells, unspecified

MA16.1 Abnormality of white blood cells

Exclusions: Neutrophilia (4B00.1)

MA16.10 Decreased white blood cell count

MA16.11 Elevated white blood cell count

MA16.12 Low white blood cell count

MA16.Y Other specified cytological findings in blood, blood-forming organs, or the immune system

MA16.Z Cytological findings in blood, blood-forming organs, or the immune system, unspecified

MA17 Histological findings in blood, blood-forming organs, or the immune system

MA18 Certain clinical findings of blood chemistry

Exclusions: specific findings indicating disorder of: carbohydrate metabolism (5C51)

specific findings indicating disorder of: amino-acid metabolism (5C50)

specific findings indicating disorder of: lipid metabolism (5C52)

asymptomatic hyperuricaemia (5C55)

abnormality of fluid, electrolyte or acid-base balance (BlockL2‑5C7)

Neonatal hypoglycaemia (KB60.4)

MA18.0 Elevated blood glucose level

Exclusions: Diabetes mellitus in pregnancy (JA63)

Syndrome of infant of mother with gestational diabetes (KB60.0)

Postprocedural hypoinsulinaemia (5D41)

Syndrome of infant of a diabetic mother, type 1 or 2, nongestational, insulin dependent (KB60.1)

Neonatal diabetes mellitus (KB60.2)

Coded Elsewhere: Neonatal hyperglycaemia (KB60.3)

MA18.00 Abnormal glucose tolerance test

Greater than normal levels of glucose found in laboratory examination of the blood to check how the body breaks down (metabolizes) blood sugar. Positive findings may indicate diabetes or Cushing diseases, among other things.

MA18.0Y Other specified elevated blood glucose level

MA18.1 Abnormal level of blood mineral

Inclusions: Abnormal blood level of mineral NEC

Exclusions: nutritional mineral deficiency (5B5K)

Neonatal hypomagnesaemia (KB61.0)

MA18.2 Abnormal arterial blood-gas level

MA18.3 Abnormal coagulation profile

MA18.4 Low haemoglobin

Exclusions: Low affinity haemoglobin (3A51.8)

MA18.Y Other specified abnormal findings of blood chemistry

MA18.Z Abnormal findings of blood chemistry, unspecified

MA19 Certain abnormalities of plasma proteins

Exclusions: Disorders of plasma-protein metabolism, not elsewhere classified (BlockL2‑5D0)

MA19.0 Abnormality of albumin

MA19.1 Abnormality of alphafetoprotein

MA19.2 Abnormality of globulin

MA19.Y Abnormalities of other specified plasma proteins

MA19.Z Abnormalities of unspecified plasma proteins

MA1A Elevated erythrocyte sedimentation rate or abnormality of plasma viscosity

MA1A.0 Elevated erythrocyte sedimentation rate

MA1A.1 Abnormal plasma viscosity

MA1Y Other specified clinical findings in blood, blood-forming organs, or the immune system

MA3Y Other specified symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system

Symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases (BlockL1‑MA5)

Coded Elsewhere: Symptoms of endocrine, nutritional or metabolic diseases

Results of function studies of the endocrine, nutritional or metabolic diseases (BlockL2‑MA5)

MA50 Abnormal results of thyroid function studies

MA51 Abnormal results of other endocrine function studies

Exclusions: Abnormal glucose tolerance test (MA18.00)

MA6Y Other specified symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases

Symptoms, signs or clinical findings of speech or voice (BlockL1‑MA8)

Symptoms or signs involving speech or voice (BlockL2‑MA8)

Coded Elsewhere: Echolalia (MB23.9)

MA80 Speech disturbances

Speech disturbances, not classified elsewhere include dysphasia and aphasia, dysarthria and anarthria, and other speech disturbances.

Exclusions: Developmental speech or language disorders (6A01)

Autism spectrum disorder (6A02)

Speech dysfluency (MA81)

Coded Elsewhere: Mutism (MB23.D)

MA80.0 Aphasia

Exclusions: Developmental speech or language disorders (6A01)

MA80.1 Dysphasia

A cognitive disorder marked by an impaired ability to comprehend or express language in its written or spoken form. This condition is caused by diseases which affect the language areas of the dominant hemisphere. Clinical features are used to classify the various subtypes of this condition.

Exclusions: progressive isolated aphasia (BlockL1‑8E4)

Developmental speech or language disorders (6A01)

MA80.2 Dysarthria

Exclusions: Developmental speech or language disorders (6A01)

MA80.20 Anarthria

MA80.2Y Other specified dysarthria

MA80.2Z Dysarthria, unspecified

MA80.Y Other specified speech disturbances

MA80.Z Speech disturbances, unspecified

MA81 Speech dysfluency

Speech dysfluency is characterised by the frequent or pervasive disruption of the rhythmic flow of speech that arises subsequent to the developmental period (i.e., adult onset) and is outside the limits of normal variation and results in reduced intelligibility and significantly affects communication. It can involve repetitions of sounds, syllables or words, prolongations, word breaks, blockage of production, excessive use of interjections, and rapid short bursts of speech.

Exclusions: Developmental language disorder (6A01.2)

Developmental speech or language disorders (6A01)

Developmental speech fluency disorder (6A01.1)

Dysarthria (MA80.2)

Selective mutism (6B06)

childhood onset stammering (6A01.1)

childhood onset stuttering (6A01.1)

childhood onset cluttering (6A01.1)

childhood-onset speech fluency disorder (6A01.1)

MA82 Voice disturbances

Voice disturbances include dysphonia, aphonia, hypernasality and hyponasality, and other voice disturbances.

MA82.0 Aphonia

Aphonia is the inability to produce voice. It is considered more severe than dysphonia. Like dysphonia, aphonia can be caused by voice strain or overuse, injury, by structural laryngeal anomalies or by dystonic neurological disorders.

Inclusions: Loss of voice

Exclusions: Dissociative disorders (BlockL1‑6B6)

MA82.1 Dysphonia

Difficulty and/or pain in phonation or speaking.

Exclusions: Developmental speech or language disorders (6A01)

Developmental speech fluency disorder (6A01.1)

MA82.10 Hoarseness

MA82.1Y Other specified dysphonia

MA82.1Z Dysphonia, unspecified

MA82.2 Nasality

Nasality (or resonance) refers to the quality of the voice that is determined by the balance of sound vibration in the oral, nasal, and pharyngeal cavities during speech. Abnormal resonance can occur when there is obstruction in one of the cavities, causing hyponasality, or when there is velopharyngeal dysfunction, causing hypernasality. This category should only be assigned when hyponasality or hypernasality is outside the limits of normal variation and results in reduced intelligibility and significantly affects communication.

MA82.Y Other specified voice disturbances

MA82.Z Voice disturbances, unspecified

MA8Y Other specified symptoms or signs involving speech or voice

MB0Y Other specified symptoms, signs or clinical findings of speech or voice

Mental or behavioural symptoms, signs or clinical findings (BlockL1‑MB2)

MB20 Symptoms, signs or clinical findings involving consciousness

Symptoms, signs, and clinical findings indicative of a disturbance in the state or quality of awareness of oneself and the environment, alertness, or clarity of the wakeful state.

Exclusions: newborn uremic coma (KC01)

Delirium (6D70)

Psychomotor retardation (MB23.N)

MB20.0 Stupor

Total or nearly total lack of spontaneous movement and marked decrease in reactivity to environment.

Inclusions: Semicoma

Exclusions: Catatonia (BlockL1‑6A4)

Delirium (6D70)

MB20.1 Coma

Acute state lasting more than one hour and usually less than a month. The comatose patient is unresponsive, lying with his/her eyes closed and cannot be aroused even by vigorous and noxious stimuli. Motor responses to noxious stimulation are limited to reflexive behaviour. Etiologies include but are not limited to traumatic, anoxic, infectious, neoplastic, vascular, inflammatory and metabolic brain injuries.

Coding Note: Code aslo the casusing condition

Exclusions: Diabetic coma (5A23)

Hepatic coma (DB99.5)

Neonatal coma (KB03)

Nondiabetic hypoglycaemic coma (5A41)

chronic uremic coma (GB61)

MB20.2 Clouding of consciousness

An impairment in the clarity of consciousness characterised by impaired ability to comprehend aspects of the environment or the self in relation to the environment, inattention, and abnormalities in thought processes, comprehension. It is typically accompanied by subjective experience of mental clouding described as feeling ‘foggy’. Clouding of consciousness is a common form of cognitive disturbance in Delirium, but it is not synonymous with Delirium because Delirium includes additional diagnostic requirements.

Exclusions: Delirium (6D70)

MB20.Y Other specified symptoms, signs or clinical findings involving consciousness

MB21 Symptoms, signs or clinical findings involving cognition

Symptoms, signs, and clinical findings indicative of a disturbance in mental abilities and processes related to attention, memory, judgment, reasoning, problem solving, decision making, or comprehension, or the integration of these functions.

Coded Elsewhere: Symbolic dysfunctions (MB4B)

MB21.0 Age-associated cognitive decline

A normative (non-pathological) deterioration of higher cortical functions such as thinking, reasoning, comprehension, calculation, learning, language, and judgment.

MB21.1 Amnesia

An inability to recall past experiences, especially where recall is to be expected.

Exclusions: Dissociative disorders (BlockL1‑6B6)

MB21.10 Anterograde amnesia

An inability to recall past experiences, especially where recall is to be expected, occurring after an event (psychological or physical) presumed to be responsible for the amnesia.

MB21.11 Retrograde amnesia

An inability to recall past experiences, especially where recall is to be expected, preceding an event (psychological or physical) presumed to be responsible for the amnesia.

MB21.12 Transient global amnesia

A time-limited episode (lasting up to two days) of short-term memory loss without other signs or symptoms of neurological impairment.

MB21.1Z Amnesia, unspecified

MB21.2 Anosognosia

A lack of awareness or failure to recognize one's own illness, symptoms, or functional deficits, considered to be an aspect of the illness.

MB21.3 Confabulation

The filling of memory gaps with fabricated, distorted, or misinterpreted memories about oneself or the world, without the conscious intention to deceive.

MB21.4 Disorientation

Impairment in or loss of awareness of the position of the self in relation to place, time, situation, or other persons. In severe cases, the sense of personal identity may also be lost.

MB21.5 Distractibility

Difficulty focusing on tasks; attention is easily diverted by extraneous stimuli.

MB21.6 Impaired abstract thinking

The inability to use concepts and to make and understand generalizations, such as the identifying the properties or pattern shared by a variety of specific items or events.

MB21.7 Impaired executive functioning

Impairment in higher-level cognitive abilities, such as planning, sequencing, concept formation, abstracting, and decision-making.

MB21.8 Impaired judgment

Deficit in the capacity to make sound, reasoned, and responsible decisions.

MB21.9 Perseveration

Persistent repetition of previously used words, phrases, or details that are not responsive to the demands of the situation.

MB21.A Poor concentration

Difficulty focusing attention and sustaining the mental energy necessary to accomplish a task or goal.

MB21.B Racing thoughts

Subjective perception of accelerated thought processes.

MB21.Y Other specified symptoms and signs involving cognition

MB21.Z Symptoms and signs involving cognition, unspecified

MB22 Symptoms or signs involving motivation or energy

Symptoms and signs involving motivation (the process that initiates, guides, and maintains goal-oriented behaviours) or energy (the strength and vitality required for sustained physical or mental activity).

Coded Elsewhere: Fatigue (MG22)

MB22.0 Avolition

A general lack of drive, or lack of motivation to pursue meaningful goals (e.g., as evidenced by limited participation in work, school, or socializing with others).

MB22.1 Decreased libido

Decreased sexual desire or sexual activity compared with the patient's usual levels of sexual interest and functioning.

MB22.2 Demoralization

Loss of confidence in one's ability to cope, with associated feelings of helplessness, hopelessness, and discouragement.

MB22.3 Hopelessness

Little or no belief in a positive future.

MB22.4 Increased energy

Increased physical or mental resources for activity, typically characterised by increased capacity for work and greater efficiency in responding to stimuli.

MB22.5 Increased goal-directed activity

Increased planning of and participation in multiple activities (e.g. sexual, occupational, political, religious), compared to the individual's typical level of activity.

MB22.6 Increased libido

Increased sexual desire or sexual activity compared with the patient's usual levels of sexual interest and functioning.

MB22.7 Tiredness

Feeling of reduced alertness and an accompanying decrease in mental acuity, in some cases resulting in an impulse or tendency to fall asleep.

MB22.Y Other specified symptoms and signs involving motivation or energy

MB22.Z Symptoms or signs involving motivation or energy, unspecified

MB23 Symptoms or signs involving appearance or behaviour

Coded Elsewhere: Speech dysfluency (MA81)

MB23.0 Aggressive behaviour

Actions intended to threaten or hurt another person or to damage property that may be physical, verbal, or symbolic (e.g., acting against the other person's interests). Aggressive behaviour may be appropriate and self-protective, or inappropriate, hostile, and destructive.

MB23.1 Antisocial behaviour

Behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws, are violated.

MB23.2 Avoidance behaviour

The act of keeping away from circumstances, situations, or stimuli that cause anxiety or other negative emotions in the individual.

MB23.3 Bradyphrenia

Slowness of thoughts or fatigability of initiative

MB23.4 Compulsions

Repetitive behaviours or rituals (e.g., washing, checking) or mental acts (e.g., repeating words silently) that the individual feels driven to perform in response to an obsession, according to rigid rules, or to achieve a sense of ‘completeness’.

Exclusions: Obsessive-compulsive disorder (6B20)

MB23.5 Coprolalia

Involuntary swearing or the involuntary utterance of obscene words or socially inappropriate and derogatory remarks, often in Tourette syndrome.

Exclusions: Tourette syndrome (8A05.00)

MB23.6 Disorganised behaviour

Behaviour including posture, gait, and other activity that is unpredictable or not goal-directed (e.g., shouting at strangers on the street).

MB23.7 Disheveled appearance

Untidy or unkempt appearance reflecting a lack of attention to one or more aspects of hygiene, grooming, or dress.

MB23.8 Disruptive behaviour

Behaviour that causes disorder and turmoil in others or one's environment (e.g., angry outbursts, arguments, disobedience).

Exclusions: Disruptive behaviour or dissocial disorders (BlockL1‑6C9)

MB23.9 Echolalia

The automatic repetition of vocalizations, words, or phrases uttered by another person, which may be immediate or delayed (e.g., repetition of phrases earlier heard on television), without meaningful communicative function. Echolalia is a common feature of communication abnormalities in Autism spectrum disorder, but may also occur in other Mental and behavioural disorders and certain neurological conditions, among children with severe visual impairment, and occasionally in developing normal children. Echolalia does not include repetition as a normal feature of language acquisition in early childhood development.

Exclusions: Autism spectrum disorder (6A02)

Developmental language disorder (6A01.2)

MB23.A Excessive crying of child, adolescent, or adult

Episodes of crying for several hours a day for more than several days a week for several weeks in an otherwise healthy child, adolescent, or adult.

MB23.C Increased sociability

Decrease or loss of normal social inhibitions manifested in increased impulses to be with and talk to other people, including overfamiliarity, compared to the individual's typical level of activity.

MB23.D Mutism

A lack of verbal output that may be generalised or restricted to specific situations.

Coded Elsewhere: Akinetic mutism (MB21.Y)

MB23.E Non-suicidal self-injury

Intentional self-inflicted injury to the body, most commonly cutting, scraping, burning, biting, or hitting, with the expectation that the injury will lead to only minor physical harm.

MB23.F Odd or peculiar appearance

Grooming, clothing, or other aspects of personal appearance that are eccentric, unusual, or peculiar, and inconsistent with cultural or subcultural norms.

MB23.G Odd or peculiar behaviour

Behaviour including posture and gait that is eccentric, unusual, or peculiar, and is inconsistent with cultural or subcultural norms.

MB23.H Panic attack

A discrete episode of intense fear or apprehension accompanied by the rapid and concurrent onset of a number of characteristic symptoms. These symptoms may include, but are not limited to, palpitations or increased heart rate, sweating, trembling, sensations of shortness of breath, feelings of choking, chest pain, nausea or abdominal distress, feelings of dizziness or lightheadedness, chills or hot flushes, tingling or lack of sensation in extremities (i.e., paresthesias), depersonalization or derealization, fear of losing control or going mad, and fear of imminent death. Panic attacks can appear out of the blue or can be triggered by particular situations.

Exclusions: Panic disorder (6B01)

recurrent panic attacks (6B01)

MB23.J Poor personal hygiene

Unwillingness or inability to maintain a level of personal cleanliness that is in keeping with the standards of the person's culture, society, or setting, such as not washing or brushing one's teeth.

MB23.K Poverty of speech

A general lack of the unprompted content and elaboration normally seen in speech that is attributed to poverty of thought. It is one of the negative symptoms of Schizophrenia.

MB23.L Pressured speech

Speech in which the person feels undue pressure to get the words out. The person’s speech is usually rapid, loud, and emphatic and may be difficult or impossible to interrupt. Frequently, the person talks without any social stimulation and may continue to talk even though no one is listening.

Exclusions: Schizophrenia or other primary psychotic disorders (BlockL1‑6A2)

Bipolar or related disorders (BlockL2‑6A6)

MB23.M Psychomotor agitation

Excessive motor activity, usually manifested by purposeless behaviours such as fidgeting, shifting, fiddling, inability to sit or stand still, wringing of the hands, etc.

MB23.N Psychomotor retardation

A visible generalised slowing of movements and speech.

Exclusions: Stupor (MB20.0)

MB23.Q Social withdrawal

Retreat from relationships and other social interactions

MB23.R Suicide attempt

A specific episode of self-harming behaviour undertaken with the conscious intention of ending one's life.

MB23.S Suicidal behaviour

Concrete actions, such buying a gun or stockpiling medication, that are taken in preparation for fulfilling a wish to end one's life but that do not constitute an actual suicide attempt.

MB23.Y Other specified symptoms and signs involving appearance and behaviour

MB23.Z Symptoms and signs involving appearance and behaviour, unspecified

MB24 Symptoms or signs involving mood or affect

Symptoms and signs involving the regulation and expression of emotions or feeling states.

MB24.0 Ambivalence

Conflicting ideas, wishes, or feelings toward a person, thing or situation that are distressing and may create difficulties in making decisions.

MB24.1 Anger

An emotional state related to one's psychological interpretation of having been threatened that may range in intensity from mild irritation to intense fury and rage.

MB24.2 Anhedonia

Inability to experience pleasure from normally pleasurable activities.

MB24.3 Anxiety

Apprehensiveness or anticipation of future danger or misfortune accompanied by a feeling of worry, distress, or somatic symptoms of tension. The focus of anticipated danger may be internal or external.

Inclusions: Nervous tension

MB24.4 Apathy

A reduction or lack of feeling, emotion, interest, or concern; a state of indifference.

MB24.5 Depressed mood

Negative affective state characterised by low mood, sadness, emptiness, hopelessness, or dejection

Exclusions: Mood disorders (BlockL1‑6A6)

Low self-esteem (MB28.9)

MB24.6 Disturbance of affect

A disturbance in the expression or outward manifestation of mood.

MB24.60 Constricted affect

A marked reduction in the expressive range and intensity of affect, but less than is observed in Blunted affect.

MB24.61 Blunted affect

A severe reduction in the expressive range and intensity of affect, but less than is observed in Flat affect.

MB24.62 Flat affect

Absence or near absence of any sign of affective expression.

MB24.63 Labile affect

Marked variability in emotional expression, with repeated, rapid, and abrupt shifts.

MB24.64 Inappropriate affect

Affective expression that is discordant with the content of the person's speech or ideation, or incompatible with the demands of a particular situation.

MB24.6Y Other specified disturbance of affect

MB24.6Z Disturbance of affect, unspecified

MB24.7 Dysphoria

An unpleasant mood state, which can include feelings of depression, anxiety, discontent, irritability, and unhappiness

MB24.8 Elevated mood

A positive mood state typically characterised by increased energy and self-esteem which may be out of proportion to the individual's life circumstances.

MB24.9 Euphoria

An exaggerated feeling of physical and emotional well-being and vitality.

MB24.A Fear

An emotional response to perceived imminent threat or danger associated with urges to flee or fight.

MB24.B Feelings of guilt

Remorse related to past events or one's past actions (or inaction), thoughts, or desires.

MB24.C Irritability

A mood state characterised by being easily annoyed and provoked to anger, out of proportion to the circumstances.

MB24.D Leaden paralysis

A feeling that one's arms or legs are as heavy as lead, associated with a form of depression that also commonly includes overeating and oversleeping.

MB24.E Mental rumination

Mental preoccupation with negative events, personal characteristics, or failures.

MB24.F Restlessness

A feeling of being unable to keep still.

MB24.G Tantrum

An emotional outburst, usually among children or those in emotional distress, that is typically characterised by stubbornness, crying, screaming, defiance, anger, a resistance to attempts at pacification, and in some cases hitting or other violent behaviour.

MB24.H Worry

Unpleasant thoughts that are difficult to control, related to anticipated potential negative events.

MB24.Y Other specified symptoms and signs involving mood or affect

MB24.Z Symptoms and signs involving mood or affect, unspecified

MB25 Symptoms or signs involving form of thought

Symptoms and signs involving the logical sequence and coherence of thought, typically manifest in speech, including thought disorder (circumstantiality, tangentiality, disorganised thinking and incoherence), flight of ideas, neologisms, and thought blocking.

MB25.0 Symptoms and signs of thought disorder

Disturbances in the associative thought process typically manifest in speech or writing that range from circumstantiality to incoherence. These may be indicative of Schizophrenia and other primary psychotic disorders but can also occur in other Mental and behavioural disorders (e.g., Delirium).

MB25.00 Circumstantiality

A relatively mild disturbance in the associative thought process typically manifest in speech or writing characterised by delay in getting to the point because of the interpolation of unnecessary details and irrelevant parenthetical remarks.

MB25.01 Tangentiality

A disturbance in the associative thought process typically manifest in speech in which the person tends to digress readily from the topic under discussion to other topics through associations without ever returning to the original topic.

MB25.02 Disorganised thinking

A disturbance in the associative thought process typically manifested in speech in which the person shifts suddenly from one topic to another that is unrelated or minimally related to the first. The individual gives no indication of being aware of the disconnectedness or illogicality of his or her thinking.

MB25.03 Incoherence

Speech or thinking that is so disorganised that it is essentially incomprehensible to others.

MB25.0Y Other specified symptoms and signs of thought disorder

MB25.0Z Symptoms and signs of thought disorder, unspecified

MB25.1 Flight of ideas

A nearly continuous flow of thoughts, usually manifested in speech, with rapid changes from topic to topic that are often based on understandable associations, distracting stimuli, or plays on words. In severe cases, the changes may be so rapid that speech is disorganised and incoherent.

MB25.2 Neologisms

The invention of new words that have meaning only to the person using them. May also include the use of existing words in ways that are inconsistent with their common meaning.

MB25.3 Thought blocking

A phenomenon usually manifested by the person's speech being suddenly interrupted by silences, experienced as a quick and total emptying of the mind.

MB25.Y Other specified symptoms and signs of form of thought

MB25.Z Symptoms and signs of form of thought, unspecified

MB26 Symptoms or signs involving content of thought

Symptoms and signs involving content of thought include delusions, experiences of influence, passivity, and control, grandiosity, homicidal ideation, identity disturbance, obsessions, overvalued ideas, paranoid ideation, referential thinking, suspiciousness, and suicidal ideation.

MB26.0 Delusion

A belief that is demonstrably untrue or not shared by others, usually based on incorrect inference about external reality. The belief is firmly held with conviction and is not, or is only briefly, susceptible to modification by experience or evidence that contradicts it. The belief is not ordinarily accepted by other members or the person's culture or subculture (i.e., it is not an article of religious faith).

MB26.00 Bizarre delusion

A delusion that involves a phenomenon that would be regarded as physically impossible within the person's cultural context.

MB26.01 Delusion of being controlled

A delusion that involves an external force or person controlling one's feelings, impulses, thoughts, or behaviour.

Exclusions: Experiences of influence, passivity, and control (MB26.1)

MB26.02 Delusion of guilt

A delusion involving exaggerated or inappropriate responsibility, need for punishment or retribution, or disproportionate consequences of one’s actions, such as that a minor error in the past will lead to disaster, that the person has committed a sin or horrible crime and should be punished severely, or that the person is responsible for a horrible outcome with which there can be no possible connection.

MB26.03 Delusion of reference

A delusion that events, objects, or other people in the person's immediate environment have a particular and unusual personal significance, usually of a negative or pejorative nature.

MB26.04 Erotomanic delusion

A delusion that another person, usually of higher status, is in love with the individual.

MB26.05 Grandiose delusion

A delusion of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.

Exclusions: Grandiosity (MB26.2)

MB26.06 Jealous delusion

A delusion that one's sexual partner is unfaithful.

MB26.07 Persecutory delusion

A delusion in which the central theme is that one (or someone to whom one is close) is being attacked, mocked, harassed, cheated, conspired against, or persecuted.

MB26.08 Religious delusion

A delusion involving religious or spiritual themes or subject matter that other members of the person's religious group do not accept as possible.

MB26.09 Somatic delusion

A delusion involving the functioning or appearance of one’s body, including of having a serious disease.

Coded Elsewhere: Olfactory reference disorder (6B22)

MB26.0A Nihilistic delusion

A delusion that the self, part of the self, part of the body, other persons, or the whole world has ceased to exist.

MB26.0B Misidentification delusion

A delusion that people in one’s environment, which may include family members and loved ones, are imposters or actors or are otherwise not who they seem to be.

MB26.0C Delusion of impoverishment

A delusional conviction that one is currently destitute or soon will be, or that one does not have the necessary financial resources to live on, in spite of evidence to the contrary.

MB26.0Y Other specified delusion

MB26.0Z Delusion, unspecified

MB26.1 Experiences of influence, passivity, and control

The experience that one's feelings, impulses, thoughts, bodily functions, or behaviour are under the control of another person or other external force instead of under one's own control. These experiences may or may not be accompanied by a delusional belief that provides an explanation for the subjective experience.

Exclusions: Delusion of being controlled (MB26.01)

MB26.10 Thought broadcasting

The experience that one's thoughts are accessible by others so that others know what one is thinking.

MB26.11 Thought insertion

The experience that certain thoughts are being placed in one's mind by others.

MB26.12 Thought withdrawal

The experience that one's thoughts are being removed by an outside person or force.

MB26.1Y Other specified experiences of influence, passivity, and control

MB26.1Z Experiences of influence, passivity, and control, unspecified

MB26.2 Grandiosity

Exaggerated self-esteem or an unrealistic belief in one's superiority, importance, capacities, or identity.

Exclusions: Grandiose delusion (MB26.05)

MB26.3 Homicidal ideation

Thoughts, ideas, or ruminations about killing another person, which range from vague ideas of revenge to detailed and fully formulated plans but do not include actual homicidal attempts.

MB26.4 Identity disturbance

Distortion or inconsistency in the sense or view of sameness and historical continuity of one's self.

MB26.5 Obsessions

Repetitive and persistent thoughts (e.g., of contamination), images (e.g., of violent scenes), or impulses/urges (e.g., to stab someone) that are experienced as intrusive, unwanted, and are commonly associated with anxiety.

MB26.6 Overvalued ideas

Unreasonable and sustained beliefs that are maintained with less than delusional intensity (i.e., the person is able to acknowledge the possibility that the belief may not be true). An alternative use of this term is to refer to conventional or plausible thoughts (e.g., religious concepts, political ideas, or excessively idealistic beliefs) that are held with such a level of intensity so that the person's life is taken up by them.

Exclusions: Delusion (MB26.0)

Grandiosity (MB26.2)

Paranoid ideation (MB26.7)

Referential thinking (MB26.8)

MB26.7 Paranoid ideation

Ideation, not held with delusional intensity, involving suspiciousness or beliefs of being harassed, persecuted, or unfairly treated by others.

Exclusions: Persecutory delusion (MB26.07)

MB26.8 Referential thinking

Ideation, not held with delusional intensity, that random or coincidental events are of particular and unusual significance to the person.

Exclusions: Delusion of reference (MB26.03)

MB26.9 Suspiciousness

The behaviour of others is viewed with anxiety, mistrust, or hostility and perceived as potentially threatening.

MB26.A Suicidal ideation

Thoughts, ideas, or ruminations about the possibility of ending one's life, ranging from thinking that one would be better off dead to formulation of elaborate plans.

Exclusions: Suicide attempt (MB23.R)

Personal history of self-harm (QC4B)

MB26.Y Other specified symptoms or signs involving content of thought

MB26.Z Symptoms or signs involving content of thought, unspecified

MB27 Symptoms or signs involving perceptual disturbance

Symptoms and signs involving a disruption in sensory perception, including depersonalization, derealization, and hallucinations in any modality.

Exclusions: disturbances of skin sensation (MB40.5)

MB27.0 Depersonalisation

Experiencing the self as strange or unreal, or feeling detached from, or as though one were an outside observer of, one’s thoughts, feelings, sensations, body, or actions. Depersonalization may take the form of emotional and/or physical numbing, a sense of watching oneself from a distance or ‘being in a play’, or perceptual alterations (e.g., a distorted sense of time).

MB27.1 Derealisation

Experiencing other persons, objects, or the world as strange or unreal (e.g., dreamlike, distant, foggy, lifeless, colourless, or visually distorted) or feeling detached from one’s surroundings.

MB27.2 Hallucinations

Sensory perceptions of any modality occurring in the absence of the appropriate (external) stimulus. The person may or may not have insight into the unreal nature of the perception.

MB27.20 Auditory hallucinations

Hallucinations involving the perception of sound, most frequently of voices but sometimes of clicks or other noises, that are not restricted to the period of awakening or the onset of sleep.

MB27.21 Gustatory hallucinations

Hallucinations of taste in the absence of an actual external stimulus.

MB27.22 Hypnopompic hallucinations

Hallucinations that occur during the period of awakening, most commonly of the visual, tactile or auditory modality.

MB27.23 Hypnagogic hallucinations

Hallucinations that occur at the onset of sleep, most commonly of the visual, tactile or auditory modality.

MB27.24 Olfactory hallucinations

Hallucinations involving the perception of odour (e.g., of burning rubber, decaying fish, orange peel) in the absence of an actual external stimulus.

MB27.25 Somatic hallucinations

Hallucinations involving the perception of an unusual physical state or event within the body, such as an electrical impulse running down one's arms or an object inside one's chest.

MB27.26 Tactile hallucinations

Hallucinations involving the perception of being touched (e.g., feeling like bugs are crawling on the skin, pins being stuck into one's finger) that are not restricted to the period of awakening or the onset of sleep.

MB27.27 Visual hallucinations

Visual release hallucinations, also called Charles Bonnet syndrome, refer to the experience of complex visual hallucinations in a person who has experienced partial or complete loss of vision. Hallucinations are exclusively visual, usually temporary, and unrelated to mental and behavioural disorders.

Coded Elsewhere: Visual release hallucinations (9D56)

MB27.2Y Other specified hallucinations

MB27.2Z Hallucinations, unspecified

MB27.3 Disturbance of body image

Excessively negative, distorted, or inaccurate perception of one's own body or parts of it.

MB27.4 Illusions

A misinterpretation of a true sensation (e.g., hearing voices in the sound of running water, the perception of figures in shadows).

Exclusions: Visual illusions (9D54)

MB27.Y Other specified symptoms and signs of perceptual disturbance

MB27.Z Symptoms and signs of perceptual disturbance, unspecified

MB28 Symptoms or signs related to personality features

Symptoms and signs involving the characteristics or qualities possessed by a person that uniquely influence his or her cognition, motivations, and behaviours in various situations.

MB28.0 Attention seeking

A tendency to engage in behaviour designed to attract notice and to make oneself the focus of others’ attention and admiration.

MB28.1 Callousness

Lack of concern for the feelings or problems of others; a lack of guilt or remorse about the negative or harmful effects of one's actions on others.

MB28.2 Eccentricity

A tendency toward appearance or behaviour that is odd, unusual, peculiar, or unconventional, and is inconsistent with cultural or subcultural norms.

MB28.3 Entitlement

The belief that one is inherently deserving of privileges or special treatment.

MB28.4 Hostility

A tendency to experience persistent or frequent angry feelings, especially in response to minor slights and insults, and to adopt an unfriendly or threatening attitude in interactions with others.

MB28.5 Impulsivity

A tendency to act on the spur of the moment in response to immediate stimuli, characterised by lack of deliberation and failure to consider risks and consequences before acting. Impulsivity may reflect a desire for immediate rewards or an inability to delay gratification.

MB28.6 Indecisiveness

A tendency to have difficulty making decisions or committing to a course of action.

MB28.7 Irresponsibility

A pattern of disregard for and failure to honour obligations or commitments; a lack of respect for and follow-through on agreements or promises; carelessness with others' property.

MB28.8 Low frustration tolerance

Diminished ability to regulate one's emotions and behaviour in response to frustrating circumstances.

MB28.9 Low self-esteem

Low appraisal of one's self-worth.

MB28.A Negative affectivity

A tendency to experience a broad range of distressing emotions, e.g. anxiety, anger irritability, depression, and other negative emotional states, often in response to even relatively minor actual or perceived stressors.

Inclusions: negative emotionality

proneness to negative emotional states

MB28.B Negativism

A tendency to oppose or resist suggestions or advice, or to resist stubbornly for no apparent reason.

MB28.C Perfectionism

An inclination to demand flawlessness of oneself or others and setting excessively high standards.

MB28.D Pessimism

An inclination to emphasize adverse aspects, conditions, and possibilities, or to expect the worst possible outcome.

MB28.E Recklessness

A tendency to engage in behaviour that potentially endangers a person's physical health, safety, or life.

MB28.F Sensation seeking

An inclination to search for experiences and feelings that are varied, novel, complex, and intense.

MB28.G Stubbornness

A steadfast adherence to an opinion, purpose, or course of action in spite of reason, arguments, or persuasion.

MB28.H Submissiveness

A tendency to adapt one’s behaviour to the actual or perceived interests and desires of others even when doing so is antithetical to one’s own interests, needs, or desires.

MB28.Y Other specified symptoms and signs related to personality features

MB28.Z Symptoms and signs related to personality features, unspecified

MB29 Symptoms or signs involving eating and related behaviour

Symptoms and signs related to disturbances in the regulation or form of eating behaviour that are not developmentally appropriate or culturally sanctioned, including avoidant or restrictive eating, binge eating, decreased appetite, eating of non-nutritive substances, increased appetite, purging behaviour, and rumination-regurgitation.

Coded Elsewhere: Decreased appetite (MG43.8)

Excessive weight gain (MG43.6)

Excessive weight loss (MG43.5)

Increased appetite (MG43.9)

Overeating (MG43.1)

MB29.0 Avoidant or restrictive eating

Acceptance of only a limited diet, which may be defined in terms of a specific dietary composition or sensory features of food, that is inconsistent with cultural or subcultural norms.

Exclusions: Avoidant-restrictive food intake disorder (6B83)

MB29.1 Binge eating

An episode in which an individual eats notably more than usual and feels that she or he is unable to stop or limit the amount or type of food eaten.

Exclusions: Bulimia Nervosa (6B81)

Binge eating disorder (6B82)

MB29.2 Eating of non-nutritive substances

Consumption of non-food objects and materials (e.g., clay, soil, chalk, plaster, plastic, metal and paper) or raw food ingredients (e.g., large quantities of salt or corn flour).

Exclusions: Pica (6B84)

MB29.3 Purging behaviour

Behaviour aimed at the removal of ingested food from the body with the specific intention to lose weight or prevent weight gain (e.g., self-induced vomiting, laxative abuse, or the use of enemas).

Exclusions: Bulimia Nervosa (6B81)

Anorexia Nervosa (6B80)

MB29.4 Rumination-regurgitation

Rechewing of previously swallowed food that has been brought back to the mouth through regurgitation, which may then be reswallowed or spat out.

Exclusions: Rumination-regurgitation disorder (6B85)

Bulimia Nervosa (6B81)

Anorexia Nervosa (6B80)

MB29.Y Other specified symptoms and signs involving eating and related behaviour

MB29.Z Symptoms and signs involving eating and related behaviour, unspecified

MB2A Symptoms or signs involving elimination

Symptoms and signs involving the behavioural components of defecation (soiling, faecal elimination) and urination.

MB2A.0 Soiling

The passage of faeces in clothing, bed, or other inappropriate places in an individual who has reached a developmental age where faecal continence is ordinarily expected.

Exclusions: Encopresis (6C01)

MB2A.1 Wetting

The voiding of urine into clothes or bed, which may occur during the day or night in an individual who has reached a developmental age where urinary continence is ordinarily expected.

Exclusions: Enuresis (6C00)

MB2A.Y Other specified symptoms and signs involving elimination

MB2A.Z Symptoms and signs involving elimination, unspecified

MB2Y Other specified mental or behavioural symptoms, signs or clinical findings

Symptoms, signs or clinical findings of the nervous system (BlockL1‑MB4)

Symptoms or signs involving the nervous system (BlockL2‑MB4)

Coded Elsewhere: Fear of neurological disease (MG24.9)

Symptom or complaint of a body part (ME86)

Age-associated cognitive decline (MB21.0)

Speech disturbances (MA80)

Types of seizures (8A68)

Fear of cancer of neurological system (MG24.0Y)

MB40 Sensation disturbance

MB40.0 Asomatognosia

MB40.1 Allodynia

Pain due to a normally non-painful stimulus

MB40.2 Anacusis

MB40.3 Anaesthesia of skin

Partial or complete loss of sensation affecting the skin, most commonly affecting a circumscribed area and resulting from sensory nerve damage as from injury or leprosy.

Inclusions: Numbness of skin

MB40.4 Tingling fingers or feet or toes

MB40.5 Hyperaesthesia

Increased sensibility to stimuli of sense

MB40.6 Dysesthesia

MB40.7 Acroparaesthesia

Severe pain in the extremities

MB40.8 Analgesia

MB40.9 Neurological neglect syndrome

MB40.Y Other specified sensation disturbance

MB40.Z Sensation disturbance, unspecified

MB41 Disturbances of smell and taste

Disturbances of smell and taste include anosmia, parosmia, parageusia, and other disturbances of smell and taste.

MB41.0 Anosmia

MB41.1 Parosmia

MB41.2 Dysgeusia

A disorder characterised by an alteration of the sense of taste

Inclusions: cacogeusia

ageusia

MB41.3 Hyposmia

Decreased ability to smell

MB41.Y Other specified disturbances of smell and taste

MB41.Z Disturbances of smell and taste, unspecified

MB42 Phonophobia

Hypersensitivity to sounds

MB43 Dyssomnia

Difficulties to fall asleep, or to remain sleeping

MB44 Abnormalities of gait and mobility

Abnormalities of gait and mobility include ataxic gait, paralytic gait, difficulty in walking, immobility, and other abnormalities of gait and mobility.

Exclusions: Immobility syndrome (FB32.3)

Ataxia, unspecified (MB45.0)

Hereditary ataxia (8A03.1)

ataxia, locomotor (syphilitic) (1A62.01)

MB44.0 Ataxic gait

Inclusions: Staggering gait

MB44.1 Paralytic gait

A collection of gait abnormalities due to affected motor control, sensory feedback, and muscle strength.

Inclusions: Spastic gait

MB44.2 Difficulty in walking

MB44.3 Immobility

Inclusions: Bedfast

Chairfast

Exclusions: Catatonia (BlockL1‑6A4)

Psychomotor retardation (5C50.B)

MB44.Y Other specified abnormalities of gait and mobility

MB44.Z Abnormalities of gait and mobility, unspecified

MB45 Lack of coordination

Other lack of coordination is a lack of coordination other than abnormal involuntary movements and abnormalities of gait and mobility.

Exclusions: Vertigo (MB48.0)

Hereditary ataxia (8A03.1)

Ataxic gait (MB44.0)

MB45.0 Ataxia, unspecified

MB45.1 Automatism

Repetitive unconscious gestures such as lip smacking, chewing or swallowing

MB45.2 Atonia

Loss of muscle tone

MB45.3 Head drop

MB45.4 Intention tremor

Cerebellar tremor characterised by a broad course and low frequency

MB45.Y Other specified lack of coordination

MB45.Z Lack of coordination, unspecified

MB46 Abnormal involuntary movements

Abnormal involuntary movements include abnormal head movements, tremor, cramp, spasm, fasciculation, and other abnormal involuntary movements

Exclusions: Movement disorders (BlockL1‑8A0)

Stereotyped movement disorder (6A06)

Tic disorders (8A05)

Essential tremor or related tremors (8A04.1)

Intention tremor (MB45.4)

Coded Elsewhere: Tremor due to certain specified central nervous system diseases (8A04.33)

MB46.0 Asterixis

MB46.1 Abnormal head movements

MB46.2 Athetosis

Twisting and writhing movements

MB46.3 Drop attack

A sudden spontaneous fall while standing and recovery within seconds or minutes

MB46.4 Titubation

Head tremor of cerebellar origin

MB46.5 Shuddering

MB46.Y Other specified abnormal involuntary movements

MB46.Z Abnormal involuntary movements, unspecified

MB47 Abnormality of tonus and reflex

MB47.0 Abnormal reflex

Exclusions: vasovagal reaction or syncope (MG45)

hyperactive gag reflex (BlockL1‑CA0)

abnormal pupillary reflex (LA11.62)

MB47.1 Abnormal posture

MB47.2 Clonus

A series of involuntary muscle contractions and relaxations

MB47.3 Cramp or spasm

Exclusions: Infantile spasms (8A62.0)

carpopedal spasm (MB47.D)

MB47.4 Dystonia

Sustained muscle contraction, involuntary movements that can lead to fixed abnormal postures

MB47.5 Fasciculation

MB47.50 Myokymia

Spontaneous, involuntary quivering of a few muscle fibers in a muscle

MB47.6 Meningismus

MB47.7 Muscle fibrillation

An involuntary muscle contraction and relaxation in a muscle fiber

MB47.8 Muscular hypertonia

Coded Elsewhere: Congenital hypertonia (KB08.1)

MB47.9 Myotonia

Slow relaxation of the muscles after voluntary contraction

MB47.A Ophthalmoparesis

Paresis of one or more extraocular muscles

MB47.B Opisthotonos

Arching position of the body due spasm of the axial muscles along the spinal column

MB47.C Tendency to fall

Inclusions: Tendency to fall because of old age or other unclear health problems

Exclusions: falls causing injury (Chapter 22)

Dizziness and giddiness (MB48)

Syncope and collapse (MG45)

Difficulty in walking (MB44.2)

accidents (Chapter 23)

MB47.D Tetany

Exclusions: Parathyroid tetany (5A50)

post-thyroidectomy tetany (5D42)

Coded Elsewhere: Neonatal tetany without calcium or magnesium deficiency (KB61.1)

MB47.Y Other specified abnormality of tonus and reflex

MB47.Z Abnormality of tonus and reflex, unspecified

MB48 Dizziness and giddiness

An imprecise term which may refer to a sense of spatial disorientation, motion of the environment, or lightheadedness.

Exclusions: Vertiginous syndromes (AB31.7)

MB48.0 Vertigo

Coded Elsewhere: Other peripheral vertigo (AB34.1)

Epidemic vertigo (1C8Y)

MB48.00 Vertigo of central origin

Central vertigo is usually a result of an abnormal processing of the vestibular sensory input by the central nervous system due to either a disruption of central integrators (i.e. brain stem, cerebellum) or a sensory information mismatch (i.e. from the cortex). Lesions that affect the vestibular nerve or root entry zone (i.e. cerebellopontine angle [CPA] lesions) result in imbalance by affecting primary vestibular sensory information

Inclusions: Central positional nystagmus

MB48.0Y Other specified vertigo

MB48.0Z Vertigo, unspecified

MB48.1 Disorder equilibrium

MB48.2 Exertional dizziness

MB48.3 Light-headedness

MB48.4 Presyncope

MB48.Y Other specified dizziness and giddiness

MB48.Z Dizziness and giddiness, unspecified

MB49 Aura

Reversible visual and/or sensory symptoms prior to a seizure (few seconds) or migraine with aura (20 minutes)

MB4A Apraxia

MB4B Symbolic dysfunctions

Exclusions: Developmental learning disorder (6A03)

Coded Elsewhere: Echolalia (MB23.9)

MB4B.0 Dyslexia and alexia

Dyslexia and alexia refer to the loss, usually in adulthood, of a previous ability to read fluently and to accurately comprehend written material that is inconsistent with general level of intellectual functioning and is acquired after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury.

Exclusions: Developmental learning disorder (6A03)

Coded Elsewhere: Alexia (9D92)

MB4B.1 Agnosia

MB4B.2 Acalculia

Acalculia refer to the loss, usually in adulthood, of a previous ability to perform simple mathematical calculations that is inconsistent with general level of intellectual functioning and is acquired after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury.

Exclusions: Developmental learning disorder (6A03)

MB4B.3 Agraphia

Agraphia refer to the loss, usually in adulthood, of a previous ability to write that is inconsistent with general level of intellectual functioning and is acquired after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury

Exclusions: Developmental learning disorder (6A03)

MB4B.4 Anomia

Acquired difficulty in retrieving previously used vocabulary, particularly nouns and verbs.

MB4B.5 Dyscalculia

Dyscalculia refer to acquired difficulty with performing simple mathematical calculations that is inconsistent with general level of intellectual functioning, with onset after the developmental period in individuals who had previously attained these skills, such as due to a stroke or other brain injury.

Exclusions: Developmental learning disorder (6A03)

MB4B.Y Other specified symbolic dysfunctions

MB4B.Z Symbolic dysfunctions, unspecified

MB4C Gerstmann syndrome

Gerstmann syndrome is a very rare neurological disorder characterised by the specific association of acalculia, finger agnosia, left-right disorientation, and agraphia, which is supposed to be secondary to a focal subcortical white matter damage in the parietal lobe.

Exclusions: Gerstmann-Straussler-Scheinker syndrome (8E02.1)

Paralytic symptoms (BlockL3‑MB5)

Coding Note: For primary coding, the following categories are to be used only when the relevant paralytic syndrome (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause.

MB50 Tetraplegia

Coding Note: Code aslo the casusing condition

Inclusions: Quadriplegia

MB50.0 Flaccid tetraplegia

This is a severe or complete loss of motor function in all four limbs with limp and relaxed muscles.

MB50.1 Spastic tetraplegia

This is a severe or complete loss of motor function in all four limbs with involuntary contractions.

MB50.Z Tetraplegia, unspecified

Coding Note: Code aslo the casusing condition

MB51 Diplegia of upper extremities

This is a loss of motor control in both arms.

Coding Note: Code aslo the casusing condition

Inclusions: paralysis of both upper limbs

Paralysis of both arms

MB51.0 Flaccid diplegia of upper extremities

MB51.1 Spastic diplegia of upper extremities

MB51.Z Diplegia of upper extremities, unspecified

Coding Note: Code aslo the casusing condition

MB52 Diplegia of lower extremities

Coding Note: Code aslo the casusing condition

MB53 Hemiplegia

This is a severe or complete loss of motor function on one side of the body.

Coding Note: Code aslo the casusing condition

Exclusions: congenital cerebral palsy (BlockL1‑8D2)

spastic hemiplegic cerebral palsy (8D20.0)

MB53.0 Alternating hemiplegia

MB53.1 Flaccid hemiplegia

This is a severe or complete loss of motor function on one side of the body with limp and relaxed muscles.

MB53.2 Spastic hemiplegia

This is a severe or complete loss of motor function on one side of the body with involuntary contractions.

MB53.Z Hemiplegia, unspecified

Coding Note: Code aslo the casusing condition

MB54 Monoplegia of upper extremity

This is a loss of motor control in one arm.

Coding Note: Code aslo the casusing condition

Inclusions: paralysis of upper limb

Paralysis of arm

MB54.0 Flaccid monoplegia of upper extremity

MB54.1 Spastic monoplegia of upper extremity

MB54.Z Monoplegia of upper extremity, unspecified

Coding Note: Code aslo the casusing condition

MB55 Monoplegia of lower extremity

This is a loss of motor control in one leg.

Coding Note: Code aslo the casusing condition

Inclusions: paralysis of lower limb

Paralysis of leg

MB55.0 Flaccid monoplegia of lower extremity

MB55.1 Spastic monoplegia of lower extremity

MB55.Z Monoplegia of lower extremity, unspecified

Coding Note: Code aslo the casusing condition

MB56 Paraplegia

Coding Note: Code aslo the casusing condition

MB57 Functional level of injury of spinal cord

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.0 Functional level of injury of cervical spinal cord

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.1 Functional level of injury of thoracic spinal cord

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.2 Functional level of injury of lumbar spinal cord

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.3 Functional level of injury of spinal cord, sacrum

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.Y Other specified functional level of injury of spinal cord

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB57.Z Functional level of injury of spinal cord, unspecified

Coding Note: These codes are not to be used alone. Code first injury or condition.

MB5Y Other specified paralytic symptoms

Coding Note: For primary coding, the following categories are to be used only when the relevant paralytic syndrome (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause.

MB5Z Paralytic symptoms, unspecified

Coding Note: For primary coding, the following categories are to be used only when the relevant paralytic syndrome (complete) (incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause.

MB60 Sleeptalking

MB6Y Other specified symptoms or signs involving the nervous system

Clinical findings in the nervous system (BlockL2‑MB7)

MB70 Clinical findings in cerebrospinal fluid

MB70.0 Abnormal level of enzymes in cerebrospinal fluid

MB70.1 Abnormal level of hormones in cerebrospinal fluid

MB70.2 Abnormal level of drugs, medicaments and biological substances in cerebrospinal fluid

MB70.3 Abnormal level of substances chiefly nonmedicinal as to source in cerebrospinal fluid

MB70.4 Abnormal immunological findings in cerebrospinal fluid

MB70.5 Abnormal microbiological findings in cerebrospinal fluid

MB70.6 Abnormal cytological findings in cerebrospinal fluid

MB70.7 Abnormal histological findings in cerebrospinal fluid

MB70.8 Other abnormal findings in cerebrospinal fluid

MB70.Y Other specified clinical findings in cerebrospinal fluid

MB70.Z Clinical findings in cerebrospinal fluid, unspecified

MB71 Clinical findings on diagnostic imaging of central nervous system

Clinical findings on diagnostic imaging of central nervous system is findings on diagnostic imaging of the brain or the spinal cord which don't appear in normal status of the body. Diagnostic imaging refers to technologies that doctors use to look inside body for clues about a medical condition. X-rays, CT scans, nuclear medicine scans, MRI scans and ultrasound are all types of diagnostic imaging.

MB71.0 Intracranial space-occupying lesion

MB71.Y Other specified clinical findings on diagnostic imaging of central nervous system

MB71.Z Clinical findings on diagnostic imaging of central nervous system, unspecified

MB72 Results of function studies of the nervous system

MB7Y Other specified clinical findings in the nervous system

MB9Y Other specified symptoms, signs or clinical findings of the nervous system

Symptoms, signs or clinical findings of the visual system (BlockL1‑MC1)

Symptoms or signs involving the visual system (BlockL2‑MC1)

Coded Elsewhere: Fear of eye disease (MG24.4)

Ophthalmoparesis (MB47.A)

MC10 Eye appearance abnormal

MC11 Eye sensation abnormal

MC12 Chronic enlargement of lacrimal gland

MC13 Epiphora

This is overflow of tears onto the face. A clinical sign or condition that constitutes insufficient tear film drainage from the eyes in that tears will drain down the face rather than through the nasolacrimal system.

MC14 Eye discharge

MC15 Red eye

MC16 Pallor conjunctiva

MC17 Icteric sclera

MC18 Ocular pain

MC19 Quadrantanopia

MC1A Visual floaters

Floaters are dark spots or shapes that seem to float in front of the retinal image.

MC1B Symptom or complaint of the eyelid

MC1C Symptom or complaint of glasses

MC1D Symptom or complaint of contact lens

MC1Y Other specified symptoms or signs involving the visual system

MC20 Clinical findings of the visual system

MC20.0 Staphyloma

This is an abnormal protrusion of the uveal tissue through a weak point in the eyeball. The protrusion is generally black in colour, due to the inner layers of the eye. It occurs due to weakening of outer layer of eye (cornea or sclera) by an inflammatory or degenerative condition. It may be of 5 types, depending on the location on the eye ball (bulbus oculi).

MC20.1 Small drusen of the macula

MC21 Impairment of electrophysiological functions

MC21.0 Profound impairment of electrooculogram

MC21.1 Normal electroretinogram

An Electro-Retinogram records retinal action potentials in response to various visual stimuli.

MC21.Y Other specified impairment of electrophysiological functions

MC21.Z Impairment of electrophysiological functions, unspecified

MC2Y Other specified symptoms, signs or clinical findings of the visual system

Symptoms, signs or clinical findings of ear or mastoid process (BlockL1‑MC4)

Symptoms or signs involving the ear or mastoid process (BlockL2‑MC4)

Coded Elsewhere: Otalgia or effusion of ear (AB70)

MC40 Plugged feeling ear

MC41 Tinnitus

A nonspecific symptom of hearing disorder characterised by the sensation of buzzing, ringing, clicking, pulsations, and other noises in the ear in the absence of appropriate corresponding external stimuli and in the absence os what the examiner can hear with a stethoscope.

MC4Y Other specified symptoms or signs involving the ear or mastoid process

MC6Y Other specified symptoms, signs or clinical findings of ear or mastoid process

Symptoms, signs or clinical findings of the circulatory system (BlockL1‑MC8)

Symptoms or signs involving the circulatory system (BlockL2‑MC8)

Coded Elsewhere: Ankle oedema (MG29.00)

Fear of cardiovascular disease (MG24.7)

Fear of heart disease (MG24.5)

Fear of hypertension (MG24.6)

MC80 Abnormal blood-pressure reading, without diagnosis

Abnormal blood-pressure reading, without diagnosis is a reading of blood pressure which is higher than normal blood pressure or lower than normal blood pressure, without diagnosis.

MC80.0 Elevated blood-pressure reading, without diagnosis of hypertension

Coding Note: This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.

MC80.00 White coat hypertension

Persistently elevated office blood pressure readings with persistently normal out-of-the office readings.

MC80.0Y Other specified elevated blood-pressure reading, without diagnosis of hypertension

Coding Note: This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.

MC80.0Z Elevated blood-pressure reading, without diagnosis of hypertension, unspecified

Coding Note: This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.

MC80.1 Nonspecific low blood-pressure reading

Exclusions: Maternal hypotension syndrome (JA65.6)

Orthostatic hypotension (BA21)

MC80.Y Other specified abnormal blood-pressure reading, without diagnosis

MC80.Z Abnormal blood-pressure reading, without diagnosis, unspecified

MC81 Abnormalities of heart beat

Abnormalities of heart beat is arrhythmia which is any disorder of the heart rate or rhythm. It means that the heart beats too quickly, too slowly or with an irregular pattern.

Exclusions: specified arrhythmias (BlockL1‑BC6)

Cardiovascular disorders present in the perinatal or neonatal period (BlockL1‑KB4)

MC81.0 Tachycardia, unspecified

MC81.1 Bradycardia, unspecified

MC81.2 Palpitations

Inclusions: Awareness of heart beat

MC81.3 Paroxysmal tachycardia

Exclusions: complicating, abortion or ectopic or molar pregnancy (JA05)

Coded Elsewhere: Re-entry ventricular arrhythmia (BC71.2)

MC81.4 Pulseless electrical activity, not elsewhere classified

MC81.Y Other specified abnormalities of heart beat

MC81.Z Abnormalities of heart beat, unspecified

MC82 Cardiac arrest

A sudden, sometimes temporary, cessation of heart function resulting in hemodynamic collapse.

Exclusions: complicating abortion or ectopic or molar pregnancy (JA05)

Cardiogenic shock (MG40.0)

MC82.0 Ventricular tachycardia and fibrillation cardiac arrest

Discoordinated or rapid ventricular depolarization resulting in hemodynamic collapse.

MC82.1 Bradycardic cardiac arrest

Slow escape rhythm associated with hemodynamic collapse.

MC82.2 Asystolic cardiac arrest

Absence of electrical activity of the heart resulting in hemodynamic collapse.

MC82.3 Cardiac arrest with pulseless electrical activity

Electrical activation of the heart without mechanical activation resulting in hemodynamic collapse.

MC82.4 Cardiopulmonary arrest

MC82.Z Cardiac arrest, unspecified

MC83 Cardiac murmurs and other cardiac sounds

Cardiac murmurs are blowing, whooshing, or rasping sounds heard during a heartbeat. Other cardiac sounds are sounds heard from heart other than cardiac murmurs.

Exclusions: Cardiovascular disorders present in the perinatal or neonatal period (BlockL1‑KB4)

MC83.0 Benign and innocent cardiac murmurs

Coded Elsewhere: Benign or innocent cardiac murmurs in newborn (KB47)

MC83.1 Other cardiac sounds

MC84 Cardiovascular pain

MC85 Gangrene

Gangrene, not elsewhere classified is the death of tissues in the body which happens when a part of the body loses its blood supply.

Exclusions: Pyoderma gangrenosum (EB21)

Gas gangrene (1C16)

Polymicrobial necrotising fasciitis (1B71.1)

MC86 Precordial pain

MC87 Pressure or tightness of heart

MC88 Prominent veins

MC8Y Other specified symptoms or signs involving the circulatory system

MC90 Clinical findings on diagnostic imaging of heart or coronary circulation

Exclusions: Long QT syndrome (BC65.0)

MC91 Results of function studies of the circulatory system

Exclusions: Long QT syndrome (BC65.0)

MC9Y Other specified symptoms, signs or clinical findings of the circulatory system

Symptoms, signs or clinical findings of the respiratory system (BlockL1‑MD1)

Symptoms or signs involving the respiratory system (BlockL2‑MD1)

Coded Elsewhere: Fear of respiratory disease (MG24.A)

Acute life threatening episode (MG44.Y)

MD10 Abnormal sputum

This category includes the abnormalities of quantity, colour and odor in sputum which may suggest a some etiology. Patients with chronic bronchitis typically expectorate small quantities of mucoid yellow material. A foul or fetid odor should suggest infection from anaerobic organisms, usually in cases of lung abscess. Occasionally, greatly excessive amounts of sputum or "bronchorrhoea" is associated with bronchioloalveolar carcinoma.

Exclusions: blood-stained sputum (MD22)

MD11 Abnormalities of breathing

Abnormalities of breathing includes dyspnoea, stridor, wheezing, periodic breathing, hyperventilation, mouth breathing, hiccough, sneezing, and other abnormalities of breathing.

Exclusions: Respiratory distress of newborn (KB23)

Respiratory failure of newborn (KB2D)

Respiratory arrest (MD33)

Adult acute respiratory distress syndrome (CB00)

MD11.0 Apnoea

Exclusions: Apnoea of newborn (KB2A)

Sleep-related breathing disorders (BlockL1‑7A4)

MD11.1 Asphyxia

Asphyxia is a life-threatening condition in which oxygen is prevented from reaching the tissues by obstruction of or damage to any part of the respiratory system. More generally the term indicates all the conditions generating impaired or impeded breathing.

Exclusions: asphyxia due to foreign body in respiratory tract (ND72)

asphyxia due to carbon monoxide (NE61)

asphyxia due to traumatic (Chapter 22)

Coded Elsewhere: Intrauterine hypoxia (KB20)

Birth asphyxia (KB21)

MD11.2 Ataxic breathing

An irregular breathing pattern that usually progresses to complete apnoea.

MD11.3 Breath holding

MD11.4 Sleep related Cheyne-Stokes respiration

Periodic breathing, a variant of Cheyne-Stokes respiration, is characterised by regular, recurrent cycles of changing tidal volumes in which the lowest tidal volume is less than half the maximal tidal volume in that cycle. It is the most frequent abnormal respiratory pattern directly related to stroke rather than underlying systemic disease, occurring in approximately 25 percent of patients. Periodic breathing may be more common among patients with subarachnoid haemorrhage.

Exclusions: Central sleep apnoea due to a medical condition with Cheyne-Stokes breathing (7A40.3)

MD11.5 Dyspnoea

Dyspnoea is used to describe perceptions of difficulty or distress related to breathing and is recognised as symptomatic of disease when it occurs under inappropriate circumstances. Dyspnoea is a presenting complaint of patients with a wide variety of medical diseases by multiple mechanisms.

Exclusions: Transient tachypnoea of newborn (KB23.1)

MD11.6 Hiccough

Hiccough are repeated involuntary spasms of the diaphragm followed by sudden closure of the glottis, which checks the inflow of air and causes the characteristic sound. Transient episodes are very common. Persistent (> 2 days) and intractable (> 1 mo) Hiccough are uncommon but quite distressing.

MD11.7 Hyperventilation

Hyperventilation refers to an increase in the rate of alveolar ventilation that is excessive for the rate of metabolic carbon dioxide production, resulting in a decrease in arterial PCO2 to below the normal range of 37 to 43 mm Hg. Hyperventilation should be distinguished from tachypnoea, an increase in respiratory frequency, and from hyperpnea, an increase in minute volume of ventilation.

MD11.8 Mouth breathing

Breathing through mouth. Nasal obstruction may also necessitate mouth breathing, which itself can precipitate obstructive apnoea. Breathing through the mouth may also increase risk for OSA by its effect on the tongue. The tongue forms the anterior wall of the oropharynx; both the supine posture and opening of the mouth tend to displace it posteriorly and encourage airway closure.

Exclusions: Dry mouth (DA02.1)

MD11.80 Stertor

Stertor is a heavy snoring or gasping sound on inspiration occurring in coma or deep sleep that may be caused by partial obstruction of airway, choanal stenosis, enlarged tonsils and/or adenoids, and redundant upper airway tissues.

MD11.8Y Other specified mouth breathing

MD11.8Z Mouth breathing, unspecified

MD11.9 Nasal congestion

MD11.A Sneezing

Sneezing is one of the most fundamental airway reflexes, which is characterised by a deep preparatory inspiration followed by an abrupt increase in subglottic pressure reflecting a forceful, active expiration rather similar to coughing. Chemical or physical stimuli to the nasal mucosa may initiate potent respiratory and cardiovascular reflexes via stimulation of trigeminal nerves. Mild stimuli result in sneezing and nasal hypersecretion. These reflex responses protect the lower airways from inhalation of physical and chemical irritants.

MD11.B Stridor

Stridor or a low-pitched, focal inspiratory wheeze usually heard over the neck, is a manifestation of upper airway obstruction and should result in an expedited evaluation of the patient as it can precede complete upper airway obstruction and respiratory failure.

Exclusions: laryngismus (stridulus) (CA0H.4)

congenital laryngeal stridor (BlockL1‑KB2)

MD11.C Wheezing

Continuous adventitious sounds that are high-pitched are called wheezes. Wheezes originate in airways narrowed by spasm, thickening of the mucosa, or luminal obstruction.

MD11.D Yawning

MD11.Y Other specified abnormalities of breathing

MD11.Z Abnormalities of breathing, unspecified

MD12 Cough

Cough is an important natural defensive mechanism and protective reflex for clearing the upper and lower airways of excessive secretions such as mucus and inhaled particles. Cough is a common symptom of most respiratory disorders and may be indicative of trivial to very serious airway or lung pathology.

Exclusions: cough with haemorrhage (MD22)

Haemorrhage from respiratory passages (BlockL3‑MD2)

Haemorrhage from respiratory passages is the bleeding from upper respiratory tract or lower respiratory tract. The major passages and structures of the upper respiratory tract include the nose or nostrils, nasal cavity, mouth, pharynx, and larynx. The major passages and structures of the lower respiratory tract include the trachea and within the lungs, the bronchi, bronchioles, and alveoli.

Exclusions: Pulmonary haemorrhage originating in the perinatal period (KB28)

MD20 Epistaxis

Bleeding from the nose

Inclusions: Nosebleed

Haemorrhage from nose

MD21 Haemorrhage from throat

Haemorrhage from throat is the bleeding from throat. Throat is a tube that carries food to oesophagus and air to windpipe and larynx.

Exclusions: Haemoptysis (MD22)

MD22 Haemoptysis

Expectoration or spitting of blood originating from any part of the respiratory tract, usually from haemorrhage in the lung parenchyma and the bronchial arteries.

Inclusions: Blood-stained sputum

Cough with haemorrhage

MD23 Haemorrhage from other sites in respiratory passages

Exclusions: Pulmonary haemorrhage originating in the perinatal period (KB28)

MD24 Acute idiopathic pulmonary haemorrhage in infants over 28 days of age

Exclusions: Von Willebrand disease (3B12)

MD2Z Haemorrhage from respiratory passages, unspecified

MD30 Pain in throat or chest

Pain in throat and chest means having pain sensation in throat or chest. Throat is a tube that carries food to oesophagus and air to windpipe and larynx. The technical name for throat is pharynx.

Exclusions: Cervical spine pain (ME84.0)

acute sore throat NOS (CA02)

pain in breast (GB23.5)

Epidemic myalgia (1D83)

Dysphagia (MD93)

Chronic primary chest pain syndrome (MG30.00)

Coded Elsewhere: Pain in throat (MD36.0)

Precordial pain (MC86)

Musculoskeletal chest pain (ME81)

MD30.0 Chest pain on breathing

Pleuritic chest pain is a type of pain that is caused by problems with the thin layers of tissue that surround the lungs (called the “pleura”). This type of pain feels like a sharp, stabbing chest pain, and it gets worse when you breathe in. Pleuritic chest pain can be caused by the following problems: pneumothorax, pleural effusion, pleuritis, empyema, pericarditis.

Inclusions: Painful respiration

Exclusions: Pleurisy (MD31)

MD30.1 Other chest pain

MD30.Z Chest pain, unspecified

MD31 Pleurisy

Pleurisy or Pleuritis is the medical term for inflammation of the pleura. The most common cause of pleuritis is infection, but it can also be caused by lupus, rheumatoid arthritis, and certain medicines. Pleurisy or pleuritis usually accumulates exudative pleural effusions.

Exclusions: pleurisy with effusion (CB27)

MD32 Rales

MD33 Respiratory arrest

Arrest of spontaneous breathing.

MD34 Symptom or complaint of the nose

MD35 Symptom or complaint of the sinus

MD36 Symptom or complaint of the throat

MD36.0 Pain in throat

Pain in throat means having pain sensation in throat. Throat is a tube that carries food to oesophagus and air to windpipe and larynx.

MD36.Y Other specified symptom or complaint of the throat

MD36.Z Symptom or complaint of the throat, unspecified

MD3Y Other specified symptoms or signs involving the respiratory system

Clinical findings in the respiratory system (BlockL2‑MD4)

MD40 Clinical findings in specimens from respiratory organs and thorax

Exclusions: Haemoptysis (MD22)

MD40.0 Abnormal level of enzymes in specimens from respiratory organs and thorax

MD40.1 Abnormal level of hormones in specimens from respiratory organs and thorax

MD40.2 Abnormal level of drugs, medicaments and biological substances in specimens from respiratory organs and thorax

MD40.3 Abnormal level of substances chiefly nonmedicinal as to source in specimens from respiratory organs and thorax

MD40.4 Abnormal immunological findings in specimens from respiratory organs and thorax

MD40.5 Abnormal microbiological findings in specimens from respiratory organs and thorax

MD40.50 Positive culture from nose

MD40.51 Positive sputum culture

MD40.52 Positive throat culture

MD40.5Y Other specified abnormal microbiological findings in specimens from respiratory organs and thorax

MD40.5Z Abnormal microbiological findings in specimens from respiratory organs and thorax, unspecified

MD40.6 Abnormal cytological findings in specimens from respiratory organs and thorax

MD40.7 Abnormal histological findings in specimens from respiratory organs and thorax

MD40.Y Other specified clinical findings in specimens from respiratory organs and thorax

MD41 Clinical findings on diagnostic imaging of lung

Clinical findings on diagnostic imaging of lung is findings on diagnostic imaging of the lung which don't appear in normal status of the body. Diagnostic imaging refers to technologies that doctors use to look inside body for clues about a medical condition. X-rays, CT scans, nuclear medicine scans, MRI scans and ultrasound are all types of diagnostic imaging.

MD42 Results of function studies of the respiratory system

MD4Y Other specified clinical findings in the respiratory system

MD6Y Other specified symptoms, signs or clinical findings of the respiratory system

Symptoms, signs or clinical findings of the digestive system or abdomen (BlockL1‑MD8)

Symptoms or signs involving the digestive system or abdomen (BlockL2‑MD8)

Exclusions: pylorospasm congenital or infantile (LB13.0)

Intestinal obstruction of newborn (KB87)

gastrointestinal haemorrhage newborn (KA83.1)

Symptoms, signs or clinical findings involving the male genital system (BlockL2‑MF4)

Symptoms, signs or clinical findings involving the urinary system (BlockL2‑MF5)

Symptoms, signs or clinical findings involving the female genital system (BlockL2‑MF3)

Coded Elsewhere: Fear of digestive disease (MG24.3)

MD80 Symptoms or signs of the orofacial complex

MD80.0 Symptom or complaint of the teeth or gum

MD80.1 Symptom or complaint of the mouth, tongue or lip

MD80.Y Other specified symptoms or signs of the orofacial complex

MD81 Abdominal or pelvic pain

Pain, an unpleasant distress sensation occurring in varying degrees of severity, received by nerve ending in the abdominal and pelvic region.

Exclusions: Spinal pain (ME84)

Flatulence and related conditions (ME08)

renal colic (MF56)

MD81.0 Abdominal tenderness

MD81.1 Localised abdominal pain

MD81.10 Pain localised to upper abdomen

Pain, an unpleasant distress sensation, which is localised to upper part of abdomen.

Inclusions: Epigastric pain

Exclusions: Functional dyspepsia (DD90.3)

MD81.11 Pelvic or perineal pain

Pain, an unpleasant distress sensation, which occurs in the pelvic and perineal region.

Exclusions: Female pelvic pain associated with genital organs or menstrual cycle (GA34)

Chronic primary bladder pain syndrome (MG30.00)

Bladder pain (MF52)

Sexual pain-penetration disorder (HA20)

Coded Elsewhere: Perineal pain (GA34.01)

Pelvic floor tension myalgia (GA34.0Y)

MD81.12 Pain localised to other parts of lower abdomen

Pain, an unpleasant distress sensation, which is localised to other part of lower abdomen than the pelvic or perineal region.

Exclusions: Pelvic or perineal pain (MD81.11)

MD81.1Z Localised abdominal pain, unspecified

MD81.2 Generalised abdominal pain

Pain, an unpleasant distress sensation occurring in varying degrees of severity, or cramps, spasmodic contraction causing severe pain in the abdominal area in general.

MD81.3 Acute abdomen

A clinical syndrome with acute abdominal pain that is severe, and rapid onset. Acute abdomen may be caused by a variety of disorders, injuries, or diseases

MD81.4 Other and unspecified abdominal pain

Exclusions: Infantile colic (DD93.1)

Chronic primary abdominal pain syndrome (MG30.00)

MD82 Intra-abdominal or pelvic swelling, mass or lump

This refers to the presence of abdominal or pelvic wall swelling, mass or tumour in the abdominal and pelvic regions. These mass or tumours can be recognised by visual examination and/or palpation.

Exclusions: Abdominal distension (ME01)

Ascites (ME04)

Symptoms related to the upper gastrointestinal tract (BlockL3‑MD9)

Clinical symptoms presumed to be arising from disorders/diseases of upper GI tract.

Coded Elsewhere: Haematemesis (ME24.A5)

MD90 Nausea or vomiting

Nausea is the feeling of having an urge to vomit. Vomiting is forcing the contents of the stomach up through the oesophagus and out of the mouth.

Exclusions: haematemesis neonatal (KB8A)

Functional nausea or vomiting (DD90.4)

pyschogenic vomiting (8A80.4)

MD90.0 Nausea

MD90.1 Vomiting

Coded Elsewhere: Vomiting following gastrointestinal surgery (DE10)

Excessive vomiting in pregnancy (JA60)

Vomiting in newborn (KD3C)

MD91 Belching

The liberation of gas in the upper gastrointestinal tract via the oesophagus through the mouth.

Exclusions: Functional belching disorders (DD90.5)

MD92 Dyspepsia

A condition characterised by upper abdominal symptoms that suggest indigestion (painful, difficult, or disturbed digestion), which may include pain or discomfort of upper abdomen, bloating, feeling of fullness with very little intake of food, nausea and vomiting, heartburn, loss of appetite.

Exclusions: Functional dyspepsia (DD90.3)

MD93 Dysphagia

Difficulty in swallowing which may result from neuromuscular disorder or mechanical obstruction. Dysphagia is classified into two distinct types: oropharyngeal dysphagia due to malfunction of the pharynx and upper oesophageal sphincter; and oesophageal dysphagia due to malfunction of the oesophagus.

Inclusions: Difficulty in swallowing

Exclusions: Functional swallowing disorder (DD90.1)

MD94 Halitosis

Halitosis is an oral health condition in which one's mouth emits a foul odour. There are many causes of halitosis such as poor oral hygiene, tobacco and or alcohol, and possibly a medical condition such as respiratory and digestive tract disorders.

MD95 Heartburn

Substernal pain or burning sensation, usually associated with regurgitation of gastric juice into the oesophagus.

Exclusions: Functional dyspepsia (DD90.3)

Pain in throat or chest (MD30)

Functional heartburn (DD90.2)

MD9Y Other specified symptoms related to the upper gastrointestinal tract

Symptoms related to the lower gastrointestinal tract or abdomen (BlockL3‑ME0)

Exclusions: Abdominal or pelvic pain (MD81)

Coded Elsewhere: Haematochezia (ME24.A3)

Haemorrhage of anus and rectum (ME24.A1)

Meconium ileus without perforation (KB87.2)

Melaena (ME24.A4)

ME00 Abdominal compartment syndrome

Abdominal compartment syndrome is a condition of organ dysfunction caused by increased intra-abdominal pressure (intra-abdominal hypertension), possibly due to intra-abdominal haemorrhage, retroperitoneal haematoma, or intestinal oedema, often occurred after surgical intervention or trauma, or often associated with septic condition. The importance of this clinical entity was recognised recently in the end of the 20th Century. Usually the abdominal distension due to primary ischaemic bowel injury was excluded from this clinical entity.

ME01 Abdominal distension

This is a condition in which the abdomen feels full and tight because of swelling of the abdomen, usually due to an increased amount of intestinal gas, but occurs sometimes when fluid, substances or mass are accumulating or expanding in the abdomen.

ME02 Abdominal rigidity

Abdominal rigidity is stiffness of the muscles in the belly area, which can be felt when touched or pressed.

Exclusions: that with severe abdominal pain (MD81.3)

ME03 Abnormal bowel sounds

Bowel sounds are caused by the products of digestion as they move through the lower gastrointestinal tract, usually heard on auscultation. Abnormal bowel sounds are reduced or increased bowel sounds which provide valuable information about the disorders of bowel movement.

ME03.0 Hyperactive bowel sounds

ME03.1 Absent bowel sounds

ME03.Z Abnormal bowel sounds, unspecified

ME04 Ascites

Accumulation or retention of free fluid in the abdominal peritoneal cavity between the tissues lining the abdomen and abdominal organs. The fluid may be serous, haemorrhagic, or the result of inflammation or tumour metastasis to the peritoneum.

ME04.0 Fluid in peritoneal cavity

ME04.Y Other specified ascites

ME04.Z Ascites, unspecified

ME05 Change in bowel habit

Bowel habits are the time, size, amount, consistency and frequency of bowel movements throughout the day. A change in bowel habits is any alteration in regular bowel habits.

Exclusions: Functional diarrhoea (DD91.2)

ME05.0 Constipation

Constipation is an acute or chronic condition in which bowel movements occur less often than usual or consist of hard, dry stools that are often painful or difficult to pass. Here constipation other than specifically described elsewhere such as in motility disorders of intestine or in functional bowel diseases, is described.

Inclusions: faecal impaction

Exclusions: Functional constipation (DD91.1)

Functional constipation of infants, toddlers or children (DD93)

Atonic constipation (DD91.1)

Slow transit constipation (DB32.1)

Neurogenic constipation (DD91.1)

Spastic constipation (DD91.1)

ME05.1 Diarrhoea

Diarrhoea is an acute or chronic condition in which there is an increased frequency or decreased consistency of bowel movements, usually with excessive and frequent evacuation of watery faeces. Here diarrhoea other than specifically described elsewhere such as in motility disorders of intestine or in functional bowel diseases, is described.

Inclusions: frequent/loose bowel movements

watery stools

Exclusions: Melaena (ME24.A4)

Change in faeces or bowel movements (BlockL3‑ME0)

Functional diarrhoea (DD91.2)

infectious diarrhoea (BlockL1‑1A0)

Coded Elsewhere: Noninfectious neonatal diarrhoea (KB8C)

ME05.Z Other and unspecified change in bowel habit

ME06 Chronic enteritis of uncertain aetiology

Exclusions: Gastroenteritis or colitis of infectious origin (BlockL1‑1A0)

ME07 Faecal incontinence

Failure of voluntary control of the anal sphincters, with involuntary passage of faeces and flatus.

Exclusions: Functional faecal incontinence (DD92.0)

Nonretentive faecal incontinence in children (DD93)

nonorganic encopresis (6C01)

ME07.0 Faecal smearing

ME07.1 Incomplete defaecation

Exclusions: Constipation (ME05.0)

ME07.2 Faecal urgency

ME07.Y Other specified faecal incontinence

ME07.Z Faecal incontinence, unspecified

ME08 Flatulence and related conditions

Production or presence of gas in the gastrointestinal tract which may be expelled through the anus and other conditions associated with the production or presence of gas in the GI tract.

ME09 Rectal tenesmus

A symptom, where there is a feeling of constantly needing to pass stools, despite an empty colon.

ME0A Visible peristalsis

The wavelike increased peristaltic motions of the intestines by which contents are forced onward toward the opening in such a way that they become visible through the abdominal walls by visual examination.

ME0B Problems with defaecation, not otherwise specified

Exclusions: Incomplete defaecation (ME07.1)

Functional constipation (DD91.1)

Functional defaecation disorders (DD92.2)

ME0Y Other specified symptoms related to the lower gastrointestinal tract or abdomen

ME10 Abnormalities related to hepatobiliary system

ME10.0 Hepatomegaly or splenomegaly

Hepatomegaly is swelling of the liver beyond its normal size and splenomegaly is an enlargement of the spleen beyond its normal size.

ME10.00 Hepatomegaly, not elsewhere classified

ME10.01 Splenomegaly, not elsewhere classified

This refers to swelling of the spleen beyond its normal size, not elsewhere described.

Exclusions: Hypersplenism (3B81.B)

ME10.02 Hepatomegaly with splenomegaly

This refers to swelling of the liver and spleen beyond its normal size, not elsewhere described.

ME10.1 Unspecified jaundice

A clinical manifestation of hyperbilirubinemia of unspecified origin, characterised by the yellowish staining of the skin; mucus membranes and sclera.

Exclusions: neonatal jaundice (KA87)

ME1Y Other specified symptoms or signs involving the digestive system or abdomen

Clinical findings in the digestive system (BlockL2‑ME2)

ME20 Clinical findings in specimens from digestive organs or abdominal cavity

Exclusions: Other faecal abnormalities (BlockL3‑ME0)

ME20.0 Abnormal level of enzymes in specimens from digestive organs or abdominal cavity

ME20.1 Abnormal level of hormones in specimens from digestive organs or abdominal cavity

ME20.2 Abnormal level of drugs, medicaments or biological substances in specimens from digestive organs of abdominal cavity

ME20.3 Abnormal level of substances chiefly nonmedicinal as to source in specimens from digestive organs and abdominal cavity

ME20.4 Abnormal immunological findings in specimens from digestive organs and abdominal cavity

ME20.5 Abnormal microbiological findings in specimens from digestive organs and abdominal cavity

ME20.6 Abnormal cytological findings in specimens from digestive organs and abdominal cavity

ME20.7 Abnormal histological findings in specimens from digestive organs and abdominal cavity

ME20.Y Other specified clinical findings in specimens from digestive organs or abdominal cavity

ME20.Z Clinical findings in specimens from digestive organs or abdominal cavity, unspecified

ME21 Clinical findings on diagnostic imaging of liver or biliary tract

ME22 Clinical findings on diagnostic imaging of digestive tract

ME23 Results of function studies of the digestive system

ME24 Clinical manifestations of the digestive system

Coded Elsewhere: Megacolon (DB32.2)

ME24.0 Digestive system abscess

This is a clinical form of sign indicating the presence of abscess in digestive system. This category will be used for postcoordination codes as complications of underlying illness.

Coded Elsewhere: Colonic abscess (DB36.0)

Rectal abscess (DB36.1)

ME24.1 Digestive system fistula

This is a clinical form of sign indicating the presence of fistula in the digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

ME24.2 Digestive system obstruction

This is a clinical form of a sign indicating obstruction of digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code aslo the casusing condition

ME24.3 Digestive system perforation

This is a clinical form of sign indicating perforation of digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code aslo the casusing condition

Coded Elsewhere: Prenatal gastric perforation (KB82)

Postnatal gastric perforation (KB83)

Postnatal intestinal perforation (KB86)

Prenatal intrauterine intestinal perforation (KB85)

ME24.30 Perforation of small intestine

Small intestinal perforation is a complete penetration of the wall of small intestine, often resulting in the leakage of small intestinal contents into the abdominal cavity.

Exclusions: Primary ulcer of small intestine (DA94.0)

Diverticulitis of small intestine (DC70)

perforation due to Crohn disease (DD70.1)

perforation due to obstruction (DA91)

perforation due to malignant neoplasm ()

Coded Elsewhere: Postnatal isolated ileal perforation (KB84)

Injury of small intestine (NB91.7)

Laceration of small intestine (NB91.71)

ME24.31 Perforation of large intestine

Perforation of large intestine is a complete penetration of the colonic wall, often resulting in the leakage of luminal contents into the abdominal cavity. Perforation of large intestine results in the potential for bacterial contamination of the abdominal cavity and peritonitis.

Exclusions: Diverticular disease of large intestine (BlockL2‑DC8)

Ulcerative colitis (DD71)

Crohn disease (DD70)

Neoplasms of the large intestine ()

Coded Elsewhere: Injury of colon (NB91.8)

ME24.32 Perforation of cystic duct

ME24.33 Perforation of gallbladder

ME24.34 Perforation of bile duct

Inclusions: Rupture of bile duct

ME24.3Y Digestive system perforation of other specified site

Coding Note: Code aslo the casusing condition

ME24.3Z Digestive system perforation of unspecified site

Coding Note: Code aslo the casusing condition

ME24.4 Digestive system stenosis

This is a clinical form of sign indicating stenosis of digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code aslo the casusing condition

ME24.5 Digestive system ulcer

Coding Note: Code aslo the casusing condition

ME24.6 Digestive system dilatation

This is a clinical form of sign indicating the excess dilatation of lumen in the digestive tract. This category will be used for postcoordination codes as complications of underlying illness.

Coding Note: Code aslo the casusing condition

ME24.7 Digestive system incarceration

This is a clinical form of sign indicating the presence of incarceration in the digestive tract. This category is to be used for postcoordination codes particularly in case of haemorrhoids and hernia as complications of underlying illness.

Coding Note: Code aslo the casusing condition

ME24.8 Digestive system strangulation or gangrene

This is a clinical form of sign indicating the presence of strangulation and/or gangrene in the digestive tract. This category is to be used for postcoordination codes particularly in case of mechanical bowel obstruction and hernia as complications of underlying illness.

Coding Note: Code aslo the casusing condition

ME24.9 Gastrointestinal bleeding

ME24.90 Acute gastrointestinal bleeding, not elsewhere classified

ME24.91 Chronic gastrointestinal bleeding, not elsewhere classified

ME24.9Z Gastrointestinal bleeding, unspecified

ME24.A Other digestive system haemorrhage, not elsewhere classified

ME24.A0 Obscure gastrointestinal bleeding

Obscure gastrointestinal bleeding (OGIB) is defined as gastrointestinal bleeding with no source identified at upper and lower endoscopy. Despite a thorough endoscopic examination, the origin of the blood loss remains unexplained and observed for further bleeding.

ME24.A1 Haemorrhage of anus and rectum

Bleeding from anus and anal canal. The bleeding due to specific diseases classified elsewhere (haemorrhoid, cancer, infection etc) is excluded from here.

Exclusions: Neonatal rectal haemorrhage (KA83.2)

ME24.A2 Oesophageal haemorrhage

ME24.A3 Haematochezia

Haematochezia is the passage of fresh blood through the anus, usually in or with stools (contrast with melena). Haematochezia is commonly associated with lower gastrointestinal bleeding.

ME24.A4 Melaena

It is bloody stools that indicate bleeding from vascular system in the digestive tract. It is also described as black, tarry, and foul-smelling stools or red/maroon-coloured stools that contain degraded blood.

Exclusions: occult blood in faeces (BlockL3‑ME0)

ME24.A5 Haematemesis

Vomiting of blood that is either fresh bright red, or older ""coffee-ground"" in character. Vomiting blood is a regurgitation of blood through the upper gastrointestinal tract and It generally indicates bleeding of the upper gastrointestinal track.

ME24.A6 Positive occult blood in stool

Positive tests (positive stool) determined by faecal occult blood testing (FOBT), which aims to detect subtle blood loss in the gastrointestinal tract. Positive occult blood in stool may suggest gastrointestinal bleeding and warrant further investigation, especially for malignancy.

ME24.Y Other specified clinical manifestations of the digestive system

ME2Y Other specified clinical findings in the digestive system

ME4Y Other specified symptoms, signs or clinical findings of the digestive system or abdomen

Symptoms, signs or clinical findings involving the skin (BlockL1‑ME6)

Symptom or signs involving the skin (BlockL2‑ME6)

This category allows the capture of imprecise data where a more specific diagnosis cannot be made or to supplement information about a specific diagnosis.

ME60 Skin lesion of uncertain or unspecified nature

To be used where there is either significant uncertainty or alternatively no information as to the nature of a circumscribed skin lesion. This is of particular importance with regard to whether or not the lesion may be malignant.

ME60.0 Skin lesion of uncertain nature

This denotes the presence of a skin lesion but uncertainty as to its nature. No inference as to whether the lesion might be of serious significance (e.g. suspected skin cancer) is made.

ME60.1 Pigmented skin lesion of uncertain nature

This denotes the presence of a pigmented skin lesion but uncertainty as to its nature. No inference as to whether the lesion might be of serious significance (e.g. suspected skin cancer) is made.

ME60.2 Ulcer of skin of uncertain nature

This denotes the presence of a skin ulcer but uncertainty as to its nature. No inference as to whether the ulcer might be of serious significance (e.g. suspected skin cancer) is made.

ME60.3 Keratosis of skin of uncertain or unspecified nature

ME60.Z Skin lesion of unspecified nature

ME61 Subcutaneous swelling, mass or lump of uncertain or unspecified nature

One or more localised subcutaneous soft tissue masses of undetermined or unspecified nature

Exclusions: localized adiposity (5B80.1)

mass and lump: breast (MF30)

enlarged lymph nodes (MA01)

mass and lump: intra-abdominal or pelvic (MD82)

oedema (MG29)

swelling (of): intra-abdominal or pelvic (MD82)

swelling (of): joint (FA36)

ME62 Acute skin eruption of uncertain or unspecified nature

A provisional diagnosis for an acute skin eruption of less than six weeks' duration of unknown, uncertain or unspecified nature.

Exclusions: Drug eruptions (BlockL2‑EH6)

ME62.0 Acute erythematous skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists predominantly of diffuse cutaneous erythema. A classical cause is scarlet fever but reactions to other bacterial toxins, drugs and certain foods or acute graft-versus-host disease may present with a similar picture.

ME62.1 Acute purpuric skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists predominantly of disseminated purpura. Potential causes are numerous and include thrombocytopenia, coagulopathies, vasculitides and sepsis.

ME62.2 Acute urticarial skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of urticaria-like papules and plaques. Drugs are a common precipitant.

ME62.3 Acute maculopapular skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple macules and papules. Viral infections and drugs are common precipitants.

ME62.4 Acute papular skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple skin papules. A wide variety of infectious and inflammatory skin disorders may present in this way. Examples include guttate psoriasis, lichen planus, pityriasis lichenoides, insect bites, scabies and secondary syphilis.

ME62.5 Acute exudative skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and in which exudation and crusting are prominent features. Common causes are infected eczema, acute allergic contact dermatitis and impetigo.

ME62.6 Acute blistering skin eruption

A provisional diagnosis for an acute blistering skin eruption of unknown or uncertain nature. Examples include vesicular dermatitis of the hands and feet (pompholyx), acute phototoxic reactions, especially to contact with plants (phytophotodermatitis), sunburn and immunobullous disorders such as bullous pemphigoid.

ME62.7 Acute desquamating skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and in which desquamation (shedding of skin scales) is a prominent feature. This is seen characteristically in the later stages of many acute viral exanthemata but may also be seen in drug reactions and in unstable and erythrodermic psoriasis.

ME62.8 Acute discoid or annular skin eruption

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple circular or ring-shaped patches and plaques. Although infection due to dermatophyte infection (tinea or ringworm) can produce this pattern, many other skin disorders may have a discoid or annular configuration: these are frequently misdiagnosed as tinea. Common examples include atopic eczema, nummular dermatitis and psoriasis.

ME62.9 Acute excoriation of skin

A provisional diagnosis for a skin eruption of unknown or uncertain nature which arises abruptly and consists of multiple excoriations. In the majority of cases the excoriation is secondary to intense pruritus arising either from an underlying systemic disorder such as cholestatic jaundice or from a pruritic skin disease such as eczema. In some cases, however, psychogenic factors may be responsible.

ME62.Y Other specified acute skin eruption of uncertain or unspecified nature

ME63 Chronic skin disorder of uncertain or unspecified nature

A provisional diagnosis for a chronic skin disorder (of at least six weeks' duration) of unknown, uncertain or unspecified nature.

ME63.0 Chronic erythematous skin disorder

A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature in which widespread confluent erythema is the predominant feature. Examples include generalised atopic eczema, erythrodermic psoriasis, pityriasis rubra pilaris and Sézary syndrome.

ME63.1 Chronic urticarial skin disorder

A provisional diagnosis for a rash consisting of persistent urticated papules and plaques for which a more precise diagnosis has not or cannot been made. Diagnoses which should be considered include immunobullous disorders, urticarial vasculitis and drug reactions.

ME63.2 Chronic papular skin disorder

A provisional diagnosis for a chronic skin disorder of unknown, uncertain or unspecified nature and characterised by the presence of multiple skin papules.

ME63.3 Chronic blistering skin disorder

A provisional diagnosis for a chronic blistering skin disorder of unknown or uncertain nature. Examples include chronic vesicular dermatitis of the hands and feet, epidermolysis bullosa and immunobullous disorders such as bullous pemphigoid.

ME63.4 Chronic scaling or hyperkeratotic skin disorder

A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature in which scaling and hyperkeratosis are prominent features. Examples include psoriasis, ichthyoses, small plaque parapsoriasis and mycosis fungoides.

ME63.5 Chronic lichenified skin disorder

A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature in which lichenification is the prominent feature. Examples include chronic eczema, lichen simplex and lichen planus.

ME63.6 Chronic discoid or annular skin disorder

A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature consisting of multiple circular or ring-shaped patches and plaques. Although infection due to dermatophyte infection (tinea or ringworm) can produce this pattern, many other skin disorders may have a discoid or annular configuration: these are frequently misdiagnosed as tinea. Common examples include atopic eczema, nummular dermatitis and psoriasis.

ME63.7 Chronic excoriation of skin

A provisional diagnosis for a chronic skin disorder of unknown or uncertain nature characterised by the presence of multiple excoriations. In some cases the excoriation is secondary to intense pruritus arising either from an underlying systemic disorder such as uraemia or from a pruritic skin disease such as eczema. In many cases, however, psychogenic factors may be responsible.

ME64 Non-specific cutaneous vascular signs

Changes perceptible in the skin as a result of alterations in blood composition, blood flow or blood vessel integrity. They may be due to local factors or may indicate underlying disorders such as anaemia, hypovolaemia, fever, hypoxia or defective clotting.

ME64.0 Erythema

Redness of skin due to the presence of increased amounts of oxygenated haemoglobin within dilated skin capillaries. It may be due to localised or generalised inflammatory processes but may result from increased cutaneous blood flow following exertion or associated with pyrexia.

ME64.1 Cyanosis

A blue-purple discolouration of the skin due to the presence of increased amounts of deoxygenated blood in skin blood vessels.

Exclusions: acrocyanosis (EG00)

cyanotic attacks of newborn (KB2C)

ME64.2 Pallor

Paleness of the skin such as may ensue from severe anaemia or from hypovolaemic shock.

ME64.3 Petechiae

Petechiae result from focal leakage of blood from dermal capillaries into the adjacent dermal connective tissue. They present as multiple pin-point non-blanching red or purple macules. The many underlying causes range from the innocuous (e.g. coughing or straining) to life-threatening conditions (e.g. meningococcal septicaemia).

ME64.4 Flushing

Paroxysmal vasodilatation of skin capillaries.

ME65 Disturbances of skin sensation of unspecified aetiology

A group of cutaneous symptoms for which it is frequently impossible to identify a precise cause.

Coded Elsewhere: Anaesthesia of skin (MB40.3)

Tactile hallucinations (MB27.26)

ME65.0 Burning of skin

A burning sensation in the skin which usually arises without obvious explanation.

ME65.1 Itching of skin

The sensation of itch in the skin. For persistent itch of unknown cause the term "Pruritus of unknown cause" should be used.

ME65.2 Pain or tenderness of skin

ME65.3 Stinging of skin

An unpleasant sensation such as may be provoked by stinging nettles but which can be set off in some individuals by a wide variety of topical preparations or stimuli which are otherwise well tolerated by most people.

ME65.4 Tingling of skin

A prickling sensation in the skin which may result from external factors such as rain falling on the skin or may be due to transient or permanent peripheral nerve damage.

ME65.Y Other specified disturbance of skin sensation

ME66 Miscellaneous non-specific skin-related symptoms and signs

Other specified skin changes which cannot be more precisely defined.

Coded Elsewhere: Abnormal skin pigmentation (ED64)

ME66.0 Abnormal sensitivity to light or UV radiation of uncertain or unspecified nature

Inclusions: Photosensitivity

ME66.1 Changes in skin texture

Alterations in skin texture of unspecified cause.

ME66.2 Excess and redundant skin

A condition which typically occurs in formerly grossly obese individuals following massive weight loss, as following bariatric surgery or severe calorie restriction.

ME66.3 Symptom or complaint relating to hair or scalp

A very non-specific term to indicate an actual or perceived problem affecting the hair or the scalp which cannot be more precisely coded elsewhere.

ME66.4 Symptom or complaint relating to nails

A very non-specific term to indicate an actual or perceived problem affecting the finger- or toenails which cannot be more precisely coded elsewhere.

ME66.5 Complaint of abnormal sweating

Complaint that sweating is abnormal (most commonly that it is increased) without sufficient evidence to make a specific diagnosis.

ME66.6 Rash

A non-specific term indicating the presence of an acquired skin disturbance to be used only when no more precise information is available.

Exclusions: Acute skin eruption of uncertain or unspecified nature (ME62)

Chronic skin disorder of uncertain or unspecified nature (ME63)

ME66.60 Rash localised

A very non-specific term to denote a localised acquired visible alteration of the skin from normal in situations where a more precise description or diagnosis cannot be made. If a diagnosis cannot be made then a choice from the classes Acute skin eruption of uncertain or unspecified nature and Chronic skin disorder of uncertain or unspecified nature is preferred.

Exclusions: Drug eruptions (BlockL2‑EH6)

ME66.61 Rash generalised

A very non-specific term to denote a widespread acquired visible alteration of the skin from normal in situations where a more precise description or diagnosis cannot be made. If a diagnosis cannot be made then a choice from the classes Acute skin eruption of uncertain or unspecified nature and Chronic skin disorder of uncertain or unspecified nature is preferred.

Exclusions: Drug eruptions (BlockL2‑EH6)

ME66.6Y Other specified rash

ME66.6Z Rash, unspecified

ME66.Y Other specified skin changes

ME67 Skin disorder of uncertain or unspecified nature

A category to enable the presence of a skin disorder to be recorded without making assumptions as to the precise nature of the disorder in question.

ME6Y Other specified symptom or signs involving the skin

Symptoms, signs or clinical findings of the musculoskeletal system (BlockL1‑ME8)

Symptoms or signs of the musculoskeletal system (BlockL2‑ME8)

Coded Elsewhere: Abnormality of tonus and reflex (MB47)

Constitutional tall stature (5B12)

Fear of musculoskeletal disease (MG24.8)

Myalgia (FB56.2)

Osteonecrosis (FB81)

Osteophyte (FA37.0)

Short stature, not elsewhere classified (5B11)

ME80 Clicking hip

Exclusions: Structural developmental anomalies of pelvic girdle (LB74)

ME81 Musculoskeletal chest pain

Exclusions: Other chest pain (MD30.1)

Costochondritis (FB82)

Tietze syndrome (FB82)

ME81.0 Intercostal pain

ME81.Y Other specified musculoskeletal chest pain

ME81.Z Musculoskeletal chest pain, unspecified

ME82 Pain in joint

Arthralgia secondary to inflammation, cartilage degeneration, crystal deposition, infection, and trauma not detailed in or used in conjunction with other codes (?)

ME83 Rheumatism, unspecified

This is a group of disorders marked by inflammation or pain in the connective tissue structures of the body and is considered unspecified.

ME84 Spinal pain

This is a condition characterised by pain felt in the back that usually originates from the muscles, nerves, bones, joints or other structures in the spine.

Exclusions: Symptom or complaint of the back (ME86.2)

ME84.0 Cervical spine pain

This is a condition which is usually characterised by pain or discomfort in the neck region and can be caused by numerous spinal problems. It may be a feature of virtually every disorder and disease that occurs above the shoulder blades.

Coding Note: Code aslo the casusing condition

Inclusions: cervicalgia

Exclusions: cervical disc degeneration (FA80)

Chronic primary cervical pain (MG30.02)

ME84.1 Thoracic spine pain

This is a group of conditions characterised by pain perceived anywhere in the region bounded superiorly by a transverse line through the tip of the spinous process of T1, inferiorly by a transverse line through the tip of the spinous process of T12, and laterally by vertical lines tangential to the most lateral margins of the erector spinae muscles.

Coding Note: Code aslo the casusing condition

Exclusions: Chronic primary thoracic pain (MG30.02)

ME84.2 Low back pain

This is a condition which is defined as pain and discomfort, localised below the costal margin and above the inferior gluteal folds, with or without leg pain.

Coding Note: Code aslo the casusing condition

Inclusions: Lumbago NOS

Loin pain

Exclusions: Degenerative condition of spine (BlockL2‑FA8)

Chronic primary low back pain (MG30.02)

ME84.20 Lumbago with sciatica

Exclusions: that due to intervertebral disc disorder (BlockL2‑FA8)

ME84.2Y Other specified low back pain

Coding Note: Code aslo the casusing condition

ME84.2Z Low back pain, unspecified

Coding Note: Code aslo the casusing condition

ME84.3 Sciatica

Exclusions: Degenerative condition of spine (BlockL2‑FA8)

Lesion of sciatic nerve (8C11.0)

Lumbago with sciatica (ME84.20)

ME84.Z Spinal pain, unspecified

ME85 Stiffness of joint

Lack of range of motion of a joint secondary to pain, disease process or congenital malformation not detailed in or used in conjunction with other codes (?)

ME86 Symptom or complaint of a body part

ME86.0 Symptom or complaint of the ankle

ME86.1 Symptom or complaint of the arm

ME86.2 Symptom or complaint of the back

ME86.20 Back syndrome without radiating pain

Exclusions: Spondylolysis (FA81)

Spondylolisthesis (FA84)

Atlanto-axial instability or subluxation (LB73.22)

Subluxation complex (ME93)

Torticollis (FA71)

Spinal enthesitis (FA92.00)

Axial spondyloarthritis (FA92.0)

Myelopathy (8B42)

Spondylopathies (BlockL2‑FB0)

Intervertebral disc degeneration (FA80)

Localised central endplate defect (FA85.10)

Spinal instabilities (FB10)

Strain or sprain of lumbar spine (NB53.5)

ME86.21 Back syndrome with radiating pain

Exclusions: Spondylolysis (FA81)

Low back pain (ME84.2)

Sciatica (ME84.3)

Intervertebral disc degeneration (FA80)

ME86.22 Symptom or complaint of the low back

ME86.2Y Other specified symptom or complaint of the back

ME86.2Z Symptom or complaint of the back, unspecified

ME86.3 Symptom or complaint of the chest

ME86.4 Symptom or complaint of the elbow

ME86.5 Symptom or complaint of the flank or axilla

ME86.6 Symptom or complaint of the foot or toe

ME86.7 Symptom or complaint of the hand or finger

ME86.8 Symptom or complaint of the hip

ME86.9 Symptom or complaint of the jaw

ME86.A Symptom or complaint of the knee

ME86.B Symptom or complaint of the leg or thigh

ME86.C Symptom or complaint of the neck

ME86.D Symptom or complaint of the shoulder

ME86.D0 Shoulder syndrome

A shoulder syndrome is defined by shoulder pain with one or more of the following problems: limitations of movement, local tenderness, crepitus or periarticular calcification in imaging.

Exclusions: Arthropathies (BlockL1‑FA0)

Shoulder lesions (FB53)

ME86.DY Other specified symptom or complaint of the shoulder

ME86.DZ Symptom or complaint of the shoulder, unspecified

ME86.E Symptom or complaint of the wrist

ME86.F Symptom or complaint of joint, not otherwise specified

ME86.G Symptom or complaint of muscle, not otherwise specified

ME86.Y Problem of other specified body part

ME86.Z Problem of unspecified body part

ME8Y Other specified symptoms or signs of the musculoskeletal system

Clinical findings in the musculoskeletal system (BlockL2‑ME9)

ME90 Clinical findings on diagnostic imaging of skull and head

Exclusions: Intracranial space-occupying lesion (MB71.0)

ME91 Clinical findings on diagnostic imaging of limbs

ME92 Clinical findings on diagnostic imaging of other parts of musculoskeletal system

Exclusions: Clinical findings on diagnostic imaging of skull and head (ME90)

ME92.0 Wedging of vertebra

ME92.1 Bony erosion

ME92.Y Other specified clinical findings on diagnostic imaging of other parts of musculoskeletal system

ME92.Z Clinical findings on diagnostic imaging of other parts of musculoskeletal system, unspecified

ME93 Biomechanical lesions, not elsewhere classified

Coding Note: This category should not be used if the condition can be classified elsewhere.

ME93.0 Segmental and somatic dysfunction

ME93.1 Subluxation stenosis of neural canal

ME93.2 Osseous stenosis of neural canal

ME93.3 Connective tissue stenosis of neural canal

ME93.4 Intervertebral disc stenosis of neural canal

ME93.40 Intervertebral disc stenosis of neural canal, head region

ME93.41 Intervertebral disc stenosis of neural canal, cervical region

ME93.42 Intervertebral disc stenosis of neural canal, thoracic region

ME93.43 Intervertebral disc stenosis of neural canal, lumbar region

ME93.44 Intervertebral disc stenosis of neural canal, sacral region

ME93.45 Intervertebral disc stenosis of neural canal, pelvic region

ME93.46 Intervertebral disc stenosis of neural canal, lower extremity

ME93.47 Intervertebral disc stenosis of neural canal, upper extremity

ME93.48 Intervertebral disc stenosis of neural canal, rib cage

ME93.4Y Other specified intervertebral disc stenosis of neural canal

ME93.4Z Intervertebral disc stenosis of neural canal, unspecified

ME93.5 Osseous and subluxation stenosis of intervertebral foramina

ME93.6 Connective tissue and disc stenosis of intervertebral foramina

ME93.Y Other specified biomechanical lesions, not elsewhere classified

Coding Note: This category should not be used if the condition can be classified elsewhere.

ME93.Z Biomechanical lesions, unspecified

Coding Note: This category should not be used if the condition can be classified elsewhere.

ME9Y Other specified clinical findings in the musculoskeletal system

MF1Y Other specified symptoms, signs or clinical findings of the musculoskeletal system

Symptoms, signs or clinical findings of the genitourinary system (BlockL1‑MF3)

Symptoms, signs or clinical findings involving the female genital system (BlockL2‑MF3)

Coded Elsewhere: Fear of complications of pregnancy (MG24.D)

Fear of female genital or breast disease (MG24.F)

Fear of sexually transmitted disease female (MG24.E)

Menstrual cycle bleeding disorders (GA20)

MF30 Breast lump or mass female

MF31 Breast or lactation symptom or complaint

MF32 Menopausal symptom or complaint

Coded Elsewhere: Postmenopausal atrophic vaginitis (GA30.2)

Menopausal hot flush (GA30.4)

MF33 Premenstrual symptom or complaint

A symptom of premenstrual syndrome affecting females that is idiopathic. This symptom is characterised by cyclic emotional, physical, or behavioural symptoms such as mood alterations, psychological changes, fluid retention, neurologic changes, gastrointestinal changes, pelvic heaviness, or dermatological changes affecting women in the luteal phase of the menstrual cycle that interfere with an individual's lifestyle.

MF34 Pregnancy symptom or complaint

MF35 Postpartum symptom or complaint

MF36 Other symptom or complaint of vagina

MF37 Symptom or complaint of female nipple

MF38 Symptom or complaint of female pelvis

MF39 Symptom or complaint of the vulva

MF3A Vaginal discharge

MF3Y Other specified symptoms, signs or clinical findings involving the female genital system

Symptoms, signs or clinical findings involving the male genital system (BlockL2‑MF4)

Coded Elsewhere: Fear of genital disease male (MG24.H)

Fear of sexually transmitted disease male (MG24.G)

Male infertility (GB04)

Fear of sexual dysfunction male (MG24.Y)

MF40 Problems of male genital organs

A group of disorders associated with the male genital organs occurring in diseases more specifically classified elsewhere.

MF40.0 Symptom or complaint of the penis

MF40.00 Pain in penis

MF40.0Y Other specified symptom or complaint of the penis

MF40.0Z Symptom or complaint of the penis, unspecified

MF40.1 Problems of the prostate

A group of disorders associated with the prostate occurring in diseases more specifically classified elsewhere.

MF40.2 Symptom or complaint of the scrotum or testis

Coded Elsewhere: Pain in scrotum (GB0Y)

MF40.20 Acute scrotal pain

Exclusions: Torsion of testis (GB01.0)

Torsion of epididymis (GB01.1)

Torsion of hydatids (GB01.2)

Orchitis (GB02)

MF40.21 Testicular pain

MF40.2Y Other specified symptom or complaint of the scrotum or testis

MF40.2Z Symptom or complaint of the scrotum or testis, unspecified

MF40.3 Retrograde ejaculation

Retrograde Ejaculation is a condition in which semen that is normally ejaculated via the urethra is redirected to the urinary bladder. Retrograde Ejaculation is typically accompanied by subjective orgasm, though the man may notice that release of semen is limited or absent. Retrograde Ejaculation most commonly occurs as a complication of transurethral prostatic resection, but may also be caused by other surgery of the pelvic area, nervous system dysfunction, or use of pharmacological agents. Confirmation is by identification of spermatozoa in a urine sample.

MF40.Y Other specified problems of male genital organs

MF40.Z Problems of male genital organs, unspecified

MF41 Symptom or complaint of male sexual function

MF42 Retractile testis migrans

A retractile testicle is one that may move back and forth between the scrotum and the groin. For most boys, the problem resolves sometime before or during puberty.

MF4Y Other specified symptoms, signs or clinical findings involving the male genital system

Symptoms, signs or clinical findings involving the urinary system (BlockL2‑MF5)

Coded Elsewhere: Fear of urinary disease (MG24.C)

MF50 Abnormal micturition

MF50.0 Frequent micturition

Needing to urinate more often than normal.

Exclusions: Pollakiuria (MF50.1)

MF50.1 Pollakiuria

MF50.2 Urinary incontinence

Any condition of the urinary system, caused by determinants arising during the antenatal period or after birth, leading to loss of voluntary control or support of the urethra. These conditions are characterised by involuntary leakage of large amounts of urine, in association with uninhibited contractions of the detrusor muscle and the inability to control urination.

Exclusions: haematuria: recurrent and persistent (BlockL2‑GB4)

haematuria with specified morphological lesion (BlockL2‑GB4)

proteinuria NOS (MF96)

haematuria NOS (MF50.4)

Diurnal enuresis (6C00.1)

Enuresis (6C00)

Nocturnal and diurnal enuresis (6C00.2)

Nocturnal enuresis (6C00.0)

MF50.20 Stress incontinence

Urinary incontinence due to diminished urethral pressure in straining or coughing.

Coding Note: Code aslo the casusing condition

Exclusions: Stress Incontinence associated with pelvic organ prolapse (GC40.50)

MF50.21 Urge Incontinence

This is a form of urinary incontinence characterised by the involuntary loss of urine occurring for no apparent reason while feeling urinary urgency, a sudden need or urge to urinate.

Exclusions: Urge incontinence associated with pelvic organ prolapse (GC40.51)

MF50.22 Mixed incontinence

MF50.23 Functional urinary incontinence

Urinary incontinence due to cognitive impairment, or severe physical disability or immobility

Exclusions: Stress incontinence (MF50.20)

MF50.24 Reflex incontinence

Urinary incontinence that accompanies detrusor hyperreflexia

MF50.2Y Other specified urinary incontinence

MF50.2Z Urinary incontinence, unspecified

MF50.3 Retention of urine

Incomplete emptying of the bladder

MF50.4 Haematuria

Exclusions: recurrent or persistent haematuria (BlockL2‑GB4)

MF50.40 Macroscopic haematuria

MF50.41 Microscopic haematuria

MF50.4Z Haematuria, unspecified

MF50.5 Extravasation of urine

MF50.6 Other difficulties with micturition

MF50.60 Hesitancy of micturition

Difficulty in beginning the flow of urine or maintaining a urinary stream

MF50.61 Poor urinary stream

A reduced, slow or weak stream of urine

MF50.62 Splitting of urinary stream

A condition where the urine stream splits into two or more different directions

MF50.63 Urgency of urination

A sudden and strong urge to urinate along with discomfort in the bladder

MF50.64 Feeling of incomplete bladder emptying

A sensation that the bladder is not empty after voiding.

MF50.65 Straining to void

The need to strain or push in order to empty the bladder

MF50.6Y Other specified difficulties with micturition

MF50.6Z Difficulties with micturition, unspecified

MF50.7 Dysuria

painful urination

Inclusions: Strangury

MF50.8 Vesical tenesmus

ineffective and painful straining for urination

MF50.Y Other specified abnormal micturition

MF50.Z Abnormal micturition, unspecified

MF51 Anuria or oliguria

Anuria means nonpassage of urine, in practice is defined as passage of less than 50 millilitres of urine in a day. Oliguria is the low output of urine. It is clinically classified as an output below 300-500ml/day.

Exclusions: Maternal care for other conditions predominantly related to pregnancy (JA65)

MF52 Bladder pain

Complaint of suprapubic or retropubic pain, pressure, or discomfort, related to the bladder, and usually increasing with bladder filling. It may persist or be relieved after voiding.

Exclusions: Chronic primary bladder pain syndrome (MG30.00)

MF53 Extrarenal uraemia

Inclusions: Prerenal uraemia

MF54 Macroscopic changes of size of the kidney

Any condition characterised by alterations in the size of the kidney, observable by the unaided eye.

MF54.0 Smooth contracted kidney

A condition of the kidney, caused by an overgrowth of abnormal fibrous tissue and ischaemic atrophy. This condition is characterised by a small, granular, and smooth kidney.

Exclusions: Small kidney (MF54.2)

diffuse sclerosing glomerulonephritis (GB61)

contracted kidney due to hypertension (BA02)

hypertensive nephrosclerosis (arteriolar)(arteriosclerotic) (BA02)

MF54.1 Irregularly contracted kidney

A kidney with deep cortical indentations or scars large enough to be perceived or examined by the naked eye

MF54.2 Small kidney

A condition characterised by a kidney smaller in size and weight than the average (less than 11 centimetres long, 5-7.5 centimetres wide, 2.5 centimetres thick, and weighing less than 120 grams).

MF54.Y Other specified macroscopic changes of size of the kidney

MF54.Z Macroscopic changes of size of the kidney, unspecified

MF55 Polyuria

Polyuria is a condition defined as excessive or abnormally large production or passage of urine.

MF56 Renal colic

A severe paroxysmal pain in the flank radiating to the groin, scrotum or labia, caused by blockage of the renal pelvis or ureter most commonly by a renal stone. May be associated with nausea and vomiting.

MF57 Symptom or complaint of bladder

MF58 Urethral discharge

Inclusions: Urethrorrhoea

Penile discharge

MF59 Urinary symptom or complaint

MF5Y Other specified symptoms, signs or clinical findings involving the urinary system

Clinical findings in specimens from female genital organs (BlockL2‑MF6)

Exclusions: Vulvar intraepithelial neoplasia, not otherwise specified (GA13.1)

Carcinoma in situ of other or unspecified genital organs (2E67)

Dysplasia of cervix uteri (GA15.7)

dysplasia of vagina (GA14)

MF60 Abnormal level of enzymes in specimens from female genital organs

MF61 Abnormal level of hormones in specimens from female genital organs

MF62 Abnormal level of drugs, medicaments and biological substances in specimens from female genital organs

MF63 Abnormal level of substances chiefly nonmedicinal as to source in specimens from female genital organs

MF64 Abnormal immunological findings in specimens from female genital organs

MF65 Abnormal microbiological findings in specimens from female genital organs

MF66 Abnormal cytological findings in specimens from female genital organs

MF66.0 Abnormal cervix smear

MF66.Y Other specified abnormal cytological findings in specimens from female genital organs

MF66.Z Abnormal cytological findings in specimens from female genital organs, unspecified

MF67 Abnormal histological findings in specimens from female genital organs

MF68 Abnormal chromosomal findings in specimens from female genital organs

MF6Y Other specified clinical findings in specimens from female genital organs

MF6Z Clinical findings in specimens from female genital organs, unspecified

Clinical findings in specimens from male genital organs (BlockL2‑MF7)

Exclusions: Oligospermia (GB04)

Azoospermia (GB04.0)

MF70 Abnormal level of enzymes in specimens from male genital organs

MF71 Abnormal level of hormones in specimens from male genital organs

MF72 Abnormal level of drugs, medicaments and biological substances in specimens from male genital organs

MF73 Abnormal level of substances chiefly nonmedicinal as to source in specimens from male genital organs

MF74 Abnormal immunological findings in specimens from male genital organs

MF75 Abnormal microbiological findings in specimens from male genital organs

Exclusions: Prostate specific antigen positive (MA14.1B)

MF76 Abnormal cytological findings in specimens from male genital organs

MF77 Abnormal histological findings in specimens from male genital organs

MF78 Abnormal chromosomal findings in specimens from male genital organs

MF7Y Other specified clinical findings in specimens from male genital organs

MF7Z Clinical findings in specimens from male genital organs, unspecified

Clinical findings in specimens from the urinary system (BlockL2‑MF8)

Coded Elsewhere: Monoclonal immunoglobulin deposition disease (2A83.5)

MF80 Diffuse mesangial sclerosis

Diffuse mesangial sclerosis is a histological appearance which is characterised by diffuse thickening of basement membrane and massive enlargement of mesangial areas leading to contraction and sclerosis of the glomerular capillary tuft. It may be seen in children with early onset steroid resistant nephrotic syndrome due to a variety of genetic abnormalities, either as an isolated renal disease or as part of a multi-organ syndrome.

MF81 Fibronectin glomerulopathy

Fibronectin glomerulopathy is a rare hereditary kidney disease in which fibronectin (FN1) deposits are seen in the mesangium and subendothelial space. The clinical picture is characterised by proteinuria, type IV renal tubular acidosis, microscopic haematuria and hypertension that may lead to end-stage renal failure in the second to sixth decade of life. This disease may be associated with mutations in the FN1 gene.

MF82 Lipoprotein glomerulopathy

Characteristic lipoprotein thrombi are found in the glomerulus in this genetically determined disease mainly found in East Asia.

MF83 Diabetic glomerular changes

Diabetic glomerulosclerosis involves diffuse thickening of the basement membrane progressing to diffuse mesangial expansion (diffuse diabetic glomerulosclerosis) with in some cases matrix occupying the capillary lumen to form Kimmelstiel Wilson nodules (nodular glomerulosclerosis)

Coding Note: Code aslo the casusing condition

MF84 Pauci-immune proliferative glomerulonephritis

A focal and segmental necrotising glomerulonephritis with no immune deposits (“pauci-immune:”). Typical of glomerular involvement in anti-neutrophil cytoplasmic antibody (ANCA) mediated vasculitis – microscopic polyangiitis and Wegeners granulomatosis. Most but not all patients have circulation ANCA when there is active disease.

MF85 Anti-glomerular basement membrane antibody mediated disease

Anti-GBM mediated glomerulonephritis is an aggressive focal and segmental proliferative glomerular disease characterised by linear staining of the glomerular basement membrane for immunoglobulins, particularly IgG and IgM. Crescentic change is often associated and circulating anti-bodies to glomerular basement membrane are found in active disease. The renal syndrome is often acute nephritis with rapid renal functional decline (rapidly progressive nephritis) and if associated with respiratory involvement (haemoptysis, respiratory failure) the couple is termed is “Goodpastures syndrome”

Inclusions: Goodpasture syndrome

MF8Y Other specified clinical findings in specimens from the urinary system

MF8Z Clinical findings in specimens from the urinary system, unspecified

Clinical findings on examination of urine, without diagnosis (BlockL2‑MF9)

Coding Note: This category is to be assigned when no underlying or determining condition is identified.

Exclusions: Specific findings indicating disorder of amino-acid metabolism (5C50)

Specific findings indicating disorder of carbohydrate metabolism (5C51)

Clinical findings on antenatal screening of mother (JA66)

MF90 Acetonuria

Acetonuria is a medical condition in which acetone is present in the urine.

Inclusions: Ketonuria

MF91 Bilirubinuria

Bilirubinuria means the presence of any bile pigment in the urine.

MF92 Chyluria

Chyluria, also called chylous urine, is a medical condition involving the presence of chyle in the urine stream, which results in urine appearing milky white.

Exclusions: Filarial chyluria (1F66)

MF93 Glycosuria

Coded Elsewhere: Renal glycosuria (GB90.45)

MF94 Haemoglobinuria

The presence of free haemoglobin in the urine, indicating haemolysis of erythrocytes within the vascular system. After saturating the haemoglobin-binding proteins (haptoglobins), free haemoglobin begins to appear in the urine.

Exclusions: Marchiafava-Micheli syndrome (3A21.0)

MF95 Myoglobinuria

Myoglobinuria is the presence of myoglobin in the urine usually as result of rhabdomyolysis. Any process that interferes with the storage or use of energy by muscle cells can lead to myoglobinuria. When excreted into the urine, myoglobin can precipitate, causing tubular obstruction and acute kidney injury. The most common causes of myoglobinuria in adults are trauma, alcohol and drug abuse, usually in relation to muscle necrosis from prolonged immobilization and pressure by the body weight. Prolonged ethanol consumption and seizure activity, similar to excessive physical activity, can produce an imbalance between muscle energy consumption and production, resulting in muscle destruction.

MF96 Proteinuria

Excessive serum proteins in the urine, such as in renal disease when albumin is the main protein, but also may be due to other proteins such as immunoglobulin light chains in plasma cell dyscrasia such as multiple myeloma.

Exclusions: Persistent proteinuria or albuminuria (GB42)

Coded Elsewhere: Gestational proteinuria without hypertension (JA22.0)

Gestational oedema with proteinuria without hypertension (JA22.2)

MF96.0 Orthostatic proteinuria

A condition characterised by an elevated protein excretion while in the upright position and normal protein excretion in a supine or recumbent position.

MF96.1 Bence Jones proteinuria

A condition characterised by the presence of a monoclonal globulin protein or immunoglobulin light chain (Bence Jones protein) in the urine. Originally detected by precipitating at 56 and dissolving again at 100 degrees centigrade (Henry Bence Jones 1813-1873) they are now detected by urinary electrophoresis or light chain assay.

MF96.Y Other specified proteinuria

MF96.Z Proteinuria, unspecified

MF97 Pyuria

MF98 Abnormal levels of serum electrolytes in the urine

Coded Elsewhere: Hyperphosphaturia (GB90.48)

MF98.0 Hypercalciuria

MF98.1 Hyperkaluria

MF98.2 Hypermagnesuria

MF98.3 Hypocalciuria

MF98.4 Hypokaluria

MF98.5 Hypomagnesuria

MF98.6 Hypophosphaturia

MF98.Y Other specified abnormal levels of serum electrolytes in the urine

MF98.Z Abnormal levels of serum electrolytes in the urine, unspecified

MF99 Elevated urine levels of drugs, medicaments and biological substances

Elevated urine levels of drugs, medicaments and biological substances mean that the levels of drugs, medicaments, and biological substances have elevated on the urine examination.

MF9A Abnormal urine levels of substances chiefly nonmedicinal as to source

MF9B Abnormal findings on microbiological examination of urine

MF9C Abnormal findings on cytological and histological examination of urine

MF9Y Other specified clinical findings on examination of urine, without diagnosis

Coding Note: This category is to be assigned when no underlying or determining condition is identified.

MG00 Clinical findings on diagnostic imaging of breast

Clinical findings on diagnostic imaging of breast is findings on diagnostic imaging of the breast which don't appear in normal status of the body. Diagnostic imaging refers to technologies that doctors use to look inside body for clues about a medical condition. X-rays, CT scans, nuclear medicine scans, MRI scans and ultrasound are all types of diagnostic imaging.

MG01 Clinical findings on diagnostic imaging of urinary organs

Exclusions: hypertrophy of kidney (GB90)

MG02 Results of kidney function studies

Inclusions: Abnormal renal function test

MG0Y Other specified symptoms, signs or clinical findings of the genitourinary system

General symptoms, signs or clinical findings (BlockL1‑MG2)

General symptoms (BlockL2‑MG2)

Coded Elsewhere: Enlarged lymph nodes (MA01)

Symptom or complaint of a body part (ME86)

MG20 Cachexia

Cachexia is a pathological generalised loss of body mass with reduction of the storage fat deposits, structural fat and musculature that can be accompanied by gradual loss of function of organs.

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

Malignant neoplasms of ill-defined or unspecified primary sites (BlockL2‑2D4)

nutritional marasmus (5B51)

MG20.0 Malignant cachexia

MG20.Z Cachexia, unspecified

MG21 Chills

MG22 Fatigue

A feeling of exhaustion, lethargy, or decreased energy, usually experienced as a weakening or depletion of one's physical or mental resource and characterised by a decreased capacity for work and reduced efficiency in responding to stimuli. Fatigue is normal following a period of exertion, mental or physical, but sometimes may occur in the absence of such exertion as a symptom of health conditions.

Inclusions: General physical deterioration

Lethargy

Exclusions: Combat fatigue (QE84)

Exhaustion due to exposure (NF07.2)

heat exhaustion (NF01)

Bodily distress disorder (6C20)

Depressive disorders (BlockL2‑6A7)

Sleep-wake disorders (Chapter 07)

Bipolar or related disorders (BlockL2‑6A6)

senile fatigue (MG2A)

Chronic fatigue syndrome (8E49)

(Benign) myalgic encephalomyelitis (8E49)

Postviral fatigue syndrome (8E49)

pregnancy-related exhaustion and fatigue (JA65)

MG23 Fear of death or dying

MG24 Fear of disease

Exclusions: Bodily distress disorder (6C20)

Hypochondriasis (6B23)

Coded Elsewhere: Fear of ear disease (MC4Y)

Fear of skin disease (ME66.Y)

Fear of sexual dysfunction female (MF3Y)

MG24.0 Fear of cancer

MG24.00 Fear of cancer of digestive system

This refers to worrying about having a cancer of the digestive system.

MG24.01 Fear of breast cancer female

MG24.02 Fear of genital cancer male

MG24.0Y Other specified fear of cancer

MG24.0Z Fear of cancer, unspecified

MG24.1 Fear of human immunodeficiency virus

MG24.2 Fear of haematological disease

Coded Elsewhere: Fear of haematological cancer (MG24.0Y)

MG24.3 Fear of digestive disease

This is a health anxiety and refers to worrying about having a digestive disease.

Coded Elsewhere: Fear of cancer of digestive system (MG24.00)

MG24.4 Fear of eye disease

MG24.5 Fear of heart disease

MG24.6 Fear of hypertension

MG24.7 Fear of cardiovascular disease

MG24.8 Fear of musculoskeletal disease

Coded Elsewhere: Fear of cancer musculoskeletal (MG24.0Y)

MG24.9 Fear of neurological disease

Coded Elsewhere: Fear of cancer of neurological system (MG24.0Y)

MG24.A Fear of respiratory disease

Coded Elsewhere: Fear of cancer of respiratory system (MG24.0Y)

MG24.B Fear of endocrine, metabolic or nutritional disease

Coded Elsewhere: Fear of cancer of endocrine system (MG24.0Y)

MG24.C Fear of urinary disease

Coded Elsewhere: Fear of cancer of urinary system (MG24.0Y)

MG24.D Fear of complications of pregnancy

MG24.E Fear of sexually transmitted disease female

MG24.F Fear of female genital or breast disease

Coded Elsewhere: Fear of breast cancer female (MG24.01)

Fear of genital cancer female (MG24.0Y)

MG24.G Fear of sexually transmitted disease male

MG24.H Fear of genital disease male

Coded Elsewhere: Fear of genital cancer male (MG24.02)

MG24.J Fear of mental disorder

MG24.Y Fear of other specified disease

MG24.Z Fear of disease, unspecified

MG25 Feeling ill

Inclusions: malaise

MG26 Fever of other or unknown origin

An abnormal elevation of body temperature of unknown origin, often as a result of a pathologic process.

Exclusions: fever of unknown origin in newborn (BlockL1‑KD1)

Malignant hyperthermia due to anaesthesia (NE86)

Coded Elsewhere: Pyrexia of unknown origin following delivery (JB40.4)

Pyrexia during labour, not elsewhere classified (JB0D.2)

Fever of newborn (KD11)

MG27 Haemorrhage, not elsewhere classified

Bleeding or escape of blood from a vessel.

Exclusions: Obstetric haemorrhage (BlockL1‑JA4)

Haemorrhage or haematoma complicating a procedure, not elsewhere classified (NE81.0)

MG28 Hypothermia, not associated with low environmental temperature

Exclusions: hypothermia NOS (NF02)

hypothermia low environmental temperature (NF02)

hypothermia (due to)(of): newborn (KD12)

MG29 Oedema

Abnormal fluid accumulation in tissues or body cavities not coded elsewhere.

Exclusions: oedema of pharynx (BlockL1‑CA0)

oedema of nasopharynx (BlockL1‑CA0)

Pulmonary oedema (CB01)

Ascites (ME04)

hydrothorax (BlockL1‑CB2)

hydrops fetalis NOS (KC41.1)

angioneurotic oedema (EB04)

Cerebral oedema due to birth injury (KA40.1)

hereditary oedema (4A00.14)

Oedema of larynx (CA0H.3)

malnutrition (BlockL2‑5B5)

Coded Elsewhere: Gestational oedema without hypertension (JA22.1)

Gestational oedema with proteinuria without hypertension (JA22.2)

MG29.0 Localised oedema

Coded Elsewhere: Swollen tongue (MD80.1)

MG29.00 Ankle oedema

MG29.01 Oedema of legs

MG29.02 Pitting of lip

MG29.0Y Other specified localised oedema

MG29.1 Generalised oedema

MG29.10 Oedema due to increased capillary pressure

Increased capillary pressure increases the leakage of fluid from the vascular compartment to the interstitial tissues, resulting in oedema. Causes include impaired or obstructed venous return (fluid overload, venous thrombosis, right heart failure, venous compression from tumour tissue), increased blood flow (physiological response to heat exposure, arteriovenous malformations, disturbed cutaneous vasomotor control due to drug or autonomic neuropathy), or reduced plasma oncotic pressure due to hypoproteinaemia.

Coded Elsewhere: Fluid overload with oedema (5C78)

MG29.1Y Other specified generalised oedema

MG29.2 Infectious oedema

MG29.3 Pitting oedema

MG29.Z Oedema, unspecified

MG2A Old age

Inclusions: old age without mention of psychosis

senescence without mention of psychosis

senile debility

Exclusions: Senile dementia (BlockL2‑6D8)

Pain (BlockL3‑MG3)

Inclusions: pain not referable to any one organ or body region

Exclusions: Headache disorders (BlockL1‑8A8)

Abdominal or pelvic pain (MD81)

Breast pain (GB23.5)

Pain in joint (ME82)

Pain in eye (MC18)

Ear pain (AB70.2)

Pain in chest (MD30)

Pelvic or perineal pain (MD81.11)

Pain in shoulder (ME82)

Spinal pain (ME84)

Pain in tooth, toothache (DA0A)

Renal colic (MF56)

Pain in throat (MD36.0)

Low back pain (ME84.2)

Pain in limb (FB56.4)

Pain disorders (8E43)

MG30 Chronic pain

Pain is an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. Chronic pain is pain that persists or recurs for longer than 3 months. Chronic pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome.

Coding Note: This code should be used if a pain condition persists or recurs for longer than 3 months.

Exclusions: Acute pain (MG31)

MG30.0 Chronic primary pain

Chronic primary pain is chronic pain in one or more anatomical regions that is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). Chronic primary pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms.

Coding Note: Other chronic pain diagnoses to be considered are chronic cancer-related pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic secondary headache or orofacial pain, chronic secondary visceral pain and chronic secondary musculoskeletal pain.

Exclusions: Acute pain (MG31)

Coded Elsewhere: Complex regional pain syndrome (8D8A.0)

MG30.00 Chronic primary visceral pain

Chronic primary visceral pain is chronic pain localized in the thoracic, abdominal or pelvic region, and is associated with significant emotional distress or functional disability. The distinct anatomical location is compatible with typical referral pain patterns from specific internal organs. The symptoms are not better explained by a diagnosis of chronic secondary visceral pain. Chronic primary visceral pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms.

Exclusions: Chronic abdominal pain NOS (MD81.4)

Coded Elsewhere: Irritable bowel syndrome (DD91.0)

MG30.01 Chronic widespread pain

Chronic widespread pain (CWP) is diffuse pain in at least 4 of 5 body regions and is associated with significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles) [1]. CWP is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate when the pain is not directly attributable to a nociceptive process in these regions and there are features consistent with nociplastic pain [2] and identified psychological and social contributors.

Exclusions: Acute pain (MG31)

MG30.02 Chronic primary musculoskeletal pain

Chronic primary musculoskeletal pain is chronic pain in the muscles, bones, joints or tendons that is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities and reduced participation in social roles). Chronic primary musculoskeletal pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms. Other chronic musculoskeletal pain diagnoses to be considered are those listed under chronic secondary musculoskeletal pain.

Exclusions: Acute pain (MG31)

MG30.03 Chronic primary headache or orofacial pain

Chronic primary headache or orofacial pain is defined as headache or orofacial pain that occurs on at least 50% of the days during at least 3 months. It is characterised by significant emotional distress (anxiety, anger/frustration or depressed mood) or functional disability (interference in daily life activities, reduced participation in social roles). Chronic primary headache or orofacial pain is multifactorial: biological, psychological and social factors contribute to the pain syndrome. The diagnosis is appropriate independently of identified biological or psychological contributors unless another diagnosis would better account for the presenting symptoms. The duration of pain per day is at least 2 hours.

Exclusions: Headache disorders (BlockL1‑8A8)

Coded Elsewhere: Chronic migraine (8A80.2)

Burning mouth syndrome (DA0F.0)

Chronic tension-type headache (8A81.2)

Chronic cluster headache (8A82)

Hemicrania continua (8A82)

MG30.0Y Other specified chronic primary pain

Coding Note: Other chronic pain diagnoses to be considered are chronic cancer-related pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic secondary headache or orofacial pain, chronic secondary visceral pain and chronic secondary musculoskeletal pain.

MG30.0Z Chronic primary pain, unspecified

Coding Note: Other chronic pain diagnoses to be considered are chronic cancer-related pain, chronic postsurgical or posttraumatic pain, chronic neuropathic pain, chronic secondary headache or orofacial pain, chronic secondary visceral pain and chronic secondary musculoskeletal pain.

MG30.1 Chronic cancer related pain

Chronic cancer-related pain is pain caused by the primary cancer itself or metastases (chronic cancer pain) or its treatment (chronic post-cancer treatment pain). It is distinct from pain caused by co-morbid disease [1-3]. It should be highly probable that the pain is due to cancer or its treatment; if its genesis is vague, consider using codes in the section of Primary pain.

MG30.10 Chronic cancer pain

Chronic cancer pain is chronic pain caused by the primary cancer or metastases. It should be highly probable that the pain is due to cancer; if its genesis is vague, consider using codes in the section of chronic primary pain.

MG30.11 Chronic post cancer treatment pain

Chronic post-cancer treatment pain is pain caused by any treatment given to treat the primary tumour or metastases. The most common forms are:

(i) Chronic painful chemotherapy-induced polyneuropathy (CIPN): chronic peripheral neuropathic pain caused by oral or intravenous chemotherapy.

(ii) Chronic post-radiotherapy pain: chronic pain caused by delayed local damage to the nervous system in the field of radiotherapy. It is distinct from pain caused by tumour recurrence or co-morbid disease.

Other treatments include surgery and hormonal therapy.

Diagnostic Criteria

Conditions A to C are fulfilled:

A. Chronic pain (persistent or recurrent for longer than 3 months) is present and characterised by all of the following:

A1 History of treatment with neurotoxic chemotherapy or radiotherapy or any treatment given to treat the primary tumour or metastases

A2 It is likely that the pain is caused by the cancer treatment.

B. One of the following applies:

B1 An active or recurrent tumour or metastases have been specifically excluded on radiological investigation.

B2 If an active or a recurrent tumor or metastases are present, the pain is not better accounted for by them.

C. The pain is not better accounted for by another diagnosis of chronic pain.

MG30.1Y Other specified chronic cancer related pain

MG30.1Z Chronic cancer related pain, unspecified

MG30.2 Chronic postsurgical or post traumatic pain

Chronic postsurgical and post traumatic pain is pain developing or increasing in intensity after a surgical procedure or a tissue injury (involving any trauma including burns) and persisting beyond the healing process, i.e. at least 3 months after surgery or tissue trauma. The pain is either localized to the surgical field or area of injury, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem.

Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

MG30.20 Chronic post traumatic pain

Chronic post traumatic pain is pain developing or increasing in intensity after a tissue injury (involving any trauma including burns) and persisting beyond the healing process, i.e. at least 3 months after the tissue trauma. The pain is either localized to the area of injury, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem.

Coding Note: The posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

Coded Elsewhere: Chronic central neuropathic pain associated with spinal cord injury (MG30.50)

Chronic central neuropathic pain associated with brain injury (MG30.50)

Chronic neuropathic pain after peripheral nerve injury (MG30.51)

MG30.21 Chronic postsurgical pain

Chronic postsurgical pain is chronic pain developing or increasing in intensity after a surgical procedure and persisting beyond the healing process, i.e. at least 3 months after surgery. The pain is either localised to the surgical field, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a pre-existing pain problem. Dependent on type of surgery, chronic postsurgical pain often may be neuropathic pain.

Coding Note: The postsurgical aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

MG30.2Y Other specified chronic postsurgical or post traumatic pain

Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

MG30.2Z Chronic postsurgical or post traumatic pain, unspecified

Coding Note: The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

MG30.3 Chronic secondary musculoskeletal pain

Chronic secondary musculoskeletal pain is chronic pain arising from bone(s), joint(s), muscle(s), vertebral column, tendon(s) or related soft tissue(s). It is a heterogeneous group of chronic pain conditions originating in persistent nociception in joint, bone, muscle, vertebral column, tendons and related soft tissues, with local and systemic aetiologies, but also related to deep somatic lesions. The pain may be spontaneous or movement-induced.

Coding Note: If the pain is related to visceral lesions, it should be considered whether a diagnosis of chronic visceral pain is appropriate;

if it is related to neuropathic mechanisms, it should be coded under chronic neuropathic pain;

and if the pain mechanisms are non-specific, chronic musculoskeletal pain should be coded under chronic primary pain.

Exclusions: Acute pain (MG31)

Chronic neuropathic pain (MG30.5)

Chronic primary pain (MG30.0)

Chronic secondary visceral pain (MG30.4)

MG30.30 Chronic secondary musculoskeletal pain from persistent inflammation

Chronic secondary musculoskeletal pain from persistent inflammation is chronic pain due to inflammatory mechanisms in joint(s), bone(s),tendon(s), muscle(s), soft tissue(s) or vertebral column. The pain may be spontaneous or movement-induced. It is characterised by clinical features of inflammation, including increased sensitivity of the part to stimuli.

MG30.31 Chronic secondary musculoskeletal pain associated with structural changes

Chronic secondary musculoskeletal pain associated with structural changes is chronic pain of unknown mechanism(s) that is attributable to anatomical changes in joint(s), bone(s) or tendon(s). The structural change needs to be inferred from clinical examination and/or demonstrable on imaging. The pain may be spontaneous or movement-induced. It is characterised by clinical features such as swelling, allodynia or restricted movement.

Diagnostic Criteria:

Conditions A to D are fulfilled:

A) Chronic pain (persistent or recurrent for longer than 3 months) in joint(s), bone(s), or tendon(s) is present. The pain may be spontaneous or movement induced.

B) At least one of the following fulfilled:

B1) Swelling is present.

B2) Allodynia over the part is present.

C) The structural change is inferred from clinical examination or imaging.

D) The pain is not better accounted for by another diagnosis of chronic pain.

Coded Elsewhere: Chronic pain after musculoskeletal injury (MG30.20)

MG30.32 Chronic secondary musculoskeletal pain due to disease of the nervous system

Chronic secondary musculoskeletal pain due to diseases of the nervous system is chronic pain localized in joint(s), bone(s), tendon(s) or muscle(s) that is related to peripheral or central neurological disorders classified elsewhere. It includes pain due to altered motor function and altered sensory function. Altered biomechanical function due to the neurological disease is responsible for the activation of nociceptors in musculoskeletal tissue. The pain may be spontaneous or movement-induced.

Coding Note: Code aslo the casusing condition

MG30.3Y Other specified chronic secondary musculoskeletal pain

Coding Note: If the pain is related to visceral lesions, it should be considered whether a diagnosis of chronic visceral pain is appropriate;

if it is related to neuropathic mechanisms, it should be coded under chronic neuropathic pain;

and if the pain mechanisms are non-specific, chronic musculoskeletal pain should be coded under chronic primary pain.

MG30.3Z Chronic secondary musculoskeletal pain, unspecified

Coding Note: If the pain is related to visceral lesions, it should be considered whether a diagnosis of chronic visceral pain is appropriate;

if it is related to neuropathic mechanisms, it should be coded under chronic neuropathic pain;

and if the pain mechanisms are non-specific, chronic musculoskeletal pain should be coded under chronic primary pain.

MG30.4 Chronic secondary visceral pain

Chronic visceral pain is persistent or recurrent pain originating from internal organs of the head/neck region and of the thoracic, abdominal and pelvic cavities. The visceral etiology of the pain should be highly probable; if it is vague, consider using codes in the section of Chronic Primary Pain.

Exclusions: Neuropathic pain (8E43.0)

Coded Elsewhere: Chronic visceral cancer pain (MG30.10)

MG30.40 Chronic visceral pain from mechanical factors

Chronic visceral pain from mechanical factors is chronic pain deriving from a) the obstruction of hollow viscera as a consequence of internal migrating obstacles (e.g., stones) or stenosis, with dilation above the obstacle/stenosis or b) from the traction of ligaments and vessels of internal organs or the external compression of internal organs.

MG30.41 Chronic visceral pain from vascular mechanisms

Chronic visceral pain from vascular mechanisms is chronic visceral pain due to alterations of arterial and/or venous blood vessels to/from viscera of the head/neck region, thoracic, abdominal and pelvic cavities or pain conditions of the vascular system producing pain in other locations.

MG30.42 Chronic visceral pain from persistent inflammation

Chronic visceral pain from persistent inflammation is chronic pain due to longlasting inflammation of internal organs of the head/neck region and of the thoracic, abdominal, or pelvic cavities.

MG30.4Y Other specified chronic secondary visceral pain

MG30.4Z Chronic secondary visceral pain, unspecified

MG30.5 Chronic neuropathic pain

Chronic neuropathic pain is chronic pain caused by a lesion or disease of the somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of chronic neuropathic pain requires a history of nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (for example, decreased or loss of sensation) and positive sensory symptoms or signs (for example, allodynia or hyperalgesia) indicating the involvement of the somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure.

Coded Elsewhere: Chronic neuropathic orofacial pain (MG30.62)

Chronic neuropathic cancer pain (MG30.10)

MG30.50 Chronic central neuropathic pain

Chronic central neuropathic pain is chronic pain caused by a lesion or disease of the central somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of central neuropathic pain requires a history of central nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (e.g., decreased or loss of sensation) and positive sensory symptoms or signs (e.g., allodynia or hyperalgesia) indicating the involvement of the central somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure.

MG30.51 Chronic peripheral neuropathic pain

Chronic peripheral neuropathic pain is chronic pain caused by a lesion or disease of the peripheral somatosensory nervous system. The pain may be spontaneous or evoked, as an increased response to a painful stimulus (hyperalgesia) or a painful response to a normally nonpainful stimulus (allodynia). The diagnosis of peripheral neuropathic pain requires a history of peripheral nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative (e.g., decreased or loss of sensation) and positive sensory symptoms or signs (e.g., allodynia or hyperalgesia) indicating the involvement of the peripheral somatosensory nervous system must be compatible with the innervation territory of the affected nervous structure.

Coded Elsewhere: Postherpetic neuralgia (1E91.5)

Chronic painful radiation-induced neuropathy (MG30.11)

MG30.5Y Other specified chronic neuropathic pain

MG30.5Z Chronic neuropathic pain, unspecified

MG30.6 Chronic secondary headache or orofacial pain

Chronic secondary headache and orofacial pain comprises all headache and orofacial pain disorders that have underlying causes and occur on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours.

Coding Note: If the aetiology is vague, consider using codes in the section of chronic primary pain.

Exclusions: Acute pain in the face, not elsewhere classified (MG31.0)

Acute headache, not elsewhere classified (MG31.1)

MG30.60 Chronic secondary orofacial pain

Chronic secondary orofacial pain comprises orofacial pain disorders that have a clear underlying cause and that occur on at least 50% of the days during at least three months. Pain duration (untreated) is variable ranging from hours to several shorter attacks per day.

Coding Note: Each distinct type, subtype or subform of orofacial pain must be separately diagnosed and coded. When there is more than one diagnosis, these should be listed in the order of significance and importance to the patient. Most chronic orofacial pain disorders can also be found in the chapter “Diseases of the nervous system”. If the orofacial pain disorder is the primary diagnosis of the patient, the code of the neurological chapter should be used. Otherwise, both codes can be used.

MG30.61 Chronic dental pain

Chronic dental pain is chronic pain that is caused by a disorder involving the teeth or associated tissues (pulpal, periodontal or gingival pain) and that occurs for two hours or more per day on at least 50% of the days during at least three months. The typical causative factor will be caries or trauma to a tooth or teeth or associated tissues. In addition to clinical examination, imaging (intraoral x-rays, CT scans etc.) may facilitate the correct diagnosis. If the etiology is vague, consider using codes in the section of chronic primary pain. condition.

MG30.62 Chronic neuropathic orofacial pain

Chronic neuropathic orofacial pain is chronic pain in the orofacial region that is caused by a lesion or disease of the peripheral somatosensory nervous system. It occurs for two hours or more per day (or several shorter attacks per day occur) on at least 50% of the days during at least three months The diagnosis of chronic neuropathic orofacial pain requires a history of peripheral nervous system injury or disease and a neuroanatomically plausible distribution of the pain. Negative and positive sensory symptoms or signs must be compatible with the innervation territory of the affected nervous structure.

Coded Elsewhere: Tolosa-Hunt syndrome (8A85)

Other cranial neuralgia or other centrally mediated facial pain (8A85)

Combined hyperactive dysfunction syndrome of the cranial nerves (8A85)

Supraorbital neuralgia (8A85)

Occipital neuralgia (8A85)

MG30.63 Headache or orofacial pain attributed to chronic secondary temporomandibular disorders

Chronic secondary temporomandibular disorder pain is chronic pain in the temporomandibular joint(s) or masseter or temporalis muscle(s) attributed to persistent inflammation (due to e.g. infection, crystal deposition or autoimmune disorders), structural changes (such as osteoarthritis or spondylosis), injury, or diseases of the nervous system It occurs on at least 50% of the days during at least three months. The duration of pain per day is at least 2 hours. If the etiology is vague, consider using codes in the section of chronic primary pain.

MG30.6Y Other specified chronic secondary headache or orofacial pain

Coding Note: If the aetiology is vague, consider using codes in the section of chronic primary pain.

MG30.6Z Chronic secondary headache or orofacial pain, unspecified

Coding Note: If the aetiology is vague, consider using codes in the section of chronic primary pain.

MG30.Y Other specified chronic pain

Coding Note: This code should be used if a pain condition persists or recurs for longer than 3 months.

MG30.Z Chronic pain, unspecified

Coding Note: This code should be used if a pain condition persists or recurs for longer than 3 months.

MG31 Acute pain

Pain with a duration of less than 3 months.

This code should be used only when there is no further specification of site.

MG31.0 Acute pain in the face, not elsewhere classified

MG31.1 Acute headache, not elsewhere classified

MG31.2 Acute postoperative pain, not elsewhere classified

Pain at the intervention site or caused by an intervention.

MG31.Y Other specified acute pain

MG31.Z Acute pain, unspecified

MG3Z Pain, unspecified

MG40 Shock

Shock is a life-threatening medical condition that occurs due to inadequate substrate for aerobic cellular respiration. In the early stages this is generally an inadequate tissue level of oxygen. Shock, not elsewhere classified is a shock that isn't classified elsewhere.

Exclusions: Traumatic shock, not elsewhere classified (NF0A.4)

Toxic shock syndrome (1B52)

lightening shock (NF08.0)

electric shock (NF08.4)

Psychic shock (QE84)

Anaphylactic shock NOS (4A84)

Anaphylaxis due to allergic reaction to food (4A84.0)

anaphylactic shock due to serum (NE80.3)

Coded Elsewhere: Sepsis with septic shock (1G41)

Shock following abortion, ectopic or molar pregnancy (JA05.3)

Shock during or following labour or delivery (JB0D.1)

MG40.0 Cardiogenic shock

MG40.1 Hypovolaemic shock

Exclusions: traumatic hypovolemic shock (NF0A.4)

MG40.Y Other specified shock

MG40.Z Shock, unspecified

MG41 Sleep disturbance, not elsewhere classified

Exclusions: Sleep-wake disorders (Chapter 07)

MG42 Somnolence, not elsewhere classified

Inclusions: Drowsiness

Exclusions: Sleep-wake disorders (Chapter 07)

MG43 Symptoms and signs concerning food and fluid intake

Symptoms and signs concerning food and fluid intake include anorexia, polydipsia, polyphagia, feeding difficulties and mismanagement, abnormal weight loss, abnormal weight gain, insufficient intake of food and water due to self neglect and other symptoms and signs concerning food and fluid intake.

Exclusions: Bulimia Nervosa (6B81)

Feeding or eating disorders (BlockL1‑6B8)

malnutrition (BlockL2‑5B5)

MG43.0 Polydipsia

Inclusions: Excessive thirst

MG43.1 Overeating

The consumption of excess food in relation to energy and nutritional requirements.

Inclusions: Excessive eating

Exclusions: Bipolar or related disorders (BlockL2‑6A6)

Depressive disorders (BlockL2‑6A7)

Feeding or eating disorders (BlockL1‑6B8)

MG43.2 Abulia

Abulia is state of poverty of behaviour and speech output, lack of initiative, loss of emotional responses, psychomotor slowing, and prolonged speech latency.

MG43.3 Feeding difficulties

Exclusions: Feeding problems of newborn (KD32)

Feeding or eating disorders (BlockL1‑6B8)

Anorexia Nervosa (6B80)

Bulimia Nervosa (6B81)

Binge eating disorder (6B82)

Avoidant-restrictive food intake disorder (6B83)

Pica (6B84)

Rumination-regurgitation disorder (6B85)

Cyclic vomiting syndrome (8A80.4)

MG43.30 Feeding problem of infant

Exclusions: Feeding problems of newborn (KD32)

Avoidant-restrictive food intake disorder (6B83)

MG43.31 Feeding problem of child

Exclusions: Feeding or eating disorders (BlockL1‑6B8)

Anorexia Nervosa (6B80)

Avoidant-restrictive food intake disorder (6B83)

Pica (6B84)

Rumination-regurgitation disorder (6B85)

Binge eating disorder (6B82)

Bulimia Nervosa (6B81)

Cyclic vomiting syndrome in children (DD93)

MG43.32 Feeding problem of adult

Exclusions: Anorexia Nervosa (6B80)

Bulimia Nervosa (6B81)

Binge eating disorder (6B82)

Avoidant-restrictive food intake disorder (6B83)

Pica (6B84)

Rumination-regurgitation disorder (6B85)

Feeding or eating disorders (BlockL1‑6B8)

Cyclic vomiting syndrome (8A80.4)

MG43.3Z Feeding difficulties, unspecified

MG43.4 Insufficient intake of food and water due to self neglect

Exclusions: starvation due to privation of food (PD27)

thirst due to privation of water (PD28)

Anorexia Nervosa (6B80)

Avoidant-restrictive food intake disorder (6B83)

Bulimia Nervosa (6B81)

Feeding or eating disorders (BlockL1‑6B8)

MG43.40 Refusal of food, not elsewhere classified

Exclusions: Intentional self-harm by lack of food (PD27)

Anorexia (MG43.7)

MG43.41 Refusal of fluid, not elsewhere classified

Exclusions: Intentional self-harm by lack of water (PD28)

Dehydration (5C70.0)

MG43.4Y Other specified insufficient intake of food and water due to self neglect

MG43.4Z Insufficient intake of food and water due to self neglect, unspecified

MG43.5 Excessive weight loss

A reduction of total body mass, due to loss of fluid, body fat or adipose tissue, or lean (muscle) mass that is sufficient in quantity or rate to create risk to the individual’s health.

MG43.6 Excessive weight gain

An increase in total body mass, due to increase in fluid, fat or adipose tissue, or lean (muscle) mass that is outside the expected range for normal growth and development and is sufficient in quantity or rate to create risk to the individual’s health.

Exclusions: Obesity (5B81)

Coded Elsewhere: Excessive weight gain in pregnancy (JA65.2)

MG43.7 Anorexia

Anorexia is a pathological lack or loss of appetite.

Inclusions: Loss of appetite

Exclusions: loss of appetite of nonorganic origin (BlockL1‑6B8)

anorexia nervosa (6B80)

Decreased appetite (MG43.8)

MG43.8 Decreased appetite

Intermittent or persistent decreased motivation or desire to eat food as compared to what is typical for the individual.

MG43.9 Increased appetite

Intermittent or persistent increased motivation or desire to eat food as compared to what is typical for the individual.

MG43.Y Other specified symptoms and signs concerning food and fluid intake

MG44 Symptoms peculiar to infancy

MG44.0 Excessive crying of infant

Inclusions: Irritable infant

Exclusions: neonatal cerebral irritability (KB03)

MG44.1 Lack of expected normal physiological development

Lack of expected normal physiological development includes delayed milestone of development and other lack of expected normal physiological development including gross and fine motor development, language, social milestones.

Exclusions: Delayed puberty (5A91)

Disorders of intellectual development (6A00)

MG44.10 Delayed milestone

Inclusions: Delayed attainment of expected physiological developmental stage

MG44.11 Failure to thrive in infant or child

When an infant or child's current weight or rate of weight gain is significantly below that of other children of similar age and gender.

Exclusions: Failure to thrive in newborn (KD32.4)

Anorexia Nervosa (6B80)

Avoidant-restrictive food intake disorder (6B83)

Cachexia (MG20)

MG44.12 Short stature of child

Short stature is when a child is significantly shorter than children of the same age and gender

Exclusions: Short stature due to growth hormone resistance (5A61.0)

Short stature, not elsewhere classified (5B11)

MG44.13 Constitutional delay of growth and puberty

Delayed development concerning maturation of bones and their growth at prepubertal and pubertal ages of children. Occurs with or without short stature below the third percentile of body height. Height velocity is usually temporarily below the mean. Bone age is always delayed. Puberty starts late, but spontaneously. Other causes of delayed growth (with or without short stature below the third percentile of body height) or of delayed puberty must be excluded.

Exclusions: Short stature, not elsewhere classified (5B11)

Short stature due to growth hormone resistance (5A61.0)

MG44.14 Familial short stature

Short stature of a child or adolescent (below 3rd percentile) with one or both parents with an adult height below 3rd percentile. Combination with constitutional delay of growth and puberty may occur.

Exclusions: Short stature, not elsewhere classified (5B11)

Short stature due to growth hormone resistance (5A61.0)

MG44.1Y Other specified lack of expected normal physiological development

MG44.1Z Lack of expected normal physiological development, unspecified

MG44.Y Other specified symptoms peculiar to infancy

MG44.Z Symptoms peculiar to infancy, unspecified

MG45 Syncope and collapse

Syncope is also called fainting, temporary loss of consciousness. Syncope and collapse is temporary loss of consciousness with a fall down.

Inclusions: Fainting

Blackout

Exclusions: Heat syncope (NF01.1)

carotid sinus syncope (8D88)

Shock during or following labour or delivery (JB0D.1)

unconsciousness NOS (MB20.1)

Cardiogenic shock (MG40.0)

Shock following abortion, ectopic or molar pregnancy (JA05.3)

shock: NOS (MG40)

Orthostatic hypotension (BA21)

neurogenic orthostatic hypotension (8D87.0)

Coded Elsewhere: Reflex syncope (8D89.0)

Syncope due to autonomic failure (8D89.1)

MG45.0 Cardiac syncope

MG45.Y Other specified syncope and collapse

MG45.Z Syncope and collapse, unspecified

MG46 Systemic inflammatory response syndrome of noninfectious origin

Coding Note: Code also the underlying condition.

Exclusions: Systemic inflammatory response syndrome of infectious origin (Chapter 01)

MG47 Toxicosis not further specified

Exclusions: Harmful effects of substances (BlockL1‑NE6)

MG48 Unknown and unspecified causes of morbidity

Inclusions: Undiagnosed disease, not specified as to the site or system involved

MG4Y Other specified general symptoms

Finding of microorganism resistant to antimicrobial drugs (BlockL2‑MG5)

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50 Finding of gram negative bacteria resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.0 Antibiotic resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.00 Tetracycline resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.01 Aminoglycoside resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.02 Carbapenem resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.03 Polymyxin resistant Acinetobacter baumannii

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.0Y Acinetobacter resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.0Z Acinetobacter resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.1 Antibiotic resistant Campylobacter

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.10 Fluoroquinolone resistant Campylobacter

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.1Y Other specified antibiotic resistant Campylobacter

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.1Z Campylobacter resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.2 Antibiotic resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.20 Sulfonamide or trimethoprim resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.21 Fluoroquinolone resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.22 Third generation cephalosporin resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.23 Fourth-generation cephalosporins resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.24 Carbapenem resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.25 Polymyxin resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.26 Penicillin resistant Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.27 Extended spectrum beta-lactamase producing Escherichia coli

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.2Y Escherichia coli resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.2Z Escherichia coli resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.3 Antibiotic resistant Haemophilus influenzae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.30 Ampicillin resistant Haemophilus influenzae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.3Y Other specified antibiotic resistant Haemophilus influenzae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.3Z Antibiotic resistant Haemophilus influenzae, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.4 Antibiotic resistant Helicobacter pylori

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.40 Clarithromycin resistant Helicobacter pylori

MG50.4Y Other specified antibiotic resistant Helicobacter pylori

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.4Z Antibiotic resistant Helicobacter pylori, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.5 Antibiotic resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.50 Sulfonamide or trimethoprim resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.51 Fluoroquinolone resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.52 Third-generation cephalosporin resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.53 Fourth-generation cephalosporin resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.54 Carbapenem resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.55 Polymyxin resistant Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.56 Extended-spectrum beta-lactamase producing Klebsiella pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.5Y Klebsiella pneumoniae resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.5Z Klebsiella pneumoniae resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.6 Antibiotic resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.60 Third generation cephalosporin resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.61 Macrolide resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.62 Aminocyclitol resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.63 Fluoroquinolone resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.64 Aminoglycoside resistant Neisseria gonorrhoeae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.6Y Neisseria gonorrhoeae resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.6Z Neisseria gonorrhoeae resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.7 Antibiotic resistant Neisseria meningitidis

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.70 Penicillin resistant Neisseria meningitidis

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.7Y Other specified antibiotic resistant Neisseria meningitidis

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.7Z Antibiotic resistant Neisseria meningitidis, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.8 Antibiotic resistant Pseudomonas aeruginosa

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.80 Carbapenem-resistant Pseudomonas aeruginosa

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.81 Polymyxin-resistant Pseudomonas aeruginosa

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.8Y Pseudomonas aeruginosa resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.8Z Pseudomonas aeruginosa resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.9 Antibiotic resistant Salmonella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.90 Fluoroquinolone resistant Salmonella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.91 Third generation cephalosporin resistant Salmonella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.92 Carbapenem resistant Salmonella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.9Y Salmonella resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.9Z Salmonella resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.A Antibiotic resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.A0 Carbapenem resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.A1 Fluoroquinolone resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.A2 Third-generation cephalosporins resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.A3 Macrolides resistant Shigella

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.AY Shigella resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.AZ Shigella resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.B Antibiotic resistant Vibrio

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.B0 Fluoroquinolone resistant Vibrio

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.BY Vibrio resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.BZ Vibrio resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.C Other antibiotic resistant Enterobacteriaceae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.C0 Carbapenem resistant Enterobacteriaceae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.C1 Third-generation cephalosporin resistant Enterobacteriaceae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.CY Other specified other antibiotic resistant Enterobacteriaceae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.CZ Other antibiotic resistant Enterobacteriaceae, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG50.Y Other specified finding of gram negative bacteria resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG50.Z Finding of gram negative bacteria resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51 Finding of gram positive bacteria resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.0 Antibiotic resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.00 Methicillin resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.01 Vancomycin resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.02 Penicillinase-stable beta lactams resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.0Y Other specified antibiotic resistant Staphylococcus aureus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.0Z Antibiotic resistant Staphylococcus aureus, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.1 Antibiotic resistant Streptococcus pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.10 Penicillin resistant Streptococcus pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.11 Sulfonamide and trimethoprim resistant Streptococcus pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.12 Third-generation cephalosporins resistant Streptococcus pneumoniae

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.1Y Streptococcus pneumoniae resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.1Z Streptococcus pneumoniae resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.2 Antibiotic resistant Enterococcus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.20 Vancomycin resistant Enterococcus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.2Y Enterococcus resistant to other antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.2Z Enteroccus resistant to unspecified antibiotic

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG51.Y Other specified finding of gram positive bacteria resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG51.Z Finding of gram positive bacteria resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52 Finding of bacteria, neither gram negative nor positive, resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.0 Antibiotic resistant Mycobacterium

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG52.00 Multi-drug resistant Mycobacterium tuberculosis

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.01 Antibiotic resistant non-tuberculous Mycobacterium

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.02 Extensively drug-resistant mycobacterium tuberculosis

Extensively drug-resistant tuberculous mycobacteria, are resistant to at least four of the core anti-TB drugs. XDR-TB mycobacteria are resistant to the two most powerful anti-TB drugs, isoniazid and rifampicin, also known as multidrug-resistance, in addition to resistance to any of the fluoroquinolones (such as levofloxacin or moxifloxacin) and to at least one of the three injectable second-line drugs (amikacin, capreomycin or kanamycin).

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.0Y Other specified antibiotic resistant Mycobacterium

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG52.0Z Antibiotic resistant Mycobacterium, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

In case of multiple resistances, code each one separately if listed below.

MG52.Y Other specified finding of bacteria, neither gram negative nor positive, resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG52.Z Finding of bacteria, neither gram negative nor positive, resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53 Finding of virus resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53.0 Antiretroviral therapy resistant Human immunodeficiency virus

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53.Y Other specified finding of virus resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG53.Z Finding of virus resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG54 Finding of fungus resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55 Finding of parasite resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55.0 Artemisinin resistant Plasmodium falciparum

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55.Y Other specified finding of parasite resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG55.Z Finding of parasite resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG56 Finding of microorganism resistant to other multiple antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG5Y Finding of other microorganism resistant to antimicrobial drugs

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

MG5Z Finding of microorganism resistant to antimicrobial drugs, unspecified

Coding Note: These categories should never be used in primary coding. The codes are provided for use as supplementary or additional codes when it is desired to identify the resistance, non-responsiveness and refractive properties of a condition to antimicrobials.

Clinical findings in specimens from other specified organs, systems and tissues (BlockL2‑MG6)

Coded Elsewhere: Meconium staining (KD38)

MG60 Abnormal level of enzymes in specimens from other organs, systems and tissues

MG61 Abnormal level of hormones in specimens from other organs, systems and tissues

MG62 Abnormal level of drugs, medicaments and biological substances in specimens from other organs, systems and tissues

MG63 Abnormal level of substances chiefly nonmedicinal as to source in specimens from other organs, systems and tissues

MG64 Abnormal immunological findings in specimens from other organs, systems and tissues

MG65 Abnormal microbiological findings in specimens from other organs, systems and tissues

MG66 Abnormal cytological findings in specimens from other organs, systems and tissues

MG67 Abnormal histological findings in specimens from other organs, systems and tissues

MG6Y Other specified clinical findings in specimens from other specified organs, systems and tissues

Abnormal results, not elsewhere classified (BlockL2‑MG7)

MG70 Abnormal diagnostic imaging results not elsewhere classified

MG71 Abnormal laboratory results, not elsewhere classified

MG71.0 Abnormal findings on neonatal screening

MG71.Y Other specified abnormal laboratory results, not elsewhere classified

MG71.Z Abnormal laboratory results, not elsewhere classified, unspecified

MG72 Abnormal results of function studies of other organs and systems

MG7Y Other specified abnormal results, not elsewhere classified

MG7Z Abnormal results, not elsewhere classified, unspecified

MG9Y Other specified general symptoms, signs or clinical findings

Ill-defined and unknown causes of mortality (BlockL1‑MH1)

Exclusions: Fetal death, cause not specified (KD3B)

Obstetric death of unspecified cause (JB60)

MH10 Brain death

Persistent apnoeic coma due to irreversible cessation brainstem, cerebellar and cortical activity as seen clinically by no eye opening or eye movement to noxious stimuli, no motor and verbal response, no brain stem and spinal reflexes corneal, cough, vestibuloocular and respiratory, and no cerebral electrical activity as seen by EEG, no cerebral blood flow as seen by cerebral angiogram (conventional, MR, CT, Doppler) and no metabolic activity evidenced by SPECT or PET lasting for more than 24 hours due to irreversible diffuse lesion of the brain not due to hypothermia, sedative drug, neuromuscular blocker overdose or metabolic abnormality without evidence of peripheral circulatory shock.

MH11 Sudden infant death syndrome

Sudden infant death syndrome is the abrupt and unexplained death of an apparently healthy infant under one year of age, remaining unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.

Exclusions: Fetal death, cause not specified (KD3B)

MH11.0 Sudden infant death syndrome with mention of autopsy

MH11.1 Sudden infant death syndrome without autopsy

MH11.Z Sudden infant death syndrome, unspecified

MH12 Other sudden death, cause unknown

Exclusions: Sudden infant death syndrome (MH11)

MH12.0 Instantaneous death

Inclusions: Sudden unexplained death in adult

MH12.1 Death occurring less than 24 hours from onset of symptoms, not otherwise explained

Inclusions: Death known not to be violent or instantaneous for which no cause can be discovered

Death without sign of disease

MH12.Y Other specified sudden death, cause unknown

MH13 Unattended death

Inclusions: Found dead

MH14 Other ill-defined and unspecified causes of mortality

Inclusions: Unknown cause of mortality

MH15 Sudden unexpected death in epilepsy

Death occurring suddenly in a person with epilepsy, otherwise in a reasonable state of health. Death is not directly caused by a seizure or status epilepticus, and no determinable cause of death is found.[1] If performed, an autopsy or a verbal autopsy[2] showing no other cause of death is definitive but is not necessary.[1,2].

MH16 Multi organ failure

Failure of function of more than one organ or organ system, not otherwise specified

Coding Note: Code aslo the casusing condition

MH2Y Other specified symptoms, signs or clinical findings, not elsewhere classified